

TO SAVE A Physician



A **VITAL WorkLife** Story Series



Episode 1: The Loss

The News

The news of the death of Dr. Charles Rohannan, at the age of 39, came to his colleagues in the neurology department like a body blow. The physicians, the advanced practitioners, the nurses and the support staff asked one another if anyone knew the cause of death, but no one did. Everyone thought of Charlie Rohannan as robustly healthy—a skillful perfectionist whose only observable problem seemed to be a tendency to brood over errors and setbacks. An accident then? Auto? In his sailboat? No one had a clue.

Dr. Candace Li, department head, knew the truth: Dr. Rohannan had taken his own life. She had been informed earlier by her Medical Director. She was still

experiencing shock and disbelief.

“I saw the coroner’s report,” Dr. Abdullahi the Medical Director had told her. “Charlie used barbiturates to end his life.”

Dr. Li was concerned thinking: It’s delicate. It’s going to hit my people hard. It’s going to hit everybody in Memorial hard. And patients? What does it mean to a patient when their doctor chooses this? “How do you propose we handle this?” she asked.

“I’ll keep you posted, I’m meeting with Joshua Hanff, CEO, the hospital’s Physician Wellness Program director and the Press Office later,” Dr. Abdullahi replied. “I want to propose we are as transparent as

possible about this loss, for many reasons, including the possibility that opening up the discussion of suicide might save a life in the future.”

Meeting with Hospital Leaders

The meeting led to discussion and a variety of viewpoints. “Rumors are harder on people and harder to deal with than telling a tough truth,” said Dr. Antuñez, the Physician Wellness Program Director. “But you’ve got to tell the tough truth in a certain spirit. Context is important.”

“So, what’s the context here?” asked the CEO.

“I think it’s dialogue,” said Dr. Antuñez. “We know all the physicians here and everyone else are often working at the outer edge of their capacity. So many are stressed out—some are approaching burnout or are already there. I don’t know if Charlie Rohannan was burned out, or if he had undiagnosed depression, or if there was something wrong at home...”

“Suicide is a bear to understand and it’s impossible to predict,” said Dr. Abdullahi.

“Right. But in this case, it might provide a teachable... or I guess I mean a talkable moment. If we can put our shock and sadness into the context of what is driving these terrible decisions, what we can do about them...”

“I worry a little about the way this hits the community. In terms of Memorial’s reputation,” offered the public relations officer.

“If we handle it the right way, it’ll enhance our reputation,” noted the CEO. “I mean, we want to be a place that cares about its physicians, right? We want to be seen that way too. I like the dialogue idea. We’re honest about what happens and it’s a springboard to discuss what needs to happen, what needs to change. But will Charlie’s family agree?”

“Well, we have to ask, and we have to abide by their

wishes,” said Dr. Antuñez. “Even to simply let the neurology department know. I’m all for this dialogue, of course. But we must go slow. At every stage, we’ve got to be sure the family is on board. We don’t get to make the call.”

The Transparency Initiative

And so the transparency initiative began with the CEO meeting with Dr. Rohannan’s wife, Eve, and his parents. The CEO explained suicide is a serious problem in the medical profession—doctors die by their own hand at around twice the rate of the rest of the population. It’s something Memorial needs to address. Would they be willing to let his department know the cause of his death, so the terrible loss could be the focus of a discussion there and possibly keep another doctor from making the same decision?

“Are you going to talk about Charlie’s death with everybody in the hospital?” asked his mother.

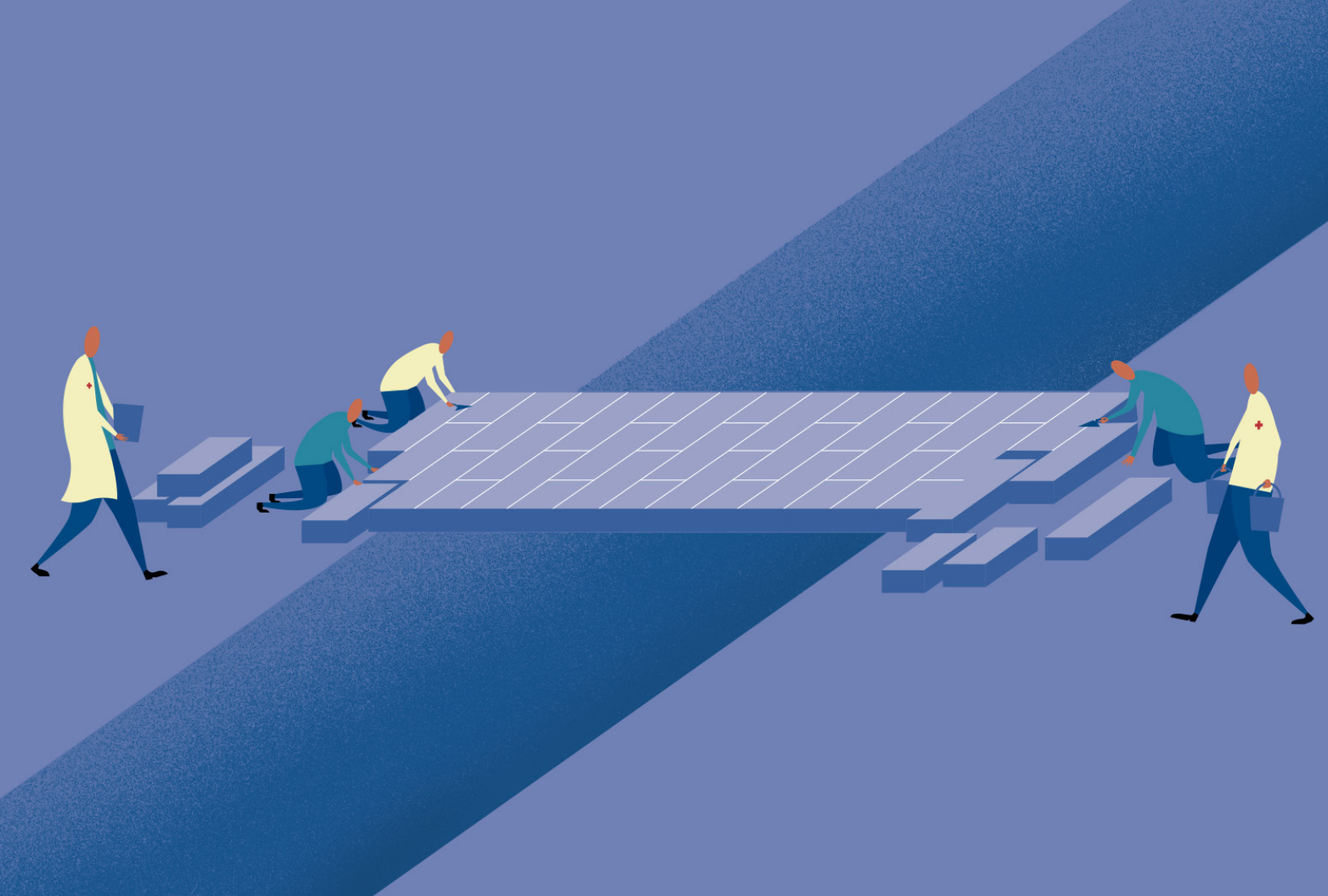
The CEO replied, “I’m going to make sure that the discussion stays within the circle of the colleagues who knew him best. They care about his memory. The time may come when we widen the discussion. But it won’t happen unless you agree.”

“I don’t know,” she said. “What about Charles’ reputation? Doctors are supposed to be tough and resilient and what-not. I don’t want a lot of his peers thinking less of him. That would hurt almost as much as we’re hurting now.”

The CEO offered, “there isn’t a physician in this place who doesn’t feel overwhelmed sometimes. I want his colleagues to feel they can talk about the kind of struggles Charlie went through. If we can have those conversations, and keep them going, they’ll be a big part of Charlie’s legacy to this place.”

Dr. Rohannan’s wife, wordless, nodded.

“Please,” she said, “do what you think is best.”



Episode 2: Fallout on the Clinical Team

Meeting with the Department

Dr. Candace Li had assembled as many members of the neurological team as could spare the time to break the news.

"Charlie's family has agreed it's okay for me to share with you he died by suicide," she said.

Gasps and a sob.

"Our department is going to be the only one where this is known. I'd like to keep it among ourselves for now. But I want you to know we're going to be meeting when we can to talk about influencing factors and potential preventive measures. Admin wants to take actions too."

"Candace, I know why it happened," said Dr. Phil Means, who was standing by the door. "We all know, don't we? The pressures of this specialty, this profession, can be inhuman. Especially...especially now. I mean these days, with the charting craziness and the productivity benchmarks and the patient satisfaction scores and the..." He opened his hands as if to indicate 'all the rest of it.'

"I don't know," said nurse practitioner Yvonne Cheek, whose eyes were closed. "Charlie never seemed overwhelmed. He seemed to be coping. He never seemed...you know, troubled."

"Docs are good at that," said Dr. Arjun Rajanathan. "Seeming to be coping when they're not."

Dr. Li and the physicians talked for a quarter of an hour. It turned into the first of the planned initiative's discussions. It wasn't easy to find occasions for this group and others in the department to talk, but they made it a priority. They talked about workload, administration's requirements, the always-thorny coding issue—the drivers of frustration leading to burnout. Dr. Means, who had a psychiatry subspecialty, brought up the role of undiagnosed depression and self-medication. And more than one physician talked about the need for accessible and confidential ways for doctors—and everyone else—to get mental health help, without stigma and without licensure consequences.

Planning for Next Steps

A few weeks later, medical director Emin Abdullahi asked the Rohannan family if they would agree to letting the entire hospital staff know the circumstances of their husband and son's death. Dr. Rohannan's wife favored the idea, but his parents, would not concur. The CEO advised Dr. Abdullahi not to press the point with them.

"Emin," he said, "we can do this without reference to Charlie's death. We have to."

"Rumors are going to spread," said Dr. Abdullahi. "They're already spreading."

"I know, but our hands are tied. We're going to go ahead with an education initiative. I want to get a curriculum up and running about burnout and depression and substance abuse, with honest stuff about how prevalent they are in our world. We'll let the discussions play out from that."

"I think even more important is this confidential consultation piece," said Dr. Abdullahi. "We need to put in place a way for docs to get help. A way they're going to use."

The CEO told Dr. Abdullahi that Memorial's Physician Wellness Program head, Dr. Helene Antuñez, was already drafting a plan—and a plea to Memorial's board for the resources to implement it.

A Surprising Message

And then came the day when an email from Dr. Rohannan's wife arrived in the CEO's inbox.

"Dear Mr. Hanff," it read, "I am enclosing a video that I hope you will play for anyone you feel should see it. Charlie's parents are ok with it."

The video showed Dr. Rohannan's wife Eve, sitting in her kitchen on a sunny day. She held a photo of her husband in his first-year med school white coat and she spoke.

"Hello. My name is Eve Carter Rohannan, and this is a photo of my husband at a happier time. I don't need to tell you how dedicated he was to medicine, to being a healer. I don't need to tell you that he worked hard, cared about his patients, cared about all of you.

"Charlie was a perfectionist, and sometimes I think that trait oppressed him. But he often said that a doctor who didn't strive for perfection wasn't worth much. He also suffered from depressive episodes, but he told me he could manage them. He said his depression was a 'stable illness.'

"I don't know what combination of things made Charlie lose hope. He said once that practicing medicine can feel like swimming against a strong current, with the danger of drowning always there. I think he meant drowning in the demands made upon him. There were so many.

"My hope is that you, who are healers, will recognize the sort of pain that he felt and find a way to lessen it for the other healers at Memorial."



Episode 3: Dr. Lipski's Secret

The Struggle for Healing

Dr. Roberta Lipski of Memorial's Leeson Oncology Center decided not to attend the meeting Dr. Ken Yamamura, the Center's head, organized to show and discuss Eve Rohannan's video and the hospital's new program for helping physicians who were feeling depression and burnout. She didn't need the pain.

She didn't know Charles Rohannan well, yet she wished she could feel sorrow at his loss and empathy for his widow. But she couldn't manage either. These days, she felt she was simply going through the motions of her life and job, caretaking for the dying, yet unable to do enough for them.

Unable to do enough. She turned the phrase over

in her mind. An oncologist has to get used to losing patients, but after 10 years as an attending, Dr. Lipski was beginning to believe she was losing the ability even to put up a good enough fight.

There was so much in the way of giving her best, she felt. There was the endless charting on her laptop—two hours or so, at home, every night, just to keep her head above water. There was the punishing pace—my God, back in the day she had a little time to share a coffee and blow off some steam in the lounge. Now the lounge is used to store office supplies and she never has time to “recharge her battery” with people who understand.

There was, above all, also the overwhelming feeling

of never quite being able to do her best. And if she wasn't doing her best, what was the point?

Was the system at fault? Well, certainly, up to a point. But she felt something else, something in herself, was failing. Inch by inch, she was letting her old passion for medicine go, and she felt incapable of getting a hold of it and bringing it back, which surely, she felt, she ought to be able to do. She was smart, self-aware and experienced. Why couldn't she hit "reset?"

There seemed to be a huge, immovable, invisible object installed between her and...what? The old energy, the old happiness, the old feelings of anticipation and focused usefulness she used to have the moment she entered the hospital, saw her colleagues in scrubs or waved hello to Janice or Frank in reception.

And, of course, there was the David situation; he was leaving her. He had been leaving her, emotionally, for two years or more, and now he had finally announced his physical departure: January. Happy New Year.

It was the David issue, she was sure, that had pushed her drinking beyond what people called "social." She was pouring wine into a tumbler, not a wine glass, and "taking the edge off," most nights, by herself. She did not like this habit; she did not like herself when she indulged in it, but the self-dislike diminished when she had a second and a third glass, sometimes a fourth. Then it returned, with a vengeance, the next morning.

She longed to share her feelings with Dr. Lana Harutunian, her closest friend at Memorial and a classmate from med school. But Dr. Lipski was scared—terrified, really—of saying anything to Dr.

Harutunian about her deepest despair, her despair about medicine. Because without medicine, what did she have? What would be left of her if she came clean about that? About the fact she was slowly entering into a state of suspended animation when it came to the calling that had ruled her life since she was an undergrad?

Thinking About Charlie

One night, after pouring herself a Cabernet, she found herself thinking about Charlie Rohannan. So competent, so personable, so well-liked—and he had ended it all. Had he felt the presence of the huge, invisible block between himself and his purpose? Had he felt his worth as a physician slipping away?

If he had felt any of those feelings, he had decided to act on them, she thought. He had refused to decline any further in front of everyone else, and himself. He had called a halt to the loss of his pride and his self-belief. He had "gone out" before he had become an object of pity.

And then Roberta shook herself—she stood up and actually shook out her hands and arms and took a deep breath. Her head was in a crazy place. She had her daughter Angela. She wasn't going to abandon her daughter.

Still—the idea of simply sleeping...of simply letting go of all of these tormenting thoughts about who she was, who she had been, who she was becoming, surrounded her. Simply letting go of her life that no longer held any promises for her but a deeper and deeper sense of inadequacy and frustration. Letting go before she lost everything. Was it a completely crazy idea?

She wondered.



Episode 4: A Friend Intervenes

“There Was Something Else...”

Dr. Lara Harutunian had just finished morning rounds when she spotted Dr. Roberta Lipski at the door of the Leeson Center. She waved to her oncologist friend and Dr. Lipski nodded in return.

God, Roberta looks tired, Dr. Harutunian thought.

“Lunch, Berta?”

Dr. Lipski frowned. “If I can. I’ll text you.” She managed a half-smile and pushed open the door into the Leeson wing.

Yes, she really seems tired, but there’s something else too, thought Dr. Harutunian as she walked on toward Radiology.

Her friend had always been serious-minded, not quick to smile or laugh—the sort of person for whom compassion for the suffering of her patients, and for the suffering beyond the hospital walls, seemed to make it difficult for her to, as we say, “lighten up.” And, of course, Dr. Harutunian told herself, most of us are stressed, overworked, under-rested, and way, way short of time. So okay, Berta is “down.”

But there was something else too. Berta’s seriousness had always been...well, intense and committed. It had energy. That energy always shone through her fatigue—and they sure had been exhausted together many days and many nights in med school—and it had shone through

disappointment too. When one of Berta's patients lost the fight with cancer, it had always seemed to increase Berta's resolve.

But these days it felt different.

These days, there was something missing in Berta—it was her energy. Something in her seemed to be draining away.

Dr. Harutunian knew, in a general way, about what the wellness people were terming "burnout." It had come up again in the Friday discussions set up after Charlie Rohannan's death. Burnout wasn't just being stressed—we all deal with stress every hour, she thought. It was a progressive loss of belief in your effectiveness. It was a state of "what's the point?"

Was Berta at this point?

In one of the informal discussion sessions that Admin had set up in the wake of Charlie's death, Helene Antuñez, Memorial's Physician Wellness Program Director, had encouraged everyone to, as best they could, be aware of their colleagues' moods—aware of any changes for the worse—and to intervene "with the softest of soft touches," as she put it, if they were concerned. She pointed out when an organization loses someone to suicide, suicide takes on a reality it normally doesn't have...

Not that Berta would ever do that, Dr. Harutunian told herself hurriedly. But was she concerned about her friend? The answer was definitely yes.

The Conversation

When Dr. Lipski texted she couldn't meet for lunch, Dr. Harutunian found a way to be passing by near the door to the Leeson Center at the end of their mutual shift.

"Berta," she said, and Dr. Lipski turned around.

"Oh, hi, Lara. Look, I'm sorry about lunch," said Dr. Lipski, with a weary but wary look, as if she were expecting criticism but didn't have the wherewithal to resist it.

"Oh gosh, no problem," said Dr. Harutunian. "I just wanted to check in with you to see if everything is all right. You've seemed kind of down in the last few days. I just wanted to let you know I'm there for you. I know you've been having a rocky time with David..."

"Yes, I have," said Dr. Lipski grimly as the two of them continued down the corridor.

"I don't know. I just wondered if there was anything else."

Dr. Lipski stopped and faced her friend.

"No, not really," she said. And her eyes began to fill with tears.

"Berta," said Dr. Harutunian, "you know that whatever is happening, I really care about you as a friend and a colleague.

"I know, Lara, I know, it's just..." And Dr. Lipski said no more but made a firm effort to compose herself.

"And you know what else?" Dr. Harutunian went on. "I think Memorial is starting to care about us at another level. I think Charlie's suicide has kind of put things in motion. I really don't think we have to tough out the bad stuff, the bad feelings, all alone."

She held out her hand and Dr. Lipski took it.

What's the end of the story? The story hasn't ended yet. We know that Dr. Lipski is still working at Memorial. It's clear her darkest feelings—her “suicidal ideation”—didn't progress into the more serious “planning” stage. We know that she made use of Memorial's confidential well being solutions and engaged with a counselor—and she opened up to the counselor, a physician peer coach and to Dr. Harutunian about her drinking and her doubts. The

drinking tapered off; many of the doubts remained. But Dr. Lipski discovered she could live with them if she didn't have to live with them alone.

Did Memorial take a look at its scheduling, productivity demands and whether it was supporting its physicians adequately in charting and other bureaucratic tasks? This, as they say, is another story.

VITAL WorkLife offers healthcare organizations a comprehensive suite of solutions designed specifically to reduce the effects of stress and burnout and improve work/life balance while increasing awareness and implementing measures toward suicide prevention.

For more on how to spot, address and mitigate burnout among your physicians while offering support, reach us at VITALWorkLife.com or by dialing 877.731.3949.

Additional support can be found by contacting the National Suicide Prevention Lifeline: 1-800-273-8255.



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