



Patricia McSorley
Executive Director,
Arizona Medical Board
1740 W Adams St, Suite 4000
Phoenix, AZ 85007

March 11, 2021

Re: Mental Health and Physician Wellbeing

Dear Ms. Sorley,

This letter is being written on behalf of the Arizona chapter of the American College of Physicians (ACP) to bring to the attention of the Arizona Medical Board, the rising concerns of the physician community regarding questions in the application form for physicians applying for new and renewals of Arizona medical license around their mental or emotional wellbeing.

The ACP is the largest medical specialty organization and the second-largest physician group in the United States. ACP members include 148,000 internal medicine physicians (internists), related subspecialists and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness. The Arizona chapter has 2,500 members.

As the board is probably aware, there is rising concern among the profession and the public about physician and medical student depression, burnout, and suicide. Several professional organizations, including the ACP, the American Medical Association¹, National Academy of Medicine² and Federation of State Medical Boards have developed policies to support physician wellbeing and address the burnout and suicide epidemic. The AMA has expressed strong support of physical and mental health care services for medical students and physicians, but there is a long-standing and deeply ingrained stigma endured by physicians seeking care for either physical or mental health issues, partly due to concerns of career and licensure implications.

The Federation of State Medical Boards (FSMB) states that “Where member boards strongly feel that questions addressing the mental health of physician applicants must be included on medical licensing applications, several recommendations are included in this report for the appropriate phrasing of such questions, including focusing only on current impairment, which may be more meaningful in the context of a physician’s ability to provide safe care to patients in the immediate future.”. In addition, the Board of Osteopathic Examiners has officially addressed our concerns with the osteopathic license application and renewal form question about mental and emotional impairment this March³.

¹ <https://www.ama-assn.org/sites/default/files/media-browser/public/hod/a18-cme6.pdf>

² <https://nam.edu/initiatives/clinician-resilience-and-well-being/>

³ https://www.azdo.gov/MinutesUploads/minutes/201903261123_b878b5fdfcbf4cceedf25a165f420563.pdf

Studies have shown that physicians who took their lives were less likely to be receiving mental health treatment compared with non-physicians who took their lives even though depression was found to be a significant risk factor at approximately the same rate in both groups. The suicide rate among male physicians is 1.41 times higher than the general male population. And among female physicians, the relative risk is even more pronounced — 2.27 times greater than the general female population.

A survey with a response of 2106 women responded, representing all 50 states and the District of Columbia conducted by Gold et al⁴ revealed that “almost 50% of women believed that they had met the criteria for mental illness but had not sought treatment. Key reasons for avoiding care included a belief they could manage independently, limited time, fear of reporting to a medical licensing board, and the belief that diagnosis was embarrassing or shameful. Only 6% of physicians with formal diagnosis or treatment of mental illness had disclosed to their state.”

The board plays a crucial role in identifying physicians who may be impaired due to mental and medical issues and while the questions regarding mental, emotional or medical health are designed to identify physicians who are at risk, the reality is that these questions pose a significant barrier to physicians, particularly those who are early in their career or struggle with significant emotional or mental health issues. Physicians experiencing depression or other mental health challenges do not feel their confidentiality would be protected if they were honest about what they are experiencing. This is the same with residents who fear that admitting to mental health struggles will compromise their chances of a license when they graduate.

In Arizona, the tragedy is that most physicians know of a colleague who has committed suicide. Based on studies and informal data, the unfortunate reality is that there is a deep-rooted culture and tradition of not seeking mental health services by clinicians, especially physicians due to the belief that any “official record” will preclude the ability to practice, based on license and credentialing requirements. Medical students, residents and practicing physicians largely do not seek counseling or treatment for common conditions such as depression, grief due to personal or family reasons such as divorce, social isolation etc.

The death of a physician by suicide not only impacts close family members, friends and colleagues, but directly contributes to physician shortage, particularly in rural and other areas and specialties of great need.

⁴<https://www.sciencedirect.com/science/article/pii/S0163834316301281?via%3Dihub>

Article 2 of the Arizona Licensure requirements (R4-16-201 and R4-16-201.1) specifically ask questions regarding mental health treatment. This question regarding mental health treatment, translates into credentialing questions around mental health treatment which could directly impact the ability for physicians to practice. Question 15 on the application form specifically asks “Have you received treatment within the last five years for use of alcohol or a controlled substance, prescription-only drug, or dangerous drug or narcotic or a physical, mental, emotional, or nervous disorder or condition that currently affects your ability to exercise the judgment and skills of a medical professional? If so, provide the following:

- a) A detailed description of the use, disorder, or condition; and
- b) An explanation of whether the use, disorder, or condition is reduced or ameliorated because you receive ongoing treatment and if so, the name and contact information for all current treatment providers and for all monitoring or support programs in which you are currently participating.

The question “Do you currently have a medical condition that impairs your judgment or adversely affects your ability to practice medicine in a competent, ethical, and professional manner?” has elicited significant discussion amongst our membership.

Below is an excerpt of the discussion:

‘I ask, what is meant by “medical condition?” This is a vague term most used when excluding psychiatric or behavioral health conditions. Without a clear inclusive definition for both physical and mental health conditions as part of such a revision, this language, I believe, errs on the wrong side of patient safety.

NOTE: There are “Grade A” states with clearer language, e.g., Maine “Are you physically and mentally able to perform all the essential functions or services necessary to exercise the privileges or services applied for with or without reasonable accommodation? Are you able to perform these functions without significant risk or injury to yourself or others?”

The Arizona chapter of ACP strongly believes that it is the responsibility of the profession and the board to identify physicians who pose a danger to the public and their colleagues by conditions such as substance abuse or serious mental illness or other disorders that pose a direct threat to patients. We request the Arizona Medical Board to change the question regarding mental health from any history of diagnosis or treatment to specific questions around impairment due to mental health conditions that places patients and colleagues at risk.

The New Mexico Medical Board has changed the licensure question from to “Do you have or have you been diagnosed with an illness or condition which impairs your judgment or affects your ongoing ability to practice medicine in a competent ethical and professional manner?” Other best practices are “Are you physically and mentally able to perform all the essential functions or services necessary to exercise the privileges or services applied for with or without reasonable accommodation? Are you able to perform these functions without significant risk or injury to yourself or others?”

We believe a similar change will help remote the stigma from seeking mental health services and encourage timely interventions that will help the profession continue to maintain the utmost highest standards and competence required from physician's while ensuring self-care.

To summarize, the Arizona chapter of the ACP respectfully requests the Arizona Medical Board to change the question on mental health in the physician licensing and renewal forms to align with the national initiatives around clinician wellbeing while maintaining the highest standards of competence and patient care.

Thank you,

A handwritten signature in black ink, appearing to read "Priya", with a long horizontal flourish extending to the right.

Priya Radhakrishnan, MD, FACP
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