

Doctor Stress and Physician Burnout, Depression and Big Pharma Brainwashing leads to major medical errors and Iatrogenic Disease



Does your doctor's mental health and well-being affect the care you receive? A new study says yes -- burnout, fatigue and depression may affect major medical errors.

Medical errors contribute to an estimated 100,000 to 200,000 deaths per year, according to the Institute of Medicine. Burnout -- defined as emotional exhaustion or depersonalization -- occurs in more than half of doctors, according to the study.

Researchers surveyed physicians across the country to understand the relationship between burnout and major medical errors in their careers.

Their findings, published in Mayo Clinic Proceedings, suggest burnout, by itself, plays a large role in errors. Other independent factors affecting errors include the perceived safety of the workplace, physician fatigue and physician mental health.

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Researchers at Stanford University School of Medicine anonymously surveyed more than 6,600 physicians in active practice. They were asked to fill out standardized questionnaires looking at their levels of burnout, well-being, fatigue and symptoms of depression. In addition, the doctors were asked to grade the safety of their workplace and comment on any major medical errors they may have made.



Just over 10 percent of doctors reported making a major medical error in the three months before the survey, with about 1 in 20 of these errors being fatal. The most common mistakes were “errors in judgment,” followed by incorrect diagnosis and technical errors. Radiologists, neurosurgeons and emergency room doctors reported the most errors while pediatrics, psychiatrists and anesthesiologists reported the fewest.

Fifty-five percent of doctors reported symptoms of burnout, 33 percent had high levels of fatigue, and 6.5 percent had thoughts of killing themselves in the last year. According to the study, doctors have 3 to 5 times the suicide rate of the general public.

Medical errors are more than twice as likely if a doctor has signs of burnout, and 38 percent more likely if they have signs of fatigue. This was consistent even in workplaces with different safety levels.

“A physician with burnout in a work unit with a safety grade of A has similar rates of error as a non-burnout physician in a unit with safety-grades much lower,” lead author, Dr. Daniel Tawfik, MD, MS instructor of pediatrics and critical care at Stanford University, told to ABC News.



He further explained that the number of errors reported seemed directly related to the level of burnout.

"We looked at burnout on a scale. Even with one point changes on the scale, we could detect increased likelihood in reporting medical errors," he said. "It's not just doctors on the extremes accounting for all of the errors."

The study also looked at symptoms of depression, including thoughts of suicide. Doctors reporting medical errors are more than twice as likely to have had thoughts of suicide in the last year -- 13 percent compared to 6 percent. Whether depression leads to medical errors or medical errors leads to symptoms of depression is still unclear, but it seems to go in both directions.

"It appears burnout causes errors, and that errors cause burnout. Errors can certainly lead to physician depression," explained Dr. Tawfik.

So is there any hope to use this information to help patients receive better care -- and help doctors as well?

"Largely, the great part of this problem has to do with the complexity of the U.S. healthcare system," Dr. Jonathan Ripp, senior associate dean for Well-Being and Resilience at Mount Sinai Hospital and chief wellness officer of the Mount Sinai Health System in New York City, told ABC News.

Mount Sinai Health System is one of a handful of hospitals that have named a "wellness officer" in charge of tackling physician burnout.



Paperwork and electronic issues add to doctors' stress, too, Ripp said. Systems issues include "inefficiencies of the electronic health record, complexities of documentation requirements mandated by CMS, and responsibility placed on the physician to complete tasks that are better achieved by team-based care," Ripp said.

"For every one hour a clinician spends with a patient," he added, "they spend two hours with documentation or desk work."

Many hospitals now have physician wellness programs, which focus on remedies like mindfulness. While helpful, these solutions can act like a “Band-Aid” when there are larger systems issues at play, Ripp added.

“We need to manage expectations, and this takes time,” he said. “By making system and individual level changes, the result should be greater meaning derived from work and less burnout.”

The researchers hope to study what can be done to solve this problem as a follow-up. They are starting to evaluate resiliency tools that can be used for doctors, and are trying to better understand the organizational causes of burnout.

How Drug Companies Brainwash Doctors so Doctors Brainwash You with Drugs

If you've ever received a free sample of a prescription drug from your doctor, chances are you were happy to get it. It saved you money and the time of going to a pharmacy, at least for the short-term.

But did you ever wonder why your doctor had a free sample to give you in the first place? Was it truly the best option available?

That free prescription drug sample is just the tip of the iceberg. Drug companies spend \$12 billion to \$18 billion each year marketing directly to physicians and residents. And they start even before students even enter medical school.

"This contact with drug companies begins in the weeks and months after students graduate from college. By the third year of medical school, they are being saturated with this," said Dr. Frederick S. Sierles, a professor of medicine at Rosalind Franklin University of Medicine and Science, in North Chicago, Ill, who conducted a study on the topic.

The study, published in the Journal of the American Medical Association, found that by the third year of medical school, students get, on average, one gift or attend one activity sponsored by a drug company each week. It also found, via a survey sent out to 1,143 third-year medical students at eight medical schools, that:

- **93.2 percent of the students were asked or required by a physician to attend at least one lunch sponsored by a drug company.**
- **68.8 percent of the students did not think the gifts would influence their practices.**



What's influencing your doctor's decision on which drug to prescribe?

- **57.7 percent believed the gifts would not affect colleagues' practices.**
- **Students tended to feel that their peers were more likely to be influenced than they were.**
- **80.3 percent of the students believed they were entitled to gifts.**

"Basically, we have medical students exposed to marketing. We know the marketing is biased in favor of the products. We know the students don't think they are being influenced. So they're being set up to be influenced without knowing it, and to prescribe in a way that is going to be bad for their patients," Sierles said.

Not Just Free Lunches

Every year, pharmaceutical representatives make 60 million visits to doctors to inform them about their products.

And, says Dr. Marcia Angell, former editor of the New England Journal of Medicine and author of "[The Truth About Drug Companies: How They Deceive Us and What to Do About It](#)," the top U.S. drug makers spend 2.5 times as much on marketing and administration as they do on research.

So just how do these drug representatives work their magic to "teach" doctors about the newest and most expensive drugs on the market? They visit hospitals and private practices, bringing with them bagels and cream cheese, pens, pads of paper and other trinkets emblazoned with their company's logo. They sponsor extravagant lunches and take doctors on all-expenses paid trips to luxury resorts.

Said one former drug rep, "[Gifts] buy you time with a doc, time that might change his mind ... Money is the big resource. The pads and pens are great for access, but the dinners and what costs money -- CDs, handheld computers, everything given in the name of research -- this is what's thrown at docs to get them to change their minds."

But if a free dinner or pad of paper wouldn't change your mind, maybe a check -- a five- or six-figure one -- would.

According to the New York Times, drug maker Schering-Plough sent six liver-disease specialists checks for \$10,000, along with a letter explaining the check was for consulting services that were explained on the attached "Schedule A." As it turns out, "Schedule A" was nothing more than a blank sheet of paper with "Schedule A" printed at the top.

Another doctor also received a \$10,000 check from the company, this one as payment for a consulting agreement that required only that the doctor commit to prescribing the company's drugs. Other doctors have reported receiving six-figure checks from other companies under similar circumstances.



The Gifts Work

The drug companies wouldn't be spending money on free lunches, computers and trips if it didn't pay off in the end.

In one study, the prescribing habits of two groups of 10 doctors were tracked before and after they went on a free luxury vacation from separate drug companies (and attended several hours of drug seminars each day).

Doctors in the first group, whose trip was sponsored by the makers of an intravenous antibiotic, prescribed 81 units of the drug before the trip -- and 272 units afterward.

The trip for the second group of doctors was sponsored by the makers of an intravenous heart medication. Before the trip, doctors prescribed an average of 34 units. After the trip, it rose to 87 units.

What is perhaps most disturbing is that none of the doctors believed they were influenced. "Maybe I was indirectly influenced by important scientific information that I might not otherwise have heard, but nothing else would influence me," said one.

Clearly, though, doctors are being influenced, often without their even realizing it.

"They [doctors and residents] are more likely to prescribe the marketed products than prescribe what they should be prescribing. That's a big danger," said Sierles.

Protect Yourself

Going back to that free sample from your doctor, it's typically the newest, most expensive drugs that the drug reps give out. But, once your free sample runs out, guess who will foot the bill for those pills, that may be two to three times more expensive than an older or generic (but just as effective) drug? You.

So in the long run, those free samples aren't really free.

"We think that big pharma has gotten intricately involved in every aspect of medical education and clinical practice," said Leana Wen, president of the American Medical Student Association and a medical student at Washington University in St. Louis. "Medical schools really have a duty to educate students about the proper ways to interact with drug companies."

Until that happens, though, it's up to you to protect yourself. The best way to do this? Rather than just accepting whatever prescription your doctor gives you (free sample or otherwise), talk to him or her about all the options available, why this brand is better than others, and whether there's a less expensive alternative on the market.

And, says Dr. Angell:

" ... Doctors are too willing to provide drugs for very minor conditions. Those drugs are too often the very most expensive, heavily advertised, me-too drugs. I think that patients have to get a little savvier about that. Instead of just grabbing that sample and thinking they've gotten something for free, they ought to think about what it means. Nearly every drug has side effects. I do think that we are an overmedicated society."



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