

# Sample Scripting for Approaching Distressed Physicians

*As physicians, acknowledging distress in our colleagues and ourselves can be difficult. We want to believe that we can handle any problem that comes our way. But the reality is, being a doctor can be difficult and there are many stressors that we face on a daily basis – heavy workloads, lack of autonomy, high patient and self-expectations, and personal responsibility for life-threatening situations. A distressed colleague may not ask for help, but that doesn't mean it isn't wanted or needed.*

*If you know a colleague that is distressed, it's common to feel unsure about what to do. You may ask yourself, "Is my colleague just blowing off steam or is there something truly wrong that requires outside help?" You may wonder if it's a good idea to approach the person at all and, if you do, you may be concerned about what you should say. Don't worry – these are common reactions. Know that there is no "right way" to handle these situations. The important thing is to reach out early and encourage your colleague to share what is going on and, if appropriate, seek care. The following talking points may help to guide your conversation.*

## Validating the value of treatment and personal well-being

Remind your colleagues about the value that support and treatment may have on their personal practice. As physicians, sometimes we are more motivated to seek care if we know it will help others. Remind them that their personal well-being must also take priority.

### Consider saying:

- "We physicians aren't very good at seeking help when we need it."
- "Seeking care is not selfish, you deserve to take care of yourself."
- "Seeking help for your own problems can help improve the care you give to your patients."  
Depending on life circumstances it may also be helpful to say: "Those who love you will also benefit from your investment in taking care of yourself."

## Addressing concerns about seeking care

Many physicians do not seek care because of confidentiality, financial, or practice concerns.

### Consider saying:

- "Many peer assistance program offer services that are free or low cost."
- "In many states, voluntarily going to a physician health program will be confidential and won't impact your ability to practice."

## Asking about suicide risk

If you suspect a colleague may be suicidal, be direct. People are often relieved to have the subject raised by someone in a caring way.

### Consider saying:

- "Tell me, have you been thinking about suicide?"

## Acknowledging the stress inherent in practice and offering assistance

Let your colleagues know they are not alone and acknowledge the difficulties of the profession. If appropriate and possible, offer specific means of assistance.

### Consider saying:

- “You are not alone. Most physicians feel stressed, burned out, or depressed at some point.”
- “Practicing medicine today is tough. Many physicians feel burned out, and it’s important that you seek care.”
- “I’ve talked to somebody about my own problems before, and it really helped me feel better.”
- “How can I help?”
- “Do you need any assistance managing your caseload right now?”

## Offering hope

Let your colleagues know that depression, stress, and distress are temporary and treatable.

### Consider saying:

- “It’s true that people really do get better.”
- “I know things may seem impossible now, but things will improve.”

## Encouraging the use of personal supports

Personal supports can be valuable in difficult times and may help to buffer stress.

### Consider saying:

- “I’m really concerned about you. Do you have someone you can talk to?”
- “Friends and family can help in these times. What supports do you have? Is there somebody that you can talk to?”
- “Do you have a [rabbi, priest, or other clergy] that you feel comfortable talking to?”

*Source: AMA. Practice transformation series: Preventing Physician Distress and Suicide. 2016.*