A View from the Other Side: Doctor Becomes Patient
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Disclosures

- No relevant financial disclosures
Thank You

Parkinson's Disease

“The cures we want aren’t going to fall from the sky. We have to get ladders and climb up and get them.”

-Michael J. Fox

PD – What is it and Who gets it?

- A chronic degenerative neurological disorder
- Affects 1-2 of 100 people over the age of 60
- Can affect people as early as the teenage years
- Affects 15,000 Oklahomans, over 1 million people in USA, 7 million people worldwide
- Results from the loss of cells in the brain that produce dopamine
PD – Four Main Symptoms

• Resting Tremor – shaking of fingers, hand, foot, chin, etc. that is not present when moving
• Bradykinesia – slowness of movement
• Rigidity – stiffness of the arms, legs, or trunk
• Postural Instability – trouble with balance and falls, typically a later symptom

PD – Other Symptoms

• Microphagia – small handwriting
• Reduced arm swing on the affected side
• Foot drag on the affected side / shuffled walk
• Freezing
• Hypomimia – loss of facial expression
• Hypophonia – soft voice, muffled speech
• Decreased Autonomic Reflexes – blink/swallow
• Depression/Anxiety/Cognitive Impairments
• Sleep disturbances
• Constipation
• Excessive Sweating
• Anosmia
• Pain

“FOR PATIENTS, PARKINSON’S DISEASE IS NOT A TIME-NEUTRAL SITUATION. IT’S A TICKING CLOCK.”
—MICHAEL J. FOX
PD – Treatment

- There is no cure
- All treatments are for symptom control
  - Medications
  - Brain Surgery – DBS
  - Exercise
  - Rest
  - Decrease Stress
  - Physical Therapy – Voice and Occupational
The Michael J. Fox Foundation

• Dedicated to finding a cure for PD through an aggressively funded research agenda and to ensuring the development of improved therapies
• Mission is to put the foundation out of business by finding a cure for PD
• 88 cents of every dollar donated is used to fund research projects
• I have served on the Patient Advisory Council for the MJFF since 2015
TEAM FOX

- Grassroots fundraising arm of MJFF
- Over 4000 participants worldwide
- 100% of all funds donated to Team Fox are used to fund research...100%! This is essentially unheard of in the nonprofit world!
- Since inception in 2006, Team Fox has raised more that $55 million for Parkinson's research!

The Nicole Jarvis MD Parkinson’s Research Foundation

- Founded in 2012 as a 501c3 nonprofit organization
- Our mission is to raise awareness of Parkinson’s Disease in the state of Oklahoma and worldwide, to raise funds for Team Fox in support of the MJFF, and to raise funds to help fund services for the 15,000 Oklahoma PD patients and their families
- We donate 90% of funds raised to Team Fox to fund cutting edge research and 10% to the Parkinson Foundation of Oklahoma to fund local patient services such as education classes, support groups, voice therapy, physical therapy

The Nicole Jarvis DMD Parkinson’s Research Foundation
The Nicole Jarvis MD Parkinson’s Research Foundation

• The Winter Gala that we host each December in Norman is the state’s ONLY Team Fox event in support of the Michael J. Fox Foundation, and we have donated over $1 million to the MJFF in 5 years! We received an award this year!

• 100% of the money that we donate to Team Fox is used to fund research! Other prominent MJFF donors cover the costs incurred by the MJFF to run the Team Fox program — so that every penny donated by Team Fox members like us can go straight to fund the high-impact research programs to help speed a cure for Parkinson’s disease.
The Nicole Jarvis MD Parkinson’s Research Foundation

FUNDS RAISED from 2012 to Present

➢ Total funds raised since our inception to present: $1,125,802.45
  ➢ $1,050,802.45 donated to Team Fox
  ➢ $75,000 donated to the Parkinson Foundation of Oklahoma

The Nicole Jarvis MD Parkinson’s Research Foundation

• The Nicole Jarvis MD Parkinson’s Research Foundation has no expenses that are paid for with monies donated to our Foundation!

• Essentially all of the services necessary to host our yearly Winter Gala and other events are donated to us, but any other expenses that we have associated with the Gala or our year-long fundraising are paid for by Dr. Nicole Jarvis herself.

• Thus, 100% of all funds donated to us are in turn donated to Team Fox in support of the Michael J. Fox Foundation to help fund the cutting edge research needed to find improved treatments and ultimately a cure for PD, as well as to the Parkinson Foundation of Oklahoma to provide education, support groups, voice therapy, and many other services to our 15,000 PD patients in Oklahoma.

Winter Gala 2017!

• Our Winter Gala for 2017 is Thursday December 14th at the Embassy Suites Hotel and Conference Center in Norman, OK

• We would LOVE to have your businesses as 100% Tax Deductible Corporate Sponsors!

• Jimmy Choi, my friend and fellow YOPD patient, is our featured speaker – he was a competitor this season on American Ninja Warrior!!!
Thank You
PHYSICIAN PSYCHOLOGY
You've got to admit, we're human too...

Shannon L Hillier, D.O., M.P.H.
Clinical Assistant Professor
Department of Psychiatry & Behavioral Sciences

WHO ENTERS MEDICINE?

- High intelligence alone did not produce high levels of accomplishment
- Interest patterns
- Drive to achieve
- Social adjustment
- Persistence
- Self-confidence
- Stable and supportive family background
- Intellectual facilitators

PERFECTIONISM
PERFECTIONISM

Required for entry into medical school
Required for success in medical school
Desired by patients
Rewarded within the field

Perfectionism is NOT adaptive:
- Personally expensive and a vulnerability factor for depression, burnout, suicide, and anxiety.
- Equal in significance to hopelessness, a factor commonly regarded as the best prospective predictor of suicidal ideation.

COGNITIVE DISTORTIONS
- "I am only valued if I am perfect."
- "The better I do, the better I'm expected to do."

PERFECTIONISTIC PHYSICIANS

Beliefs begin in childhood; they are not sufficiently valued or loved by parents.
If flawlessness can be reached, approval that they missed might finally be forthcoming.
Low self esteem is managed by pursuing perfection.
Perfection is complicated because satisfaction with real achievements is limited:
- Do you feel a sense of fraudulence when you are recognized with honor or award?
- Are you tormented by an expectation that more will be demanded of you?

Being viewed as "driven" is not linked to a genuine wish for pleasure, but rather, to gain relief from a tormenting conscience.
PERFECTIONISTIC PHYSICIANS

- Often accompanied by other compulsive traits:
  - Compulsive Triad
  - Self-doubt
  - Guilt feelings
  - Exaggerated sense of responsibility
  - Rigidity, Stubbornness
  - Inability to delegate, control (stress is lack of control)
  - Excessive devotion to work, creating neglect to relationships and leisure
  - Insecurity - approved through more work, achievements, triumph over disease
  - Feeling is not good enough.

Defense Mechanisms:
- Denial: "I'm fine" (is personal health really an indicator of medical competence?)
- Rationalization - "It's just b/c I haven't had a vacation"
- Minimization - "I'm only a little irritable"
- Reaction Formation - give to others as a way of denying their own neediness and anger

Many physicians are prone to attribute any difficulties they have to the stress of the practice of medicine, however, is the work stress instead a factor of underlying vulnerability in physicians?

Genius does not always find it's own way - in one survey, 49 percent of physicians felt they neglected their own health.
THE CULTURE OF MEDICINE

- Like athletes and soldiers, physicians pride themselves on working through injury, pain, fatigue, and assorted conditions that might sideline other professionals. For decades, doctors have sacrificed their own health and comfort for the sake of their patients, an ideal that has been reinforced by various media.

THE CULTURE OF MEDICINE

Of 100 physicians:
- 16 reported watching TV for pleasure or attending theater or concerts
- 10 regularly took time off to relax
- 11 took vacations exclusively for vacation’s sake

Time devoted to oneself/plaisirable pursuits regarded as selfish and neglectful

“Thank you saying me on your vacation, Doctor.”

SCHOOLED IN SELF DENIAL

- One of the last things to go when physicians are burning out is their attention to their patients. The baseline physician is walking around fairly burned out due to:
  - Health-care system organization
  - Physician compensation
  - Who is selected to be a doctor (very competitive and perfectionistic types)
  - The way doctors are trained
SCHOoled in self denial

- Doctors are taught to be self-denying - adaptive and necessary sometimes, such as during long surgeries. But it can become a dominant way of being in the world, and then it is destructive.
- Physicians frequently don’t go to doctors, working through illness and injury, diagnosing and treat themselves. Many doctors don’t have physicians and avoid routine screening tests.
- A large majority of doctors in residency training say that they would keep working if they had vomited all night, saw blood in their urine, or experienced extreme anxiety.

A PHYSICIAN-PATIENT CAN SURVIVE BEING A PHYSICIAN-PATIENT

- Being a patient may make you a better doctor
  - Empathy
  - Humility
  - Equality – no more “us” vs “them”
- Physical illness causes suffering
  - Emotional suffering can be much harder to deal with

REFERENCES

- Available upon request
BARRIERS TO CARE

"The Fight To Not Become A Patient"

Stacy M. Chronister, D.O.
Clinical Assistant Professor
Department of Internal Medicine

WHY DON'T WE SEEK CARE?

• Denial
  I don't have a real problem. I can handle it myself.

• Rationalization
  I don't have time. I'm caring for everyone else. I deserve this.

• Minimalization
  It's not that bad for me to write myself a script. Just this one time.

#NOTPOSSIBLE
FAILED ATTEMPTS TO SELF-TREAT?

- 7-12% of physicians are “impaired”
- 75% of those are due to chemical dependency

- Stimulants
- Anxiolytics
- Sleep Aids
- Alcohol
- Opiates
- Energy Drinks
- Illegal substances
- The sample closet

BEING A PATIENT MEANS...

Potential Loss of Control
- Foreign territory for physicians
- Worry that this will be demeaning

Potential Loss of Privacy
- Not just your doctor that now knows your business...
- Might have to seek care within own health system/network

DOCTOR!!!

DRs—They’re Just Like Us!

They Take Out The Trash

They Go To The DOCTOR!!!
TAKING CARE OF THE PHYSICIAN-PATIENT

Treat him or her with the same high standards that you provide every other patient

VIP MEDICINE IS BAD MEDICINE

“The VIP Syndrome: A Clinical Study in Hospital Psychiatry”
WALTER WEINTRAUB, M.D.

“The treatment of an influential man can be extremely dangerous for both patient and doctor.”
—Dr. Walter Weintraub

WHEN SEEING A PHYSICIAN-PATIENT:

• No need for undue self-expectations
  “You’re seeing both the patient and the public”

• Don’t change your workflow.
  This is how things get missed!
WHEN SEEING A PHYSICIAN-PATIENT:

• Trust your skills
  They are coming to see you for a reason!
  (Pssst....Because you’re awesome!)

• You don’t have to acquiesce to special requests
  Disregarding guidelines can put the patient at increased risk.

WHEN SEEING A PHYSICIAN-PATIENT:

• Set Boundaries
  Be transparent about those boundaries.
  You may even be a role model for their clinics.

• Use Medical Jargon When Appropriate

WHEN SEEING A PHYSICIAN-PATIENT:

• Recognize the barriers the physician had to overcome to see you!
  Physicians are likely to be in a great deal of distress by the time they are seeing you.

• Always do a thorough depression and suicide screen!
  Male physicians have a 70% higher risk of suicide than other professionals.
  Women physicians have a 250-400% higher risk than other professionals!!!!!!!!!!
WHEN SEEING A PHYSICIAN-PATIENT:

• Don't skip personal health questions
  Alcohol use, sexual orientation, extramarital affairs, sleep habits, diet, exercise.

FREE ADVICE (NO, REALLY, I'M NOT GETTING PAID FOR THIS)

• A little knowledge is a dangerous thing!
• Get a primary care physician
• Do As I Say...AND Do As I Do

REFERENCES

• Available upon request
Thank You