



# WHOLE-PERSON CARE FOR THE PHYSICIAN

WHY TAKING CARE OF OURSELVES HELPS US TO TRULY HELP  
OTHERS  
(AKA “THE LECTURE I ALWAYS WANTED TO GIVE”)

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STATEN ISLAND, NY

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# BACKGROUND

- Dual Med/Peds Board Certified
- MBA in Healthcare
- CEO and CO-Founder, Beacon Christian Community Health Center
- Studied (amongst other things) links between faith, work, productivity and health

# BEACON CHRISTIAN COMMUNITY HEALTH CENTER

- Started in 2006 as a faith-based community health center in northwestern Staten Island
- Only FQHC directly located in and directly serving the only MUA in Staten Island
- Total population of 10303 and surrounding areas: 30,000+
- Whole-person care model resulting in improving patient outcomes and steady patient satisfaction
  - Addresses the physical, mental, emotional, relational and spiritual needs of patients in an appropriate cultural context
  - Training, mentoring and teaching the next generation of healthcare professionals to do the same

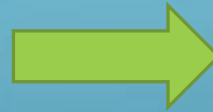
# WHAT IS WHOLE-PERSON CARE?

- Care of the person from five major perspectives:
  - Physical – “easy” for us
  - Mental – becoming easier due to intentional integration but still overlooked/minimized
  - Emotional – often ignored; no time to handle, hard to understand
  - Relational – Almost never addressed
  - Spiritual – almost never addressed yet most important to most patients
  - Implications on how we interact with patients and understand and relate to and with them
- Implications on ourselves as physicians
- Impacts the discussion on what truly constitutes “health”?

# GOALS FOR TODAY

- To have an honest discussion about the challenges of being a physician in 2019
- To explore why whole-person care is important to us as physicians as well as to our patients
- To actively work today on meaningful ways to create a true caring community here at RUMC and making sure everyone is developing the necessary resiliency to avoid burnout, frustration and worse

# THE CARE OF THE PHYSICIAN → THE CARE OF THE PATIENT

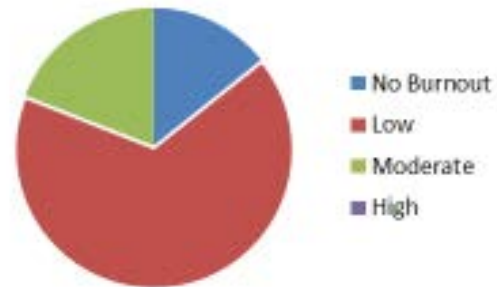




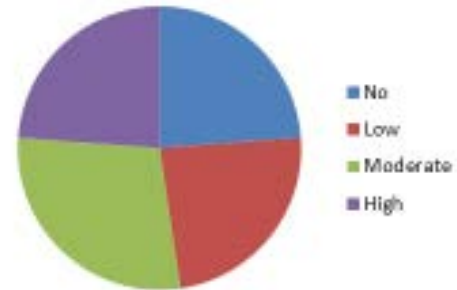
# THE RUMC SURVEY DATA

## PGY-1

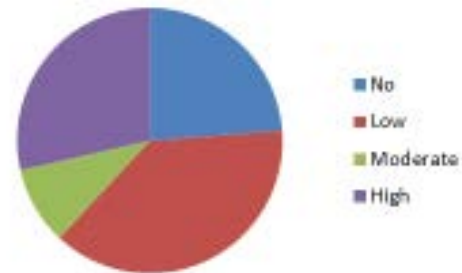
### Burnout



### Depersonalization

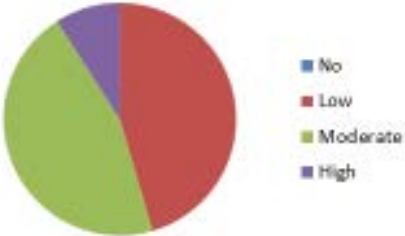


### Personal Achievement

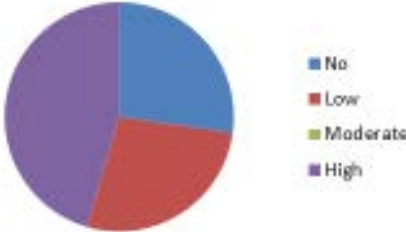


# PGY-2

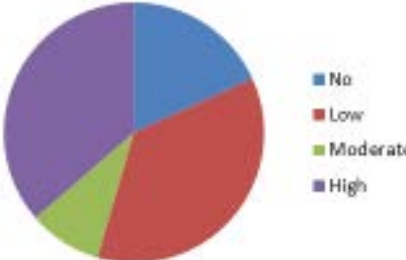
### Burnout



### Depersonalization



### Personal Achievement



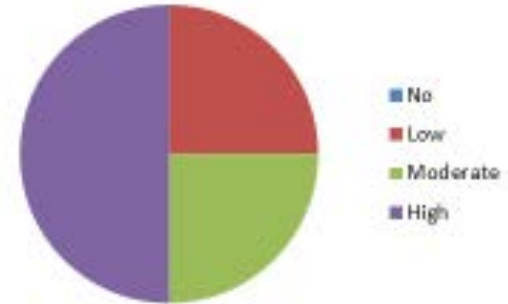


# PGY-3

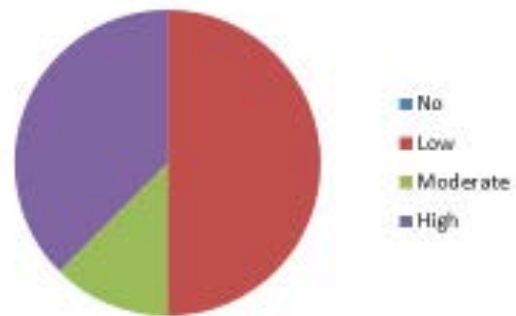
## Burnout



## Depersonalization

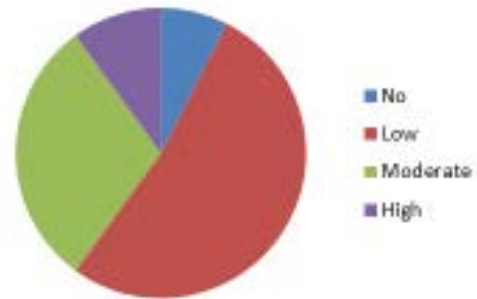


## Personal Achievement

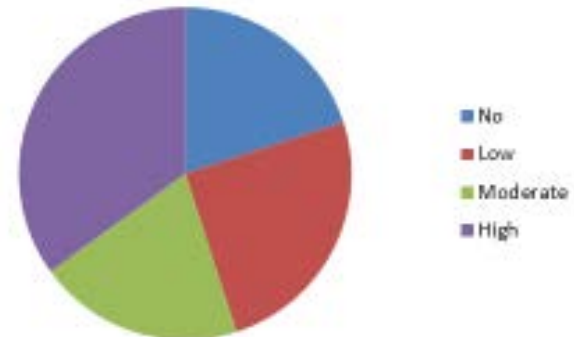


# All Medical Residents

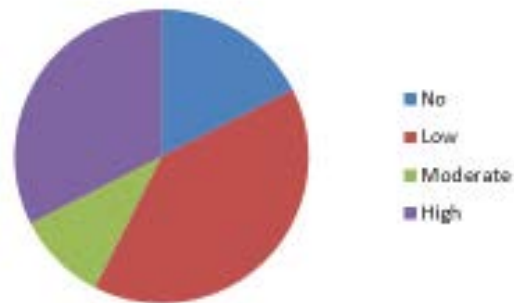
## Burnout



## Depersonalization



## Personal Achievement



# THE CONCERNING TRUTH

- Physician depression rates are 12% with male physicians, 19.5% with female physicians
- Students and residents: 15-30%
- Medicine over history has seen a steady level of suicide and depression – Medscape – over 1000 documented doctor suicides since 2012 and climbing
  - ([https://www.medscape.com/viewarticle/901300\\_2](https://www.medscape.com/viewarticle/901300_2))
- Physician deaths from suicide are the highest in any profession – 2-3x the general population
  - (<https://www.webmd.com/mental-health/news/20180508/doctors-suicide-rate-highest-of-any-profession#1>)

# WHY WE CANNOT LOOK AWAY -

- Personal to me – two med school classmates died
- Statistically people in this room are experiencing this
- Bringing “care” back into healthCARE
- We are “whole people” too – we need care also
- Medicine is NOT an Excel spreadsheet or a Press-Gainey score
- Physicians are not just nameless, factory worker-style cogs in the wheel

# WHY ALSO TALK ABOUT SPIRITUAL HEALTH HERE?

- As of 2018, 84% of people around the world claim some form of faith belief

(<https://www.theguardian.com/news/2018/aug/27/religion-why-is-faith-growing-and-what-happens-next>)

- In the US, 78% of Americans adhere to some form of religion

(<http://www.pewforum.org/religious-landscape-study/>)

→ People in this room also have this same foundational potential

# THE IMPORTANCE OF BELIEVING IN SOMETHING

- The presence of religious struggles predicts increased mortality (independent of health status, social support, and mental health).
- There is an inverse association between faith and morbidity and mortality of various types.

1) Koenig. *ISRN Psychiatry*. 2012(Dec16):278730.

2) Pargament, et al. *Archives of Internal Medicine*. 2001(Aug);161(15):1881-5.



# “BURNOUT” OR FRUSTRATION?

- Burnout = overwhelmed by workload
- Frustration = physicians feeling like they aren't doing what they went into medicine to do in the first place
- Our problem is a combination of both
- Starts in medical school → cemented in residency/fellowship → cynicism and bitterness as a career attending
- Compounded by a lack of intentional support infrastructure and loss of unique identity within the healthcare system

# IMPLICATIONS

- On one side, → bad patient care – more errors, less “care” in healthcare
  - (<https://www.carecloud.com/continuum/preventing-medical-burnout/>)
- 2012 study – 46% physicians experience at least one symptom of “burnout”
  - (<https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/1351351>)
- Number one frustration for physicians: “Too much third-party interference”
  - (<https://healthcareinamerica.us/what-are-the-top-3-biggest-frustrations-of-being-a-doctor-1c0b82c07de>)
- All this → higher levels of depression, low physician morale, and worse previously described

# WHAT WE PHYSICIANS GENERALLY DON'T DO WELL

- Conclusion: We stink at taking care of ourselves
- We are good at hiding/compartmentalizing our weaknesses and struggles **AND NOT TELLING ANYONE**
- The pressure cooker of medicine – emotional situations with patients, pressure on performance, malpractice threats, etc. wears us down and we don't have a healthy, “built-in” outlet for talking about or addressing this
- The health care system is failing its most precious component – the **physicians**

# WHAT DOES THIS MEAN? IT MEANS THAT THERE IS HOPE (HUH, WHAT?)

- Physicians are PEOPLE too – so the same rules we talked about with patients apply to us too!
- Care of the person (ourselves) from four major perspectives:
  - Physical – keeping ourselves in good physical shape and getting ourselves checked out
  - Mental – having time to mentally rest from our labors
  - Emotional – making sure we have outlets to share our stresses and our joys
  - Relational – building relationships with a strong mutual support system both in and out of our work
  - Spiritual – make sure we don't lose what we are doing this for; making sure we are grounded in something beyond ourselves we can depend on
  - → Implications on how we interact with EACH OTHER and understand and relate to and with EACH OTHER
- What is “health” to us?
- Experience shows addressing all five leads to better outcomes and more satisfied PHYSICIANS

# “PHYSICIAN, HEAL THYSELF”

- Need to make sure we are connected to these five areas, else we are just broken people trying to take care of other broken people – someone WILL pay the price.
- **\* Discussion on how to take care of ourselves – proposed infrastructure \***

# FINAL THOUGHTS

- If you need help or just need to vent, PLEASE TALK TO SOMEONE
- Find something bigger than yourself to “anchor yourself in” – “the house on the rock”
- We have to create a community of fellowship and trust here at RUMC
- “Do, or do not...there is no try” – Yoda, “Star Wars Episode V, The Empire Strikes Back”
- Administrative and clinical leadership/attendings – need to lead this process, listen to concerns and show the visible addressing of them



# CONCLUSION

- ““Wherever the art of Medicine is loved, there is also a love of Humanity. – Hippocrates
- “You will surely say this proverb to Me, ‘Physician, heal yourself! Whatever we have heard done in Capernaum, do also here in Your country.’ ” – Jesus Christ, Luke 4:23 (NKJV)

# WITH MUCH APPRECIATION

- Thank you for this opportunity!

**Q and A**