EDITOR'S MESSAGE

A Traumatic Event

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Each day, physicians go to war against innumerable problems that patients have either self-created or that were created by the breakdown in the body on the macro or micro level. All of our bodies are aging, and systems are likely to fail. Over the course of our careers, we have witnessed many traumas and dramas in caring for our patients, traumas that also affect us. We often don't take time to process a bad outcome, and our patients' troubles do affect how we feel. At times, the doctor feels worse than the patient. Yet, we continue to show up to treat people.

Recently, with all the violence in the news, some stories stand out. One young physician took her own life and her child's. It's possible this could have been prevented. Students and young physicians are taught to accept scenarios in which things cannot be changed and move on to the next patient. We know that there are others who need care; their needs are pressing.

As healthcare providers, we are at daily risk of mental trauma ourselves. Repeated trauma changes our genetic makeup and can, over time, be damaging to our bodies. Additionally, changes from stress generate increased cortisol production. Mental health struggles can accelerate stress eating, cause lack of energy due to fatigue, and create burnout symptoms.

Adding to this stress is the fact that physical violence in healthcare settings is accelerating. Statistics show that this violence is not exclusive to large hospital emergency rooms. Regardless of the size or status of the healthcare setting, physicians must be aware of the possibility of violence. Literature in this area has mainly focused on experiences of violence against nurses (e.g., https://pubmed.ncbi.nlm.nih.gov/32175613/), while there are fewer studies on physicians. Aggression in the workplace has been associated with somatic injuries as well as with psychological consequences, such as burnout, post-traumatic stress disorder, depression, and anxiety.

In the workplace, we face daily mental traumas during which we feel that our advice and intercession should be helping; however, we know some situations are beyond our control. We would benefit from debriefing to discuss what went right, what could be changed or not, and how people are doing, even after an event that we consider routine. Debriefing our staff on community incidents and future challenges is equally important to ensure they are coping and feeling safe. A good program of mental health first aid can help create a safety net and help staff recognize issues in their coworkers and patients.

We have wonderful patients who are like family. Perhaps there are missed opportunities to understand deeply what they may be feeling. The patients of a family with an incident of violence may be hesitant to speak openly due to fear of not getting care themselves, and so things that should be discussed are often left out. Patients are often marginalized in a small community, as our staff sometimes feel that we need to know about an incident that they know happened. Our medical school training teaches us to be nonjudgmental and to offer humane treatment. We know from our interactions that choices are made for many reasons. Younger people who experience situations such as bullying or childhood abuse are at risk. We are less likely to interact with a physically healthy adolescent unless they have a vaccine or sports physical.

We must care for ourselves, our colleagues, and our patients. If we feel the need to talk to someone, it's okay. As we work to improve and maintain health and wellness for our patients and staff, we must "put our own oxygen mask on first" to do our best work. This will allow us to be the best physicians we can be for our patients, while maintaining our own mental health and well-being.