editorials

Brace no more (final chapter of the brace trilogy)

am now brace-free, for which I would like to thank my neurosurgeon. I don't want to embarrass him, so will affectionately reference his rap name, M Squared. I have learned many things from my bracing experience—some good, some bad, some about myself, and some about the system.

When taking care of patients who have been injured in motor vehicle accidents. I am often amazed at the influence that the potential for compensation has on their presentation, treatment, and recovery, and I think that if there was no gold at the end of the ICBC rainbow patients would recover far faster.

I love to ride my bike, and this time of year I would normally be out cruising the trails, enjoying the mud and dirt. If I fell on my head while doing so, I would probably crawl home and lick my wounds. In the days that followed, due to severe neck and arm pain, I would likely present for medical evaluation leading to the diagnosis of a broken neck. I would then utter something like "bummer" and get on with things to the best of my ability while waiting for the powerful force of healing to take effect.

But I didn't just fall off my bike— I was hit by a car. Now people wanted to know if I had an investigator, lawyer, hit man, etc. Advice came from

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all sides. People started telling me about the exorbitant sums of money that I was entitled to. I actually had people responding in anger when they discovered I didn't have a lawyer and was dealing with ICBC directly. One person stated, "ICBC does a happy dance when they see people like you coming." I have gained a new understanding of the driving forces behind patients' motor vehicle accidentrelated complaints.

Patients often ask me whether they should get legal representation for their ICBC cases. I usually tell them to wait and see if they are treated fairly before jumping ship. I'm following my own advice and so far I have no complaints; mind you I haven't settled yet. I was assigned an advisor who has been polite and has answered all of my queries promptly. A plan is in place and I will continue along this path unless things go awry.

I was at a Christmas function recently where I chose not to wear my brace. A young man across from me upon hearing my story asked if I was worried that this would affect my ICBC case. The answer is no. I just want my life back and to heal as quickly as possible. I want my neck to recover and for my left arm nerve damage to resolve. I want to ride my bike, swim, and run like I did before. (If I were honest, maybe a little faster than before.) This is my focus and my mission. In the meantime I will submit a claim with ICBC but not make this my life's quest.

However, I have always wanted to own a villa on a private island somewhere warm.

-DRR



Helping ourselves, as we do others

uch has been written on the topic of physician health, and there are numerous organizations dedicated to maintaining the health of physicians. I am aware of national, provincial, and even local groups that work to this end. I became interested in this subject during my years as a medical student. At our medical school, stories were told of students who had taken their own lives. There seemed to be a student suicide approximately every 5 to 10 years. In the final weeks of school, just prior to our final clinical exams, one of our classmates did the unthinkable

He was bright, popular, and seemed like he had it all. The news came as a blow to the entire class. We were all hastily gathered together by the dean and faculty to discuss the issue. We were offered support and reassured that none of us were at risk of failing to graduate. They wanted to be sure that nobody else was feeling so stressed that they would do the same.

Years ago, we were treated to a talk by the then-executive director of the Physician Health Program of British Columbia. He inspired some of us to form a support group for physicians in our community. We met monthly at colleagues' homes. I think that although there was a need, the usual attendees weren't the ones who really needed to be there. Eventually our group disbanded, but our interest and concern for our colleagues never went away. Where possible, we try to offer support as individuals to each other and to our colleagues who may be

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going through difficult times (e.g., a major life event, death of a loved one, divorce) or a bad patient outcome (e.g., suicide, unexpected death, neonatal death).

Our community also lost a physician to substance abuse many years ago, despite the best efforts of colleagues, friends, and the best treatment facilities money could buy. It is well known that doctors have high rates of mental health problems such as depression, anxiety, addiction, and suicide. We have all read about doctors' suicides, as it makes for sensational headlines. Another one of my classmates took her own life a few years after graduating.

So how do we protect ourselves and our colleagues from these problems? We obviously can't prevent them altogether. Despite what some people may think, we are human after all. How do we help ourselves as doctors who may be perfectionistic (I am not allowed to fail), egotistical (I am the greatest), martyrs (my needs are secondary to those of my patients), or who eschew vulnerability (if I need help, I am a failure)? Maybe what makes us able to do our jobs also distorts our ability to seek help and become patients.

At a minimum, all physicians need to have a family physician in whom we can confide, whom we visit at least every few years, and to whom we behave as patients, not as colleagues. But that is not enough. It helps to be part of a medical community, such as having hospital privileges (although, these days this seems to be a source of stress), being part of a division of family practice, or working in a group practice. We also each need to have at least one colleague whom we trust, and from whom we accept advice when we need to seek help or take time off. I am privileged to have such a colleague. Are you?

-DBC

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