



***Doctors facing exhaustion or psychosocial difficulties : study of 120 doctors accompanied by a dedicated french network with a global health approach***

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Being a doctor and staying a person  
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This study is a systemic and retrospective analysis of situations under the care of one physician from the Association MOTS whose functioning remains on medical confidentiality and a code of ethics.

Aim : in France, is this useful and which lessons and perspectives can we draw from the first feedback regarding this model of intervention?







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## ***Association MOTS (24h/24 – 7j/7) : its specificity***

- A process of humanistic support and of confraternity (fits in the principle of confraternal assistance)
- A comprehensive, reflexive and systemic approach that integrates the individual, the professional and the caregiver
- Skills in the field of occupational health
- The 'Médecin-MOTS' does a clinical supervision with the psychiatrist of our structure (possibility to make 7/7)

# Méthodology

- » Retrospective and quantitative descriptive study :
  - > 120 doctors
  - > Between January 2012 and March 2016
- » Systemic and reflexive approach





# Statistical Results

## » Gender:

> 58 ♂ vs 62 ♀

> Average age = 51 y/o (n=116)

♂ 53,9 (moy.) ; médian 57 ans

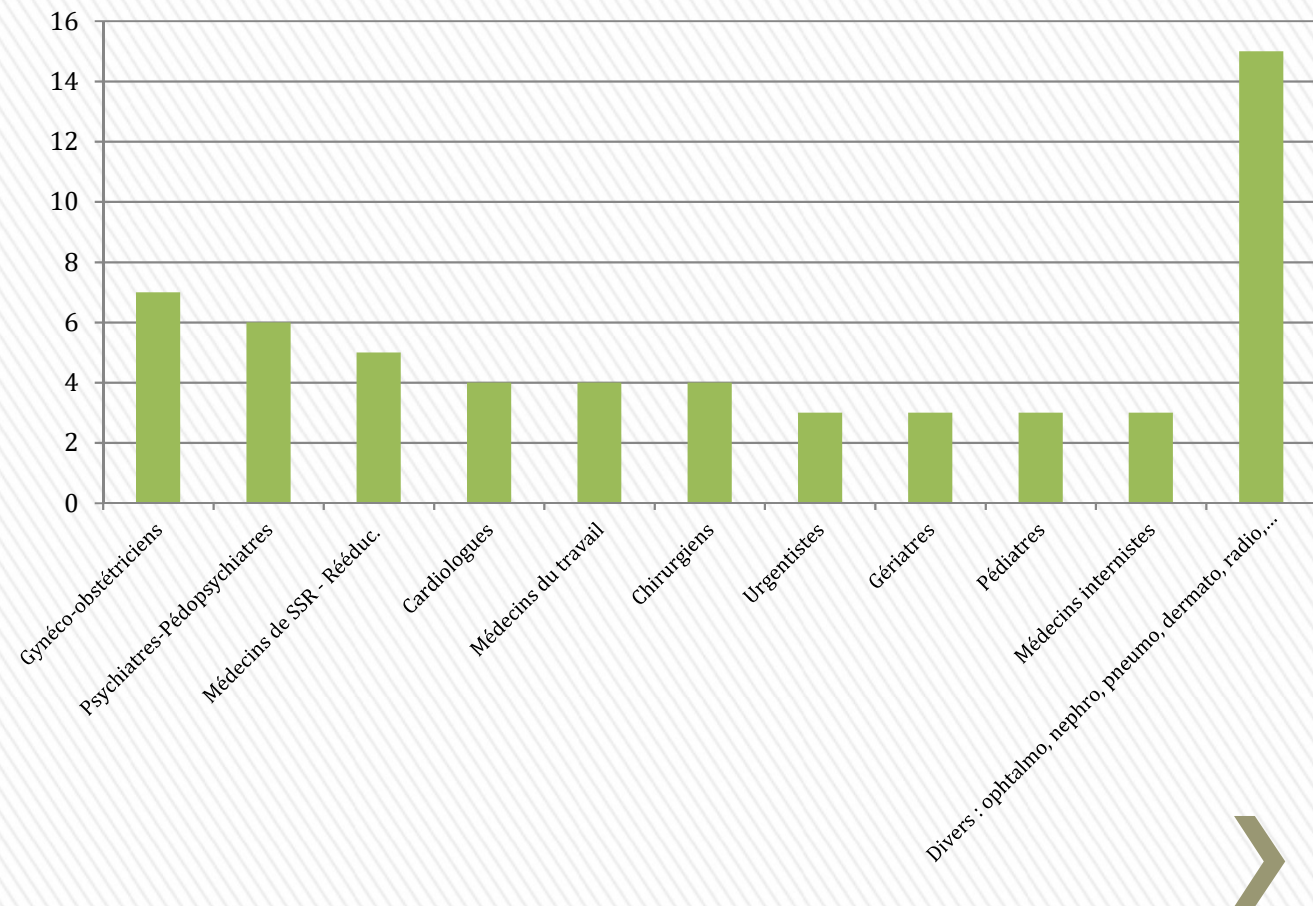
♀ 48,2 (moy.) ; médian 47 ans

> Stat. Dispersion of ages ++ in female: 25 to 69 y/o vs 36 à 67 y/o in male doctors.



# Statistical Results

» 52% GP  
» Répartition  
by specialties  
(except GP) :





# Characteristics and duration of support

## Telephone consultation +++

- » Average Number of calls by doctor = 3,5
- » For 4 doctors :
  - > 15 phone consultations

## Consultations in face to face : 17%

- » Various places :
  - » - At the calling physician's workplace ++
  - » - MOTS doctor's cabinet
  - » At the calling physician's home
  - » others



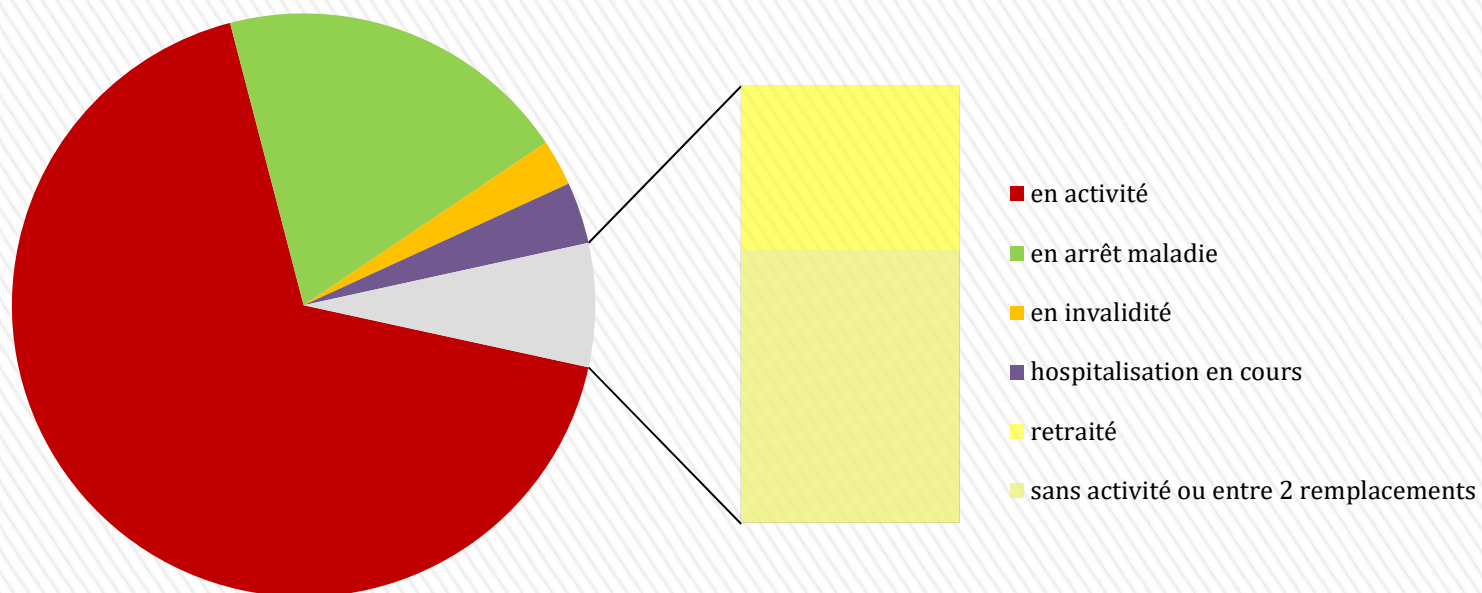
# Terms and duration of support

- » First consultation always based on call
- » often 1H-1H30
- » Active and empathetic listening++
- » unique : 10%
- » Initiated by a third party: 8%
- » No contact possible (after 1st call MOTS) : 2,5%





## Situation of physicians at the time of the 1st call to MOTS :



# Context

- » Burnout / Sd AD : 52%
- » Conflicts : 20% > abuse / complaints : 12,5%
- » Financial difficulties : 20%
- » Suicidal thoughts / History of suicide attempt : 11%  
> 2 emergency +++ with 1 enforced hosp.
- » Addictions : 7%
- » Prévention (primary / secondary) : 2 cases
- » Professional retraining wish : 23% !!





# Context :

- » Sense of impasse / loss of bearings / loss of self-esteem
- » Complex and multifactorials problems : 50%
- » Anti-anxiety and anti-depresseur automedication spontaneously reported : 15% (more ??)
- » Research help and support from a colleague



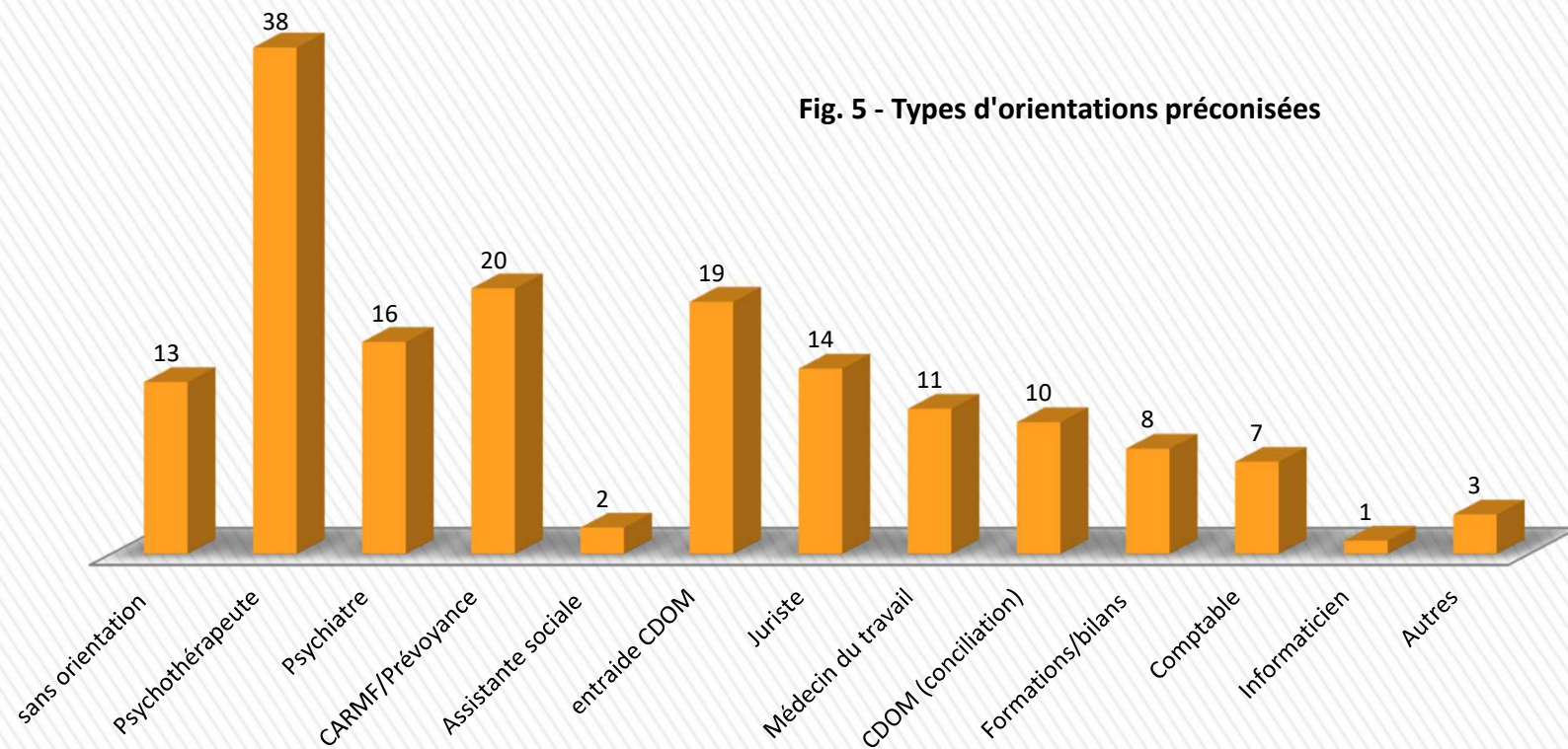
# Focus burnout :

- » Professional over-investment and non-recognition (patients, public authorities,..)
- » auto-requirement of infallibility, hyper availability
- » Difficult to say “no”, set limits
- » Feeling of no flexibility
- » paradoxical injunctions or conflicts in values
- » Loyalty conflicts / feelings of inadequacy, guilt, anxiety, irritability and fatigue
- » Professional group exercise not necessarily protective ...





# Medical care and miscellaneous orientations:



6% hospitalisation

# Discussion and Conclusion :

- » This structure of help and support for doctors meets a demand regarding liberal and salaried doctors and goes beyond calling doctors alone.
- » Seasonality in the first calls (spring and autumn) = periods sending brochures in march-april
- » The calling doctors are in a situation of "doctor-patient" supported by a "third party-doctor".





# Discussion et Conclusion:

- » In France, this is a new and specific role: a doctor accompanying the other doctors in a personal project of psychosocial health. He practices a new discipline which is carried out within a multidisciplinary network specialized in occupational health.
- » This new discipline could be named for example “médecin-ressource. »



# And primary prevention ?...

- » Learn in the University that any physician is fallible and learn from our mistakes as learn to ask for help
- » teach about the liberal exercise, balance private life / career
- » Parrainage ?
- » Balint Groups
- » Promotion of the overall health of caregivers
- » Implementation of epidemiological tools on physician health



**» To stay "caregivers", doctors have an individual and collective right to take care of them.**

**This is a societal duty, and it is also a public health issue.**





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