

## · 世界全科医学工作研究 ·

【编者按】中国全科医学杂志与澳大利亚 Monash 大学和 Melbourne 大学的全科医学专家和心理学专家在 2012 年伊始共同推出“全科医学中的心理健康病案研究”学术专栏，该专栏由澳大利亚的几位专家轮流撰写，以介绍社区常见的心理问题及其解决方法为主要内容，获得了读者的广泛好评。今年本刊将继续该学术专栏的登载，以推动我国社区心理学服务的能力建设，并带动社区心理学研究的深入。与此同时，由几位澳大利亚教授合作撰写的著作《全科医学中的精神病学》正在由中国全科医学杂志社与国内外专家合作进行翻译，期望不久在中国出版。希望通过本学术专栏和翻译名著等工作，让中国的全科医学在心理健康服务方面迈上新的台阶。在此衷心感谢担任本栏目翻译点评工作的本刊编委、澳大利亚 Monash 大学杨辉教授对中国全科医学发展给予的帮助和支持！

# 全科医学中的心理健康病案研究（十七）

## ——心理受损的医生

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【关键词】 心理学；受损医生；职业倦怠；心理健康；精神卫生服务；全科医学

【中图分类号】 R 395 【文献标识码】 B doi: 10.3969/j.issn.1007-9572.2013.05.002

Leon Piterman, Fiona Judd, Grant Blashki, et al. 全科医学中的心理健康病案研究（十七）——心理受损的医生

[J]. 中国全科医学, 2013, 16 (5): 1453-1457. [www.chinagp.net]

### 1 案例的序幕

医生也是人。医生与生活在社会中的其他人一样，也会患上各种千奇百怪的躯体疾病和心理疾病。不过，医生生病与其他人生病会有一些不同的地方。医生在给病人提供服务的时候，具有职业服务上的特权和影响力；大多数病人在医生面前是脆弱的，是需要医生帮助的。然而，医生的职业特点和权利也往往使医生自己暴露在自我诊断和自我治疗的危险之中。医生的一个标志性行为是，当医生自己患有躯体和心理问题的时候，会表现出“否认”的态度。医生否认自己有病的现象在医生患严重心理问题时表现得尤其明显，医生对自己明显的心理问题（如严重抑郁或精神病）的症状缺乏洞察能力。这样，不仅医生自己面临严重的心理疾病危险，由于医生在心理上存在严重损伤，还会给社会上的人群带来严重的危险。因此，必须建立保护性法律措施来确保患有心理和（或）躯体疾病的医生远离公众。这些法律措施可因国家和省份而有所不同。

与其他职业人群相比较，医生具有更高的抑郁风险。与社会和经济地位相似的其他职业和社会阶层的人群相比，医生的

自杀率几乎是其他职业人群的两倍。当医生自己面临疼痛或睡眠障碍的时候，他们更容易获得药物，更倾向于自我用药，这样无疑增加了医生的风险。此外，遗憾的是，有个别的医生会有犯罪行为，比如对脆弱的病人施行性侵犯、给病人开违禁和成瘾的药物。心理或躯体受损的医生会因为其判断能力差而做出各种违反职业操守的行为，或给病人强加更多的痛苦。最近在澳大利亚发生的一件事是一位医生因执业能力问题被判定犯过失杀人罪，目前这个医生的案子处于法庭上诉阶段。另外一个令人心碎的案例是一位麻醉师有长期的药物成瘾史，他因让 55 位流产手术妇女感染丙型肝炎而被裁定有罪（本案例截稿时得知，该医生被判入狱 14 年）。

澳大利亚的法律要求所有的医生（有些州包括医学生）必须在澳大利亚卫生执业者注册委员会（AHPRA）注册。如果医生被发现因为躯体或心理疾病而“受损”的话，该委员会将限制或暂停该执业者的注册。该委员会还可以要求执业者接受管控下的医学治疗。在维多利亚州，注册委员会还成立了维多利亚州医生健康项目（VDHP），负责监督对“受损医生”的医学管理，帮助他们恢复健康和重返工作岗位。每年有超过 100 位医生被转到医生健康项目。医生的同事以及社会的任何成员（主要是病人）都可以向医学委员会举报某医生“受损”。举报受损医生的同事受到法律的保护，即法庭不能向举报者发出传票。

### 2 案例分析

本杰明是一位 45 岁的全科医生，在全科医学联合诊所工作 15 年了。这个诊所一共有 5 位全科医生，你也是这个诊所

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注：Grant Blashki、Fiona Judd 的作者简介见 2012 年第 1A 期，Leon Piterman 的作者简介见 2012 年第 2A 期，见中国全科医学杂志社官方网站（http://www.chinagp.net）；文后附英文来稿原文

的全科医生。这个诊所还有2位全科护士，3位辅助卫生专业人员。

本杰明医生以前看上去挺正常的。大约在12个月前，本杰明医生遭遇了一场车祸。车祸中他受了伤，虽然伤的不重，不过自从那时起就一直脖子疼。车祸发生后警察到了现场，发现他的血液酒精浓度为0.14，约是法律规定上限(0.05)的3倍。警察暂时吊销了他的驾驶执照6个月，他只能叫出租汽车上下班或去医院。

自从那次交通事故以后，本杰明医生每天上班都迟到，而且总对护士和病人发脾气，护士和有些病人对他的行为提出了抱怨和投诉。别人还注意到他在开会和看病的时候经常是昏昏沉沉的。

本杰明医生已经结婚，有3个孩子。你今年55岁，是这家诊所的高级合伙人。你一直认为本杰明医生有个很好的家庭，认为他和家人的关系很不错。但是有一天你接到了他妻子打来的电话，电话里她说对本杰明医生的情况非常担心。他经常回家很晚，而且身上总是带着酒气。有好几次他根本不回家，说在其他的州参加研讨会。他妻子怀疑本杰明医生和诊所的一个护士“好上了”，而且她也听到传言说那个护士“不靠谱”。本杰明医生的妻子让你不要跟别人讲电话里说的事情。

### 3 提问

- 3.1 本杰明医生的行为变化可能是什么原因造成的？
- 3.2 在这种情况下，你的责任是什么？
- 3.3 你会怎样做出及时的应对措施？
- 3.4 他要是拒绝治疗，你应该怎么办？

### 4 解答

4.1 本杰明医生行为变化的原因 有很多可能的原因造成了本杰明医生的行为变化：(1) 他酒后驾车发生交通事故，提示他在车祸前就存在问题。他可能有饮酒问题，甚至可能是个酒鬼，只不过诊所同事以前可能没有发现他的饮酒问题。他现在在诊所的行为表现以及他妻子在电话里提供的信息，提示他可能有酗酒问题。(2) 酒精滥用往往与其他问题或障碍有关，或者是其他问题和障碍的继发问题。比较常见的原发问题和障碍包括焦虑和抑郁、人际关系困难、经济上的问题、长期心理压力，或者是“职业倦怠”。他可能长期患有轻度或中度的抑郁，他自己没有认识到，别人也没有察觉出来。他可能存在与职业倦怠有关的心理压力。如果没有认识到自己患抑郁，或者没有针对抑郁采取措施，各种潜在的沉淀因素通常会造成有害的结果。(3) 本杰明医生的颈部在车祸中受伤，并有疼痛。这可能导致他的抑郁，并可能采用“自我开药”的方式来缓解疼痛和情绪问题。他可能采用口服阿片类镇痛剂的方式，而这类药物具有高度的依赖性。在另外的一些案例中，我们发现医生给自己熟悉的病人开杜冷丁或吗啡注射剂，而实际上是医生让病人把这些药拿回来自己用。因此对本杰明医生的案例，应该考虑他是否有阿片类镇痛剂依赖或其他药物依赖，如苯二氮类药物。

4.2 你的责任是什么 (1) 你对你的同事本杰明医生、对诊所的工作人员，特别是对全科医学诊所的病人负有责任。你还有为本杰明医生的妻子保守秘密的责任。(2) 你可能需要

寻求可信赖的同事、医生保护机构、医学保险机构、卫生执业者委员会方面的建议，从而保证你慎重地应对发生的问题，而且不损害本杰明医生的利益、他的个人幸福和职业前程。

4.3 及时的应对措施 在寻求和获得建议的基础上，你应该找本杰明医生谈谈，而且最好请另外一位同事一起来谈。你应该告诉本杰明医生，你很担心他的健康，而且告诉他你一直在关心他，在考虑他是否想要得到帮助，是否现在就想寻求帮助。你还应该告诉他，鉴于诊所的病人已经有投诉，你有责任保护病人的利益。考虑到本杰明医生的生病情况，可能他需要请带薪病假，同时对疾病进行治疗。如果本杰明医生有自己的全科医生，应该鼓励他去找自己的全科医生看病。你还可以建议本杰明医生去医生健康项目作为自愿病人接受治疗<sup>[1]</sup>。你应该告诉本杰明医生，其实就像社会中的普通人一样，每个全科医生也应该有自己的全科医生<sup>[2]</sup>。医生的医生是值得托付和信赖的，他们会正直地和保密地管理医生的健康问题。

4.4 如果本杰明拒绝你的建议 如果本杰明医生拒绝接受你的建议和帮助，你可能的确是心有余而力不足。不过，你可以向卫生执业者委员会报告。虽然向委员会报告你同事的问题是一件很困难和痛苦的事情，不过为了本杰明医生的长期利益，为了你的全科医学诊所，你还是应该这样做。

### 5 案例的进一步发展

你是这个诊所的高级合伙人，所以全科诊所的护士找到你，说她们再也无法忍受跟接诊员海伦一起工作了。她们说，海伦跟“那个烦人的全科医生”有私情，他们两个年龄相差20岁。护士说海伦总是上班迟到，不按照诊所经理的要求去做，而且对病人很粗鲁。护士说海伦的这些行为变化大概有3个月了。护士们注意到了海伦与本杰明医生的关系，亲眼看见他们两个在治疗室里拥抱。护士认为海伦的不正常行为与她和本杰明医生的关系有关。护士希望把海伦开除。

### 6 进一步的提问

作为这个诊所的高级合伙人，你的做法是什么？

### 7 对进一步提问的解答

对接诊员海伦的工作表现要按照这个工作岗位本身的要求来评价，这是涉及劳资关系或人力资源方面的问题。你诊所的护士提出的指控是需要进一步调查核实的。即便是证实确有其事，在澳大利亚未经正当程序，是不能随便解雇员工的。

这需要安排海伦与诊所经理之间的一次谈话，分析海伦工作绩效下降的原因，并给海伦一个警示，即如果她在规定的时间内没有改进工作绩效，并无视进一步的警示的话，她将会被解雇。这些谈话的内容要用文字记录下来，并征得海伦的同意。跟你投诉的护士也应该知道这次谈话的内容。

### 8 案例的持续发展

本杰明医生答应去找另外一个当地的全科医生，让那个医生来解决他的医疗需要。本杰明医生说诊所护士对他和海伦的做法是“低级下流的”，他对此感到很愤怒。他说自己和海伦是受到伤害的，他说那些护士实际上是出于嫉妒；因为一个接诊员能跟一位医生“好上”，护士会吃醋。本杰明医生威胁说，如果海伦被解雇的话，他也要离开这个诊所。

### 9 再次提问

9.1 你对本杰明医生威胁说离开这个诊所有什么担心?

9.2 你会采取什么方法?

### 10 对再次提问的解答

10.1 你的担心 你一直担心本杰明医生的健康和幸福。他与海伦的关系可能会对他的家庭造成不好的影响。我们已经知道,医生的自杀率比其他专业人员高出两倍<sup>[3]</sup>,如果再加上心理压力、酒精滥用、潜在的抑郁等因素,本杰明医生目前处于高危险的状态。

你还担心本杰明医生的病人,以及他提供医疗服务的质量,因为他处于高度的心理压力之中。如果本杰明医生和海伦一起离开这个诊所,那么从全科诊所这个组织的角度上看也许是个好事,因为这样可以在某种程度上减少他们给全科服务带来的损害。不过,本杰明医生在这家诊所有很多固定的病人,这些病人与他有很长时间的医患关系,所以如果他离开的话,病人会很失望,而且也会很好奇。

10.2 你要采取的方法 诊所需要实施一个应急计划,希望本杰明医生以“优雅的”方式离开诊所,至少不会让病人受到太大影响。诊所必须要告知病人“本杰明医生由于个人原因,决定离开这家诊所,去其他地方行医”。诊所与本杰明医生的服务合同中可能有这样一个条款:不允许在距离本诊所5公里半径范围内开设诊所。不过这个条款的限制性并不强,不能强制本杰明医生必须这样做。因此,本杰明医生的病人需要由本诊所的其他全科医生提供服务,并需要聘用新的全科医生。再次强调的是,要让病人知道本杰明医生离开诊所的情况的一个比较恰当的方法是,给所有的病人家里寄诊所简报,告诉病人和家庭诊所发生的变化。

你严重地关切本杰明医生的心理状态,他的心理问题会严重地影响他的行医能力。因此你应该决定把情况报告给卫生执业者注册委员会。

### 11 案例的最终发展

海伦的工作表现持续下滑,最终的结果是她被解雇。本杰明医生被激怒了,他向诊所提交了辞职报告,决定4个星期后

离开诊所。诊所与本杰明医生达成了法律和财务上的协议。他离开了他的妻子和孩子,跟海伦一起搬到了另外一个州。后来传回诊所的消息是,本杰明医生和海伦的关系在3个月后破裂了。现在本杰明医生在全国各地游荡,在农村做一些临时性的工作。他与妻子和孩子的关系仍然很疏远。

### 12 本案例的结束语

与“职业倦怠”有关的抑郁和心理压力<sup>[4]</sup>是世界各地医生中非常普遍存在的心理健康问题。中国的医生存在同样的问题<sup>[5-6]</sup>。医生的心理问题可以有各种表象,比如酒精依赖、药物依赖、家庭和婚姻解体。由于对问题的真正原因缺乏认识,他们往往把怒气撒在同事、伴侣,甚至是患者身上。医生“解决”这个问题的一种方法可能是寻求建立另外一个新的关系,试图从困境中逃脱出来(比如本杰明医生与年轻接诊员的婚外情),但是医生的这类做法往往效果很差,不但新的关系是短命的,而且往往会导致更大的麻烦。在本杰明医生的故事中,这一点表现得非常明显。

### 参考文献

- 1 Warhaft N. The Victorian doctors' health program: The first 3 years [J]. *Medical Journal of Australia*, 2004, 181 (7): 376-379.
- 2 Rogers T. Barriers to the doctor as patient role. A critical construct [J]. *Aust Fam Physician*, 1998, 27 (11): 1009-1113.
- 3 Carpenter L, Swerdlow A, Fear N. Mortality of doctors in different specialties: Findings from a cohort of 20 000 NHS consultants [J]. *Jnl of Occup and Environ Med*, 1997, 54 (6): 388-395.
- 4 Kirwan M, Armstrong D. Investigation of burnout in a sample of British General Practitioners [J]. *BJGP*, 1995, 45 (394): 259-260.
- 5 Zhou Hongwei. Mental health status of Chinese hospital doctors: A prevalence study using SCL-90 in three tertiary hospitals [J]. *Contemporary Medicine*, 2010, 10 (1): 7-8.
- 6 Zhang Wenshun, Qiu Yousheng, Duan Weidong, et al. A study of mental health of community physicians in Shenzhen [J]. *Med Jnl of Chinese People's Health*, 2010, 22 (13): 1718-1719.

## • World General Practice/Family Medicine •

**[Introduction of the Column]** The Journal presents the Column of Case Studies of Mental Health in General Practice; with academic support from Australian experts in general practice, psychology and psychiatry from Monash University and the University of Melbourne. The Column's purpose is to respond to the increasing needs of mental health services in China. Through study and analysis of mental health cases, we hope to improve understanding of mental illnesses in Chinese primary health settings, and to build capacity amongst community health professionals in managing mental illnesses in general practice. Patient-centred whole-person approach in general practice is the best way to maintain and improve the physical and mental health of residents. Our hope is that these case studies will lead new wave of general practice and mental health development both in practice and research. A number of Australian experts from the disciplines of general practice, mental health and psychiatry will contribute to the Column. A/Professor Blashki, Professor Judd and Professor Piterman are authors of *General Practice Psychiatry*. The Journal cases are helping to prepare for the translation and publication of a Chinese version of the book in China. We believe Chinese mental health in primary health care will reach new heights under this international cooperation.

# Case Studies of Mental Health in General Practice (17)

## —The Psychologically Impaired Doctor

Leon Piterman, Fiona Judd, Grant Blashki, Hui Yang

**[Key words]** Psychology; Impaired doctor; Professional burnout; Mental health; Mental health service; General practice

### 1 Prelude

Doctors are human and as such are subjected to same vagaries of ill health both physical and mental as any other member of the community. There are however some differences. Doctors are in a privileged position and position of power when it comes to professional practice exercising care for their patients, many of whom are vulnerable. Doctors also are exposed to risks associated with self diagnosis and self management. A common hallmark of doctors' behavior in the face of personal physical and mental illness is "denial". This may be particularly problematic when the doctor is afflicted with a serious mental illness in which, one of the symptoms is loss of insight (e.g. severe depression, psychosis). In both cases not only may the doctor at grave risk personally but also importantly if the doctor is impaired the community is placed at increased risk. It is this risk to the community that necessitates protective and legislative measures to be put in place to protect the community from doctors who may be psychologically or physically impaired or indeed co-morbidly impaired. These legislative measures will vary from country to country and indeed may vary from one State/Province in any given country to another.

Doctors have a higher risk of depression than other professionals and almost twice the suicide risk compared to professionals in a similar social class. Access to drugs and the tendency to self medicate for pain and sleep disorders raises the risk. In addition, unfortunately a small percentage of doctors have been found guilty of sexual abuse of vulnerable patients, prescribing prohibited substances to known addicts for profit and various forms of malpractice due to poor judgment (sometimes related to physical or mental illhealth) or incompetence inflicting suffering on scores of patients. In Australia recently a surgeon was found guilty of manslaughter due to alleged incompetence. This is now before the court of appeal. In another heartbreaking case, an anaesthetist who had a long history of drug addiction has recently pleaded guilty to infecting 55 women attending an abortion clinic, with Hepatitis C.

Legislation in Australia requires all doctors (and in some States medical students) to be registered with the Australian Health Practitioners Registration Agency (AHPRA). If a doctor is found to be impaired due to ill health be it physical or mental the Board is able to restrict or suspend the practitioner from practice. The Board can also insist on supervised medical treatment. In the State of Victoria, where we work, the Board has established the Victorian Doctors Health Program (VDHP) which oversees the medical management of impaired doctors ushering many of them back to good health and to professional practice. Over 100 doctors per year are referred to the VDHP. Doctors may be reported to the Board by colleagues or members of the public, usually patients. Doctors reporting colleagues have statutory immunity which means the doctor mak-

ing the report cannot be sued in court.

### 2 Case study

Dr. Ben is a 45 year old GP who has worked for the past 15 years in a group general practice with 4 other GPs, including yourself, 2 nurses and 3 allied health practitioners.

Up till 12 months ago when he was involved in a car accident he seemed to be functioning normally. He was injured in the car accident, albeit not seriously but has had neck pain ever since. The police attended the scene of the accident and found him to have a blood alcohol reading of 0.14, almost 3 times the legal limit. His license was suspended for 6 months forcing him to use taxis to travel to work and do home or hospital visits.

Since the accident he has been arriving late at work, seemed short tempered with staff and patients, some of whom have complained about his behavior. He also has been noted to be drowsy at times during meetings and consultations.

Dr. Ben is married with 3 teenage children. You are aged 55 and the senior partner in the practice. As far as you have been aware Dr. Ben has enjoyed good family relationships. However, you receive a phone call from his wife who is very worried about him. He often comes home late smelling of alcohol and at times has not been home at all saying he attended a conference interstate. She suspects he is having an affair with one of the office staff in the practice who has also been noted to be performing erratically. She asks you not to divulge this telephone conversation.

### 3 Questions

- 3.1 What may be contributing to Dr. Ben's changed behavior?
- 3.2 What are your responsibilities in these circumstances?
- 3.3 How will you manage the immediate situation?
- 3.4 What if he refuses treatment?

### 4 Answers

4.1 There are a number of possible causes for Dr. Ben's behavior: (1) His episode of drink driving suggests that there have been problems prior to the accident. He may have had a drinking problem or even alcoholism, which was concealed in the clinic environment. His current behavior in the clinic as well as the information provided by his wife, is suggestive of alcoholism. (2) Alcohol abuse is often associated with or secondary to another problem/disorder. Common examples, anxiety and depression, relationship difficulties, financial problems and chronic stress or 'burnout'. He may have had long standing mild or moderate depression, which he has not acknowledged and which others have not noticed, or stresses associated with professional "burn out". Failure to recognise depression or deal with it precipitants commonly has deleterious consequences. (3) Having a painful neck injury may lead to depression and to self-medication to deal with both the pain and mood problems. This may involve oral opiates which are themselves highly addictive or in some cases doctors are known to self medicate with pethidine or morphine injections usually prescribed for unsuspecting patients but used by the doctor himself. So opiate addiction or addiction to other drugs such as benzodiazepines needs to be considered.

**4.2 Responsibilities** (1) You have a responsibility to your colleague Dr. Ben, to the practice staff and in particular to the patients of the practice. You also have a responsibility to Dr Ben's wife to maintain confidentiality. (2) You may need to seek advice from a trusted colleague, from your medical defense / insurance organization and from the Health Practitioners Board to ensure that you handle the situation sensitively and without prejudice to Dr Ben, his personal or professional wellbeing.

**4.3 Immediate management** Having sought and obtained advice you should meet with Dr. Ben, preferably with another colleague present, and outline your concerns about his wellbeing. You indicate that at all times you are concerned for him and wonder whether he feels he needs help and is prepared to seek it immediately. You should also point out that there have been complaints from patients at the practice and that you have a responsibility to protect their interests. He may need to take paid leave from the practice on the basis of ill health whilst these matters are being managed. If he has his own GP he should be encouraged to seek assistance from him, you may suggest voluntary attendance at the local Doctor's Health Program<sup>[1]</sup>. You should point out that like every other person in the community each doctor should have their own GP<sup>[2]</sup>, someone they can confide in and who can be trusted to manage their medical problems with integrity and confidentiality.

**4.4 Refusal to accept advice** If Dr Ben refuses to accept advice and offers of help then you may have little choice but to report the matter to the Health Practitioners Board. Whilst this may be difficult and painful it is in the best long-term interests of Dr Ben and your practice.

#### 5 Further developments

The staff approach you as the senior partner saying that they are no longer willing to work with the receptionist Helen, who is alleged to be having an affair with your troubled colleague who is 20 years older than Helen. They claim that she is constantly late for work, refuses to take instructions from the practice manager, and is rude to patients. They have noted these changes in her behavior over the past 3 months. They are aware of the relationship she is having with Dr Ben, having seen them embracing in treatment room, and believe that her behavior is related to that. They would like her dismissed.

#### 6 Question

As the senior partner what is your course of action?

#### 7 Answer

The work performance of the receptionist Helen, needs to be treated on its own merits, as an industrial or human resources issue. The allegations made by your other staff need to be investigated, and even if verified, in Australia she cannot be dismissed without due process.

This involves meeting with her and the practice manager examining the reasons for the change in her work performance and giving her a warning that if her performance does not improve in a given time period and a further warning is ignored she will be dismissed. This needs to be documented and agreed to. The staff who have complained need to be aware of this.

#### 8 Ongoing Developments

Dr Ben promises to find a local GP who can look after his medical needs. He expresses anger at the shabby way he and Helen have been treated by the staff at the clinic. He claims that they are being victimized and that the staff are jealous of Helen because of the relationship she is having with him. He threatens to leave the practice if Helen's employment is terminated.

#### 9 Questions

9.1 What are your concerns should Dr Ben leave the practice?

9.2 How will you address these concerns?

#### 10 Answers

**10.1** There is ongoing concern for Ben's health and well being and the impact that the relationship with Helen may be having on his family. Suicide rates amongst doctors are twice as high as those in other professionals<sup>[3]</sup>, and the combination of stress, alcohol abuse and possibly depression place Dr Ben at high risk.

There is also concern for Ben's patients and the quality of care they may be receiving whilst he is under stress. Whilst leaving the practice (along with Helen) may alleviate some of the damage which is occurring in an organizational sense there is no doubt that many of the patients who have had a long relationship with Dr Ben as their GP will be upset and also inquisitive.

**10.2** The practice will need to implement a contingency plan and hope that if Dr Ben leaves he does so gracefully, at least as far as the patients are concerned. This entails informing the patients that Dr Ben, for personal reasons, has decided to leave the practice to work elsewhere. There may be a clause in the partnership agreement which prevents Dr Ben from setting up practice within a 5 km radius of the existing practice. This may be hard to enforce. Ben's patients will need to be cared for by the GPs in the practice and new doctor may be employed. Again the patients should be made aware of this. So communication via a newsletter mailed to all patients may be appropriate.

Should you have serious concerns about Dr Ben's mental state adversely affecting his ability to practice you may still decide to report this to the Health Practitioner's Board.

#### 11 Final developments

Helen's performance continues to deteriorate and her services are terminated. Dr Ben is outraged and gives 4 weeks notice to quit the practice. A legal and financial settlement are agreed to. He leaves his wife and family and moves interstate with Helen. News filters back to the practice that the relationship with Helen broke down after 3 months and that Dr Ben is now traveling around the country doing rural locum work and remains estranged from his wife and family.

#### 12 Concluding Remarks

Depression and stress associated with "professional burn-out"<sup>[4]</sup> is common in doctors all over the world including China<sup>[5-6]</sup> and may manifest in many ways including, alcohol and drug dependency as well as family and marital breakdown. Lack of insight into the real causes of problems may result in attributing blame on others including colleagues, one's partner or even patients or clients. Searching for a new relationship may appear to provide a solution but this is often temporary and may even lead to greater complications. This appeared to be the case with Dr Ben.

#### References

- 1 Warhaft N. The Victorian doctors' health program: The first 3 years [J]. *Medical Journal of Australia*, 2004, 181 (7): 376-379.
- 2 Rogers T. Barriers to the doctor as patient role. A critical construct [J]. *Aust Fam Physician*, 1998, 27 (11): 1009-1113.
- 3 Carpenter L, Swerdlow A, Fear N. Mortality of doctors in different specialties: Findings from a cohort of 20 000 NHS consultants [J]. *Jnl of Occup and Environ Med*, 1997, 54 (6): 388-395.
- 4 Kirwan M, Armstrong D. Investigation of burnout in a sample of British General Practitioners [J]. *BJGP*, 1995, 45 (394): 259-260.
- 5 Zhou Hongwei. Mental health status of Chinese hospital doctors: A prevalence study using SCL-90 in three tertiary hospitals [J]. *Contemporary Medicine*, 2010, 10 (1): 7-8.
- 6 Zhang Wenshun, Qiu Yousheng, Duan Weidong, et al. A study of mental health of community physicians in Shenzhen [J]. *Med Jnl of Chinese People's Health*, 2010, 22 (13): 1718-1719.

(收稿日期: 2013-04-09)

(本文编辑: 闫行敏)