

**Maine Medical Center
Department of Emergency Medicine
Journal Club Summary Template**

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United States

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Mayo Clinic Program on Physician Well-Being, Department of Medicine

Purpose

Research Question(s):

Are physicians who are licensed by medical boards that inquire about current or past diagnoses or treatment of mental health conditions more reluctant to seek care for a mental health concern than those who are licensed by medical boards that inquire only about current impairment?

Background:

State medical boards license medical doctors, investigate complaints, discipline physicians who violate the medical practice act, and refer physicians for evaluation and rehabilitation when appropriate.

The Federation of State Medical Boards advises that medical licensure boards to not ask physicians about history of mental illness and indicates that doing so could violate the Americans with Disabilities Act of 1990.

The American Psychiatric Association has stated that impairment and potential risk of harm to patients cannot be inferred from a mental health diagnosis or treatment alone.

There have been calls for medical licensure applications to include only questions about current functional impairment of professional performance and for decisions regarding licensure to be based solely on professional performance.

In response, some state licensing boards have modified their questions in regard to mental health, however, many may remain in violation of the Americans with Disabilities Act.

Study Purpose:

To determine whether state medical licensure application questions about mental health are related to physicians' reluctance to seek help for a mental health condition because of concerns about repercussions to their medical licensure.

Methods

Study Design: survey study

Dependent Variable

Physician reluctance to seek formal medical care for treatment of a mental health condition because of concerns about repercussions to their medical licensure

independent Variable

Medical license application questions

Study Subjects: nationally representative convenience sample of 5829 non retired US physicians who participated in a previous national survey

Inclusion Criteria:

Respondents were included in this analysis if they

- 1) Answered the question about reluctance to seek care
- 2) Were an allopathic physician
- 3) Were an osteopathic physician who worked in one the 36 states that have a conjoined medical board

Exclusion Criteria:

- 1) Did not answer question about reluctance to seek care
- 2) Osteopathic physician in one of 24 states without a conjoined medical board

Instruments/Measures Used:

Survey study

- Sex, age, relationship status
- degree, work hours, specialty, practice setting
- “If you were to need medical help for treatment of depression, alcohol/sub- stance use, or other mental health problem would concerns about the repercussions on your medical licensure make you reluctant to seek formal medical care?”

Data Collection:

- Initial and renewal medical licensure application forms were collected 50 states and the District of Columbia
- Applications were coded as “consistent” with AMA, APA, and FSMB policy if they inquired only about current impairment from a mental health condition or did not ask about mental health conditions
- *Applications were coded as “not consistent” if they inquired about any of the following:*
 - *history (ever) of impairment*
 - *whether applicant had a mental health condition that could affect competency, could possibly impair ability to practice medicine, or could lead to impairment if left untreated*
 - *Whether applicant had a current or past diagnosis or treatment of a mental health condition (rather than impairment from such a condition)*
- Medical licensure boards were then coded as follows
 - Both applications consistent
 - Initial application consistent
 - Renewal application Consistent
 - Neither application consistent

Data Analysis:

Statistical analyses used:

- Standard descriptive summary statistics
- Chi square tests
- Multivariate regression analysis performed to identify confounders
- All tests were 2-sided with type I error rates of 0.05.

Results

Study participants:

Physicians:

66.3% were male

the mean age was 54.5 years

87.3% were married or partnered

53.0% were in private practice

24.9% worked in academic medical center

23.8% worked in the primary care setting,

18.9% worked in a surgical specialty

16.3% in internal medicine

30.6% in another direct patient care discipline (eg, emergency medicine, neurology, dermatology)

Medical licensure application

- Overall, 16 of 48 medical licensing boards (33.3%) were classified as both applications consistent
- 3 (6.2%) as *initial applications consistent*
- 5 (10.4%) as *renewal applications consistent*
- and the remaining 24 (50.0%) as neither applications consistent

Brief answers to research questions [key findings]:

- Across all states 40% of physicians reported that they would be reluctant to seek formal medical care for treatment of a mental health condition because of concerns about repercussions to their medical licensure
- In states in which both applications were designated as consistent, only 37% of physicians expressed reluctance to seek care
- Whereas in states where applications were designated as not consistent 41-43% of physicians expressed reluctance to seek care
 - *initial application consistent ([43.2%]), renewal application consistent ([41.0%];2), and neither application consistent ([42.0%]).*
- That's an odd ratio of 1.21 in states where neither application was consistent and 1.22 in states where only the renewal application was consistent

Additional findings:

- physicians who were younger, male, and worked in private practice were more reluctant to seek help
- findings were persistent when specialty was included in the model

Limitations:

- Survey study
- Convenience sample
- Survey conducted in 2014 but licensure questions were collected in 2016, applications may have changed after participants responded to survey
- Response bias, attitudes may not be representative of physicians

Clinical Implications

The results of this study suggest that the way in which medical licensure questions regarding mental health conditions are asked may impact whether physicians are reluctant to seek help for a mental health condition.

physicians working in states (like Maine!) in which medical licensure application questions inquire broadly about current or past diagnosis or treatment of a mental health condition, past impairment from a mental health condition, or presence of a mental health condition that could affect competency were 21% to 22% more likely to be reluctant to seek help.

These findings support continued efforts to develop regulations and policies that encourage physicians to seek help. They also support universal use of consistent licensure questions across the US states.

APA has developed language “Are you currently suffering from any condition that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical and professional manner? (Yes/No).”

Level of evidence generated from this study

Ia: evidence obtained from meta-analysis of randomized controlled trials

Ib: evidence obtained from at least one randomized controlled trial

IIa: evidence obtained from at least one well-designed, controlled study without randomization

IIb: evidence obtained from at least one other type of well-designed quasi-experimental study

III: evidence obtained from a well-designed, non-experimental study

IV: expert committee reports; expert opinion; case study; case report