The importance of physician wellbeing was probably first best articulated by prominent Greek physician Galen who said, 'That the physician will hardly be thought very careful of the health of his patients if he neglects his own.' In this issue of JAPI Ramachandran and colleagues surveyed 2499 doctors from urban and semi-urban areas and found that these physicians had a higher prevalence of cardiovascular risk factors (obesity, metabolic syndrome, hypertension and impaired glucose tolerance) compared to age matched individuals from the general population.

Young physicians had a higher prevalence of alcohol use (16.7%) and one in ten physician were current smokers. Though similar trends have been reported in other countries, recent studies indicate that male physicians lived longer than men in general population (73 years versus 70 years). A similar attempt was made in the past among the members of the Association of Physicians of India by past President Professor BB Thakur, though the observations remain unpublished. The surveys and information gathering amongst physicians is difficult, but an important area about which scant information is available.

Physician are also at increased risk of mental illnesses and suicide. Physicians often fail to diagnose depression in themselves and don't seek medical treatment. In a study of 200 medical students, only 22% of students who screened positive for depression sought for help. Among the most cited barriers were lack of time (48%), lack of confidentiality (37%), stigma (30%) and fear of medical documentation (24%). This and other studies have lead to the development of consensus statement to change professional attitudes and encourage physicians to see mental health care when needed.

In the present study physicians were not asked about their exercise habits. Lewis and colleagues in a mailed survey of 2610 internists reported that physicians who exercised regularly were more likely to counsel their patients about the benefits of exercise and provide information regarding smoking cessation. Nevertheless, the current study underscores the risk of serious illness among young Indian physicians if major lifestyle changes are not implemented.

One could question the paradox of physicians inability to look after their own health despite being aware of the evidence of adverse health outcomes in patients with increased cardiometabolic risk factors. While lack of time, sedentary lifestyle and higher socio-economic status could explain the propensity for increased risk, many physician could lack adequate health care. In a study of 90 physicians 35% had no regular access to health care and preventive services. Physicians now then ever face numerous challenges to balancing personal and professional lives. Among the mounting challenges that need to be dealt at current workplace include, increased clinical workload, governmental regulations, need to see more patients, keeping up with rapidly changing medical literature and malpractice suits. Altruistic tendencies could result in physicians putting their profession before their personal needs. Some experts have suggested that health promotions and disease prevention programs for medical students could affect their personal health behaviors and also future medical practice.

Physicians practice in an ever increase complex medical environment. Newer evidence-based guideline and regulations will continue to challenge physicians to balance their professional and personal needs. Needless to say the onus remains on the physician to engage in physical activity, undergo preventive health care maintenance, and modify their individual health risk. Exercise regimes of 30-60 minutes 5 to 7 days a week is recommended for long-term weight management. Recent understanding in activity thermogenesis that include exercise and nonexercise activity thermogenesis (NEAT) has provided innovative strategies in burning calories. NEAT comprises of all energy expenditure except those used in eating, sleeping and in formal exercise. One could increase NEAT by adopting simple measures like, using stairs instead of elevators, parking farther from the entrance in parking lots, walking while speaking on a phone, walking while watching television. Recent advances include having a walking work station to increase daily walking. Most physicians spend 40 to 65 hours at work, it has been calculated that walking at 1 mile per hour (instead of sitting) would result in the expenditure of an additional 100-150 calories per hour. Thompson and colleagues were able to demonstrate that by using a desk top computer with key board attached to a treadmill, individuals could expend additional calories during their daily routine work. Similar benefits has been shown by the use of an office-place stepping device.
Several medical institutions have incorporated health risk assessment for their employees and have provided easily affordable and accessible exercise facilities available near the work site.

The current study by Ramachandran and colleagues provides an objective documentation of a potential and existing health problems that has been long suspected among physicians. Increased communication and coordination of outcome based programs need to be implemented to support a task force to educate and continuously monitor physician health burden and implement evidence-based strategies to reduce health risk in medical students and physicians. Medical professionals are conditioned for fierce competition. Whether by design or default – they are in stiff competition right from their kindergarten days. To achieve, to sustain and to show off their gains, they are subject to stress that “burns the candle from both ends”. They are unaware that they are stressed. There are not subjected to formal training in de-stressing. Their competitive persona is not amenable to suggestions. It shrinks in denial mode if peers and family members gather courage to identify the signs of stress in them. Little wonder that Doctors work systematically – for faster ageing at the least; and for sudden death with IHD at the worst. Such risk factors exist for “high competition high stress professions” (like Senior Managers in IT; Financial services; Real-time operators) – mandatory periodic health check-ups and amenability to medical advice are glaringly lacking for Doctors. The medical profession need not wait for their ranking in “Age-adjusted occupational mortality cohort study in India” as and when it is conducted - for a scientific appraisal of situation. It cannot be disputed that the Doctor should be a role model for the patient. Can that be assured unless Doctors voluntarily subscribe to periodic health check-ups; right BMI and Physical fitness? It is axiomatic that you cannot sale a product or an idea unless you are thoroughly convinced about it. To start, there is no time better than now!

REFERENCES


Announcement

“VR Joshi JAPI Award for Outstanding Referee” for the year 2007

Dr. RS Wadia (Pune)
Dr. SM Sapatnekar (Mumbai)
Dr. Rajesh Upadhyay (Delhi)

Shashank R Joshi
Hon. Editor