

# Guest Author Dr. Michelle Mudge-Riley Takes On the Question “Why Is My Physician So Angry?”



I've been working with physicians for the past eight years on career diversification, satisfaction and mitigation of stress and burnout and can relate some common themes on why physicians are angry.

## Unrealistic expectations

Many doctors enter medical school with an idealistic idea about what being a doctor entails. Television shows like *Marcus Welby, M.D.* and *ER* dramatize a doctor's life. Picture this: You are a smart individual who likes science and wants to learn more about how the human body works. Throw in a desire to help people improve their lives. Put all those ideas together and the profession of medicine may seem like a good fit. Add the additional perceived perks of job security, a high salary, professional and personal respect and medicine seems to be the perfect career. I remember riding up the elevator with one of my mentors, a trauma surgeon at the UTSA Health Center in San Antonio. He had all the elements I just described and was the picture of confidence and charisma. I wanted to be just like him. It was the logical deduction of a 21-year old college student that by becoming a doctor, I would be. Over the years, as I came to the realization that my deductions might be false, it made me angry.

## **Lack of business training**

Healthcare reform and federal government indecision on physician payment and the SGR formula have issued in an era of uncertainty for the future of the medical profession. When most of us enter medical school, we don't understand how heavily the external landscape will directly impact provision of patient care and our salaries. In order to get accepted to medical school and then make it through medical school, we don't get the training in how to understand, approach and navigate the external business environment. Then, we are thrown into it and expected to survive, thrive and smile. This lack of understanding and then control over external circumstances made me (and makes others) angry.

## **Culture of medicine**

Most specialties take their residents through a training process that is akin to the hazing process one undergoes to join a sorority or a fraternity. Certain specialties are worse than others. Sometimes it's not the specialty but a particularly malignant residency program. All of us spend many years having our self-confidence squashed over and over again. Remember, we aren't taught the coping mechanisms of conflict management or the business skills to negotiate and navigate our situations. All this can lead to low self-esteem and breed self defense mechanisms. Some of these self defense mechanisms can be perceived as displays of anger and some of them are actual displays of anger. Hitting walls in frustration or yelling at traffic so hard your throat aches (like I did) are definite displays of anger.

## External forces and stresses

Acute and chronic stresses, inseparable in the life of a doctor by the nature of the profession, can be factors driving anger. Some of the external stresses include:

- family and friends who don't understand the mental exhaustion that can result from daily pressures of patient demands and making sure a patient is diagnosed correctly and well taken care of;
- perceptions that doctors make millions of dollars (many doctors have trouble making payroll for their office staff each month);
- lack of respect for our time and decision making ability by the people we want to help;
- external healthcare environment entities (insurance companies, the government, etc.) without our training making medical decisions for us and then refusing to pay us for our expertise and the medical decision making skills we gave up years to attain; and
- expectations of perfection by everyone around us.

Many people forget that medicine is an art and diagnosing an individual isn't like following a recipe for making cookies. Others want a prescription for the medicine they saw on television; still others expect to respond to treatment right away and express frustration when it doesn't happen that way.

All of these things made me, and have been know to make other doctors, angry.

That being said, please don't just assume all doctors are angry. There is an increasing tendency to classify all doctors as angry or unhappy. This can lead to perceptions and expectations about a doctor's behavior that aren't always true. Doctors, particularly ones in high stress specialties like OB-GYN, surgery and critical care, are required to make critical decisions in a critical time frame. There might not

be time to say “please”, or “thank you”, or “how are your kids doing”, when orders need to be given and followed in order to save someone’s life.

And who isn’t angry about healthcare today? Who isn’t frustrated with the pace of change and the pressure to please the affiliates, the accreditors, the payers, the bank, and the patients?

## **Solution?**

Is there a solution?

Some find the solution is leaving medicine, some find it is concierge medicine, some find it is becoming an employee instead an employer.

Approaching things as an opportunity and in a positive manner can make a tremendous difference in the outcome. There are basic steps you can take but the most important thing to remember is that each physician is unique and each situation is unique. There isn’t one black and white reason why a physician is angry or seems angry, nor is there one answer for every angry physician.

In this time of enormous healthcare upheaval and health reform policy decisions, there is an opportunity to create a vehicle, either for yourself or for your practice, that improves collaboration and communication. It’s possibly a time to set everyone up for future success in a soon-to-be-fully-defined accountable care organization (ACO) or medical home model. It’s a time for organizations and physicians to increase their commitment to supporting each other and building an environment that sees and treats doctors as a precious resource.

Image via Wikipedia

**DR. MUDGE-RILEY** works with doctors and health systems as a

business development and compliance consultant. She was recently called the "Doctor's Doctor" in a 2010 book because she works to help physicians reduce or avoid burnout, optimize revenue and successfully diversify their skill set. Dr. Mudge-Riley received her medical degree from Des Moines University Osteopathic Medical School and her Masters Degree in Health Administration from Virginia Commonwealth University. She completed a medical internship at Virginia Commonwealth University Hospital System (VCUHS) and a business residency under the CEO of the same hospital system. She has been directly responsible for planning, implementation, communication, and evaluation of programs involving healthcare wellness, change management, safety, and quality within a variety of industries. She has experience as a broker consultant within the health care industry and still advises employer groups on wellness and change management as a Senior Consultant at McCarthy Actuarial Consulting Firm.