the narrative he was attempting to tell. As I read, I attempted to consider any bias that I as a clinician introduced into my reading and found this a useful exercise in self-reflection. It may be so for other forensic readers interested in reading this piece.

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**Becoming a Doctor’s Doctor: A Memoir**


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*Becoming a Doctor’s Doctor: A Memoir* is the journey of a well-known expert and advocate in the field of physician health over several decades of his career. It is part memoir, part case studies, and part commentary on the evolution of our understanding and appreciation of physician well-being. The book offers an honest account of the stigma many physicians face when they seek help when struggling with burnout, addiction, and mental health disorders. It also emphasizes the healing effect of compassion, solidarity, and care among fellow physicians.

Dr. Myers is a board-certified psychiatrist who specializes in physician health and has authored several books and articles on the subject. He has held multiple leadership roles in the medical field and has won numerous awards for his teaching and advocacy efforts. He has also produced educational videotapes on the topic of physician health. One of them, titled “When Physicians Die by Suicide: Reflections of Those They Leave Behind,” won the 1999 APA Psychiatric Services Award. He provides a well-thought-out and compassionate perspective on physician health. The book is divided into 10 chapters, with a preface, an introduction, and a conclusion. In the Introduction, Myers recounts two major life events that influenced his approach as a psychiatrist treating other physicians. One was an encounter as a second-year psychiatry resident at Vancouver General Hospital during which he was called in to treat a physician, named Dr. Monroe. Despite Dr. Monroe’s demonstrating severe symptoms of mania, he originally decided against certifying him, as he felt uncomfortable doing this to a doctor. He recalls how his attending subsequently admonished him for this decision and instructed him that doctors are to be treated the same as others. The second memory is a more personal one and describes his mother’s struggle with alcohol use and the effect this had on him as a child and as a future physician.

The first three chapters of the book chronicle the early years of Myers’ journey to become a “doctor’s doctor,” and his various academic, clinical, and advocacy accomplishments during that time. Chapter Four describes the professional and personal struggles that many physicians faced during the AIDS epidemic, as well as the resilience and camaraderie they demonstrated in response. Chapter Five focuses on the middle years of the author’s career. It was during that time that he was elected as President of the Canadian Psychiatric Association and created the organization’s Section on Physician Health. In chapter Six, he discusses an often-overlooked area in physician health, which is the medical marriage. He provides several case studies, each unique in their struggles and outcome. Chapter Seven stands out among the other ones in that it is completely dedicated to his work with Dr. Z, a physician who tragically died by suicide. In this section, he not only chronicles his treatment of Dr. Z, but also the aftermath of his death and the lessons learned from this experience. The last three chapters focus on the later stages of his career, after 35 years of practice. He gets more personal in this section of the book, and openly discusses his own sense of otherness and coming to terms with his sexuality in a heteronormative society and an environment discriminative against members of the LGBTQ+ community. He reflects on what his work with impaired physicians has taught him and on his continued dedication to training the next generation of physicians and to raising awareness about the importance of physician health. He also describes his experience performing independent medical examinations on doctors referred to the Committee for Physician Health of the Medical Society of the State of New York, a practice relevant to forensic psychiatry. Myers concludes his memoir on a hopeful note, envisioning a brighter and more compassionate future that fosters a strong sense of community and solidarity among physicians.
Physician health and well-being has been receiving more attention over the past several years, amplified by the COVID-19 pandemic and its effect on the medical community. Changes that reflect this increased awareness are happening at institutional and organizational levels. In 2017, the Accreditation Council of Graduate Medical Education revised its Common Program Requirements for all accredited residencies and fellowships to reflect the crucial role of well-being in a training program. It subsequently launched the AWARE suite to provide valuable well-being resources to training programs. Physician burnout and impairment can have dire consequences, not only on the affected doctor but also on patient care. Forensic psychiatrists may be asked to perform fitness-for-duty evaluations for impaired physicians or assess doctors referred for disruptive behaviors. Myers’ book offers a view of physician health and impairment from various perspectives. As a clinician, he offers a compassionate and humanizing view of physicians who are in desperate need of care, yet may be afraid to seek it because of prevailing stigma. As an educator, he advises us to listen to our trainees and provide them with supportive mentorship. As an advocate, he brings awareness of how far we have come in our understanding of physician health, while reminding us that our work is far from being over. Finally, as a fellow physician, he invites us to get in touch with our own humanity, cultivate self-compassion, and extend a helping hand to a colleague in need.

References

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