

Health and Healing

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As I waited alone on the platform for the approaching train, tears welled up, compounded by years of solitude; the darkness and loss of my inner identity had invisibly built up over time. It was a hot summer day, and I held in my hand a homemade sign. In large block letters it said, “SEEKING HUMAN KINDNESS.”

I looked around, but there was no one.

I heard a faint rumble in the distance, like thunder.

Was I really going to jump and take my own life?

If I exited the world now, my loneliness and suffering would be over. The nightmares from the hospital evening that kept replaying themselves in my mind, the young patient zipped up in a cylindrical isolation container with small plastic windows with an oxygen hose connected to a tank being wheeled upstairs to the special unit to protect us from the virus, would be gone.

I heard the bells clanging and spotted the headlight of the commuter rail train approaching.

The train roared into the station and I took a step forward. The driver’s face was a dark shadow.

I tensed up

I am an infectious diseases doctor with training in public health from the Centers for Disease Control and Prevention. I am happily married and the father of a wonderful five-year-old boy. I also have bipolar disorder. In the middle of the COVID-19 pandemic, I was admitted for one week to an inpatient psychiatric ward because of suicidality. I am currently on a medical leave of absence from work, but I am receiving treatment and doing well.

I am writing my story to fight stigma about mental health, following in the tradition of Dr. Kay Jamison, the professor at The Johns Hopkins Hospital who published *An Unquiet Mind: A Memoir of Moods and Madness*.¹ In her book, she described her experience with manic depression and argued that recounting our narratives can help lead to healing.

Mental illness results from genetics and environmental triggers. The hospital work environment during the pandemic is creating a tremendous amount of stress for our doctors, nurses, and other health care workers. Workplace stress from COVID-19 can lead to depression and suicide, as was the tragic case of Dr. Lorna M. Breen, who worked as a physician at New York-Presbyterian Hospital.² Dr. Breen had treated many COVID patients, contracted the virus herself, and returned to work to find an overwhelming number of critically ill patients. Eventually she stopped sleeping, became nearly catatonic, and took her own life.

High burnout rates among physicians had already become a crisis pre-COVID and are clearly associated with negative outcomes for doctors, patients, staff, and health care organizations. I’ve come to believe that, with the demands we place on doctors, the culture of health care is creating avoidable mental illness. There is a growing recognition that depression and suicide are occupational hazards of practicing medicine.³

There are approximately 400 physician suicides each year, about the size of three average-sized medical school classes. Each autumn, a new group of medical students attends White Coat Ceremonies nationwide. These remarkable young people, who have accomplished so much as scholars and humanitarians, may not realize the risk they face.

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What can be done? A call to action to end the silent epidemic of physician suicide hasn't led to significant progress because it hasn't addressed the root causes of the problem. And winter looms. We may have squandered our opportunity to stop transmission of COVID-19 before the cold weather, leading to a potential resurgence of coronavirus. How will our health care workers, already exhausted, cope with a worsened pandemic and the potential devastation?

We can't change our genetics, but I've learned that we need peace, calm, and equanimity. The solution I see is a revolution of kindness. Most often, patients heal when they have caring people around them, the "Beloved Community" as described by the Reverend Dr. Martin Luther King Jr.⁴ But that's not how America's health care system is set up; it's an assembly line focused on profit, not healing.

When clinicians develop mental health problems, they need to be supported.⁵ Addressing stigma, while extremely important, is insufficient. When I talk to colleagues, they express the feeling of running on a conveyor belt and the desire to have the fundamental problems of our health care system addressed. We cannot solve the burnout and mental illness crisis until we fix the business model, getting rid of fee-for-service in favor of a model that rewards health, not volume of sick visits and procedures or surgeries. A single-payer, "Medicare-for-all" system could help reduce burnout as well as advance health equity by allowing physicians to focus on patient care.⁶ Everyone has that right to high-quality health care.

The arts can also help. I am a violinist in the Me/2 Orchestra, a musical fellowship that works to end the

stigma of mental health through classical music.⁷ Just recently I was with the orchestra in a Boston backyard where we played Peter Warlock's haunting Capriol Suite. We wore our face masks and distanced at six feet as wind blew through the trees; it was a beautiful experience.

There's something in common between being a violinist in a group of people living with mental illness and their supporters, and the way Dr. Kay Jamison tells her story. The humanities (e.g., writing, playing, narrating) can help all of us find meaning in suffering and assist us in building caring relationships.

In these dark days, we need hope for ourselves and our children; with this I believe we can get through the challenges we face. We can achieve health and healing if we build that Beloved Community where people are kind and take care of each other.

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