

ARGUMENTS JUSTIFYING THE DECLARATION OF THE MEDICAL PROFESSION AS AN ARDUOUS WORK

FEMS working paper

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Working document proposed by CESM of Spain to share with the European unions of the colleagues of the FEMS Board, at its meeting in the Algarve on 29 March 2025. It would be the starting point to prepare a document agreed upon by the FEMS as a DECLARATION OF THE MEDICAL PROFESSION AS AN ARDUOUS WORK. It is intended to be presented to the European Parliament and other entities of interest.

ARGUMENTS JUSTIFYING THE DECLARATION OF THE MEDICAL PROFESSION AS AN ARDUOUS WORK

1. Emotional burden: Physicians often face life-or-death situations, which can generate a high level of emotional stress. The responsibility of making critical decisions about patients' health can be overwhelming. The impact on patients' lives means that the nature of medical work means that professionals often deal with difficult situations, such as suffering and death, which places a heavy emotional burden on them, balancing and isolating them from their personal lives.

2. Long working hours: The medical profession often requires long work hours, including night shifts and weekends. This can impact a physician's personal life and well-being.

3. Extended training: The education and training to become a physician is extensive and rigorous, often requiring more than a decade of study and practice. This process can be exhausting both physically and mentally.

4. Exposure to Disease: Physicians are in constant contact with contagious diseases, and their working conditions pose a risk of developing certain prevalent pathologies, which poses a risk to their own physical and mental health.

5. Constant Pressure: The need to stay up to date with medical advances and new technologies, as well as the pressure to meet the expectations of patients and their families, and constant coercion from management, represent a significant burden.

6. Impact on patients' lives: The nature of medical work means that doctors often witness difficult moments in people's lives.

7. Legal Liability: Physicians face a high level of legal liability, meaning that any error can have serious consequences for both the patient and their career.

These points highlight the complexity and challenges that physicians face in their daily work, justifying the consideration of their profession as arduous. Below, we analyse each of the points in detail, attempting to show the evidence that supports them.

1. Emotional Burden:

Medicine not only involves technical knowledge but also a great emotional burden. Physicians often must deliver bad news to patients and their families, which can be exhausting. Furthermore, witnessing human suffering on a regular basis can lead to problems such as emotional exhaustion or burnout.

Several studies have investigated emotional burden and burnout in the medical profession. Here are some of the most relevant:

- Study by Maslach and Leiter (2016): This study focuses on burnout syndrome in healthcare professionals. The authors identify that physicians experience high levels of emotional exhaustion, depersonalization, and a decrease in personal accomplishment, which affects their well-being and ability to provide quality care.

- Research by Shanafelt et al. (2012): This study, published in the journal "Archives of Internal Medicine," found that more than 45% of the physicians surveyed reported symptoms of burnout. Factors contributing to this emotional burden include long work hours, pressure to meet patient expectations, and a lack of support in the workplace.

- Study by Dyrbye et al. (2014): This study analysed the impact of burnout on the quality of medical care. The results showed that physicians with high levels of emotional exhaustion were more likely to commit medical errors and have less empathetic relationships with their patients.

- Systematic review by West et al. (2016): This review encompassed multiple studies on physician well-being and found that emotional burden and job stress are significant factors affecting the mental health of healthcare professionals. The need for interventions to improve physician well-being was highlighted.

- Study by Lin et al. (2019): This study examined the relationship between emotional burden and job satisfaction in physicians. The findings suggested that high emotional burden is negatively correlated with job satisfaction, which can lead to higher staff turnover in the medical field.

These studies underscore the importance of addressing emotional burden in the medical profession and the need to implement support and well-being strategies for healthcare professionals.

2. Long Working Hours:

A physician's workday can be unpredictable and long. Many physicians work more than 60 hours a week, and shifts can include nights and weekends. This lack of a regular schedule can make work-life balance difficult, affecting their relationships and mental health.

Studies on the consequences of long hours and extended work days in the medical profession have revealed several important aspects. Overall, it has been found that these conditions can lead to increased stress, exhaustion, and burnout among healthcare professionals. This not

only affects their personal well-being but can also impact the quality of care they provide to patients.

Furthermore, long hours can contribute to medical errors, as fatigue can impair concentration and decision-making. It has also been observed that physicians who work long hours tend to have lower job satisfaction and may experience long-term health problems.

On the other hand, some studies suggest that implementing more flexible schedules and promoting a work-life balance can improve both physicians' health and the quality of patient care. In short, it is a complex issue, but evidence suggests that addressing working conditions in medicine is critical for the well-being of all.

Several studies have investigated the consequences of long working hours in the medical profession, for both physicians and patients. Here are some key findings:

Burnout and Mental Health: A study published in the Journal of the American Medical Association (JAMA) found that physicians who work long hours have higher rates of burnout, depression, and anxiety. This not only affects their well-being but can also impact their ability to provide quality care.

Medical Errors: Research has shown that fatigue resulting from long hours can increase the likelihood of medical errors. A study in The New England Journal of Medicine showed that residents who worked more than 80 hours per week were at greater risk of making errors in patient care.

Quality of Patient Care: An analysis in Health Affairs revealed that long work hours are associated with a decrease in the quality of medical care, including an increase in postoperative complications and lower patient satisfaction.

Impact on Physical Health: Physicians who work long hours may also experience physical health problems, such as cardiovascular disease and sleep disorders. A study in Occupational Medicine found that long work hours are linked to an increased risk of hypertension and other health problems.

Job Satisfaction: Job dissatisfaction is common among physicians who work long hours. A study in BMC Health Services Research indicated that physicians with more flexible and balanced schedules report higher levels of job satisfaction and commitment.

These studies underscore the importance of addressing long work hours in medicine, not only to protect physicians' health but also to ensure safe, quality care for patients.

3. Extended Training:

3.1. UNIVERSITY STAGE

Medical students are characterized by having a brilliant academic record prior to entering university, which allows them to overcome the high demands of the selection process. Throughout their studies, they are subject to high performance requirements, and when they begin clinical training in contact with patients, they face considerable emotional conflicts. All of these factors represent significant sources of stress that impact their mental health and add to

their own psychobiological vulnerability and other general conflicts typical of their age. Numerous studies have indicated the high prevalence of depressive and anxiety disorders, suicidal ideation, stress, and emotional exhaustion. The rates of students suffering from clinically significant disorders vary greatly depending on the methodology and instruments used to assess them. In general, it is estimated that at some point during their medical studies, 50% of students suffer emotional exhaustion and around 15% suffer major depression.

According to the **Oxford University**, the degree program with the highest stress rating is **Medicine**. This is due to the high academic demands, long study hours, clinical practice, and the emotional impact students face due to the nature of the profession, which involves making crucial decisions about people's lives. Furthermore, the constant pressure to stay up-to-date with medical advances contributes to this high level of stress.

This result is explained by several key factors:

- **Academic Demand:** Medical students face a rigorous curriculum that covers a large amount of content in a short period of time. The subjects are complex and require constant study to master fundamental concepts.
- **Course Load:** The number of hours dedicated to study and clinical practice is significantly high. Students often must balance lectures with practical experiences in hospitals and clinics, which entails long shifts and constant pressure.
- **Emotional Impact:** The nature of the program also carries a high emotional burden, as students must deal with the health and well-being of patients. Direct contact with people in vulnerable or serious situations can create additional stress.
- **Competition and Pressure:** Competition within the program is fierce, creating constant pressure to achieve good grades, excel in practice, and secure a spot in prestigious specialties.
- **Long-term impact:** As students advance in their training, they face the reality of physicians' workload, which generates anxiety about future professional responsibilities.

A study published in 2024 by the Faculty of Medicine of the National Autonomous University of **Mexico (UNAM)** reveals that **53.9% of first-year medical students experience psychological distress, which significantly impacts academic performance, especially among women.**

The research, which compared levels of psychological distress and their relationship with academic performance by gender, highlights the need to implement support measures for this student population.

The study, published in the journal *Research in Medical Education*, indicates that most medical students experience symptoms of anxiety, stress, and depression during their first year of training. The results show that women are the most affected by this distress, representing 70% of students with psychological distress.

The researchers identified the most common stressors affecting students. The main one is academic overload, affecting 93.3% of respondents. Other factors include personal worries (55.6%), social and family context (42.4% and 40.7%, respectively), and academic tensions related to interpersonal relationships and competitiveness (30.1%).

The study also reveals that more than half of the students (52.6%) experience three or more stressors simultaneously, which worsens their psychological situation. Among students with psychological distress, 70.7% face multiple stressors, compared to 29.3% of those without psychological distress.

Although psychological distress does not appear to have a noticeable effect on overall academic performance when the entire sample is assessed, significant differences were found between genders. Female students with psychological distress obtained lower grades in basic science subjects compared to their male peers. The average score for females was 62.84 points, compared to 67.22 for males.

Researchers attribute this disparity to female students perceived lower ability to cope with their problems, which affects their confidence and academic self-efficacy. Women were more likely to feel incapable of solving problems and to suffer from symptoms of stress and anxiety, which negatively impact their academic performance.

The study concludes with a recommendation for implementing specific interventions, **such as support programs with cognitive-behavioural approaches and self-efficacy development.** These measures could help students better manage stress and improve their academic performance, as well as reduce the risk of dropping out of school.

Given that women make up between 66% and 69% of students enrolled in the Bachelor of Medicine program at UNAM, the study's authors consider it crucial to pay special attention to their psychological and academic well-being to ensure their success in their studies.

A few years ago (December 2016), **JAMA (Journal of the American Medical Association) published a study in which researchers found that 27% of medical students suffer from depression or experience symptoms of depression, and up to 11% reported suicidal thoughts. This meta-analysis included nearly 200 studies of 129,000 medical students in 47 countries.** In the same study, female medical students showed higher levels of depression than their male counterparts, scoring higher on the parameters of "personal disappointment in the face of poor performance" and "easily crying due to stress." Based on these figures, medical students appear to be two to five times more likely to suffer from depression than the general population; their prevalence of depression ranges from 9% to 56%. According to the mentioned JAMA meta-analysis, which reviewed more than 200 studies in 43 countries, one in 10 medical students has suicidal thoughts. This research found that 27.2% of the 122,356 participating medical students had depressive symptoms, a figure higher than the general population. About 11% of participants reported suicidal ideation.

A **BMJ Student survey of 1,122 medical students**, published in 2015, also found a high rate of suicidal ideation (15%). A total of 30% of students reported receiving treatment for a mental health issue while in medical school.

In a doctoral thesis, psychiatrist Arantxa Santa-María provides data (obtained through surveys) on the situation among Spanish students and concludes that medical students and medical professionals have a higher incidence of mental disorders than the general population. This author believes that medical training and practice are associated with a high prevalence of pathologies such as depression, stress, self-destructive behaviors, and burnout.

Medical student suicides are in the news. In 2017, there was an inquest into the death of a University of Southampton student who overdosed. Douglas Mata, lead researcher of the JAMA study, comments: "Many people with suicidal ideation will not attempt suicide. However, it increases their risk of attempting or completing suicide [over the next year] 10-fold or 100-fold, respectively; so it's an alarming statistic.". Research conducted by **D. Mata et al. in JAMA shows that before starting medical school, students have better mental health than their applicants to other schools or faculties.**

But this changes when medical students reach university. Factors such as stress, lack of sleep, academic rigor, exposure to traumatic clinical situations, and being away from their families seem to contribute to this. So, it seems that it's not just that medical students' empathy diminishes, especially from the third year of their studies onwards (and for the same reasons highlighted above). It's that they seem to be more susceptible to mental disorders than their peers in other programs, and that, starting with equal conditions, during their training period these problems increase above the average for these young people.

Alys Cole-King, a consultant liaison psychiatrist in North Wales and clinical director of Connecting with People, an organization that offers training and resources for suicide prevention, says that "**Most medical students are perfectionists. They may feel more stigmatized when it comes to disclosing their mental health issues.**" The debt acquired by medical students, mainly in the US but also in the UK, is a significant contributing factor to the problem. Despite these alarming figures, few students seek treatment from a doctor or psychologist. **Only 16% sought professional help.** This is quite paradoxical, since medical students should be better able to recognize signs and symptoms than anyone else. They seem to have difficulty asking for help...the pertinent question here is: why? In many cases, they try to hide their mental suffering until it becomes debilitating or has dire consequences; in others, they struggle to find someone who can help them. Here, the role of medical schools should be more decisive.

3.B.- SPECIALIZED TRAINING/RESIDENCY STAGE

The **training period for resident physicians** is sometimes prone to stress due to the complex healthcare context and the fact that it is an emotionally difficult stage. This can lead to the development of mental health conditions and/or addictions if not detected early and provided with the necessary tools. This was highlighted during the Medical Residents' Health Conference organized by the General Council of Official Medical Associations (CGCOM) of Spain.

During the meeting, figures on this reality from numerous previous studies were presented, and a sample of data from the Comprehensive Care Program for Sick Physicians (PAIME) was analyzed in relation to the resident physicians. This program, sponsored by the Foundation for Social Protection of the Medical Association (FPSOMC) and the Medical Associations (Colleges of Physicians), is intended to care for physicians suffering from mental health problems and/or addictions. During the meeting, two papers on the subject were also presented:

- Dr. Candela Pérez, author of the doctoral thesis "The Resident Physician as a Patient" from the University of Zaragoza, explained that residents are at greater risk for heavy alcohol consumption, depression, and anxiety than the non-medical population and physicians at other stages of their careers. When they become ill, they turn to alternative care and often self-medicate. They frequently come to work sick.

- Dr. Carmen Muñoz, author of the doctoral thesis "Genetic and Personality Factors of Vulnerability and Protection to Stress in Medical Residents" from the Complutense University of Madrid, explained that the objective of this work is to establish a predictive model of vulnerability and protection against work-related stress that relates personality and genetic variables with the development of work-related stress in physicians beginning specialized medical training. Reference was also made to previous studies highlighting the high prevalence of psychopathological risk, emotional exhaustion, and loss of motivation among resident physicians (MIRs), especially in the early stages of residency, which has already been detected during the undergraduate training period.

The gender distribution is consistent with the general data, with the prevalence higher in women (61%) than in men (39%).

Among specialties, the highest incidence is in Family and Community Medicine, followed by Psychiatry. Cases of mental illness (74.4%) are more prevalent than addictions (25%), including non-substance addictions. Furthermore, only 10% of those registered required hospitalization, compared to 20% of the overall sample, and it is evident that 87% of the resident physicians treated return to their positions once they have recovered. On the other hand, according to the CESM research center, the distribution of MIRs by year is approximately 25% in the first year of residency, and it is precisely during this period that the highest number of MIRs suffering from psychological distress is concentrated, accounting for 45% of the total.

The most frequent diagnoses are: adjustment disorders (39.1%), affective disorders (23%), anxiety disorders (18%), addictions (5.7%), personality disorders (3.9%), and psychotic disorders (2.1%).

Likewise, affective disorders increase throughout residency in women, as does self-prescription of psychotropic drugs. However, alcohol consumption among men decreases throughout residency, although it is higher in the first years.

We must be especially sensitive to situations of frustration and "suffering" experienced by our residents, which put not only their physical and psychological integrity at risk but also their teaching potential. This situation leads to a greater sense of stress and fragility."

Neither the current regulations nor the training programs are up-to-date, and the highly complex situation of modern medicine, hyper-specialization and competitiveness—that is, the high demands in the field of modern medicine—highlights the need for a paradigm shift."

"Many studies link the beginning of specialized medical training for Medical Residents (MIR) with the development of stress, as it entails, among other things, greater responsibility, a change in work environment, new colleagues and bosses, contact with patients and family members, the need for new learning, changes in work schedules and pace, changes in economic status, expectations, and, in some cases, emancipation from their family of origin, moving to a new city, etc. All of this entails a considerable change in their lifestyle."

4. Exposure to illness

Physicians are in constant contact with patients who may have contagious diseases. This not only poses a risk to their health but can also generate anxiety about bringing illnesses home and putting their loved ones at risk.

Physicians are often perceived as immune to injury and illness when caring for their patients, and occupational health and safety programs may be ignored. Physicians employed by small organizations or who are independent may be at even greater risk for occupational illnesses and may not have access to the health and safety programs available at larger healthcare facilities.

As a result of their professional duties, physicians and postgraduate medical trainees are often faced with emotionally difficult and traumatic situations, including patient suffering, injury, and death. Physicians may also be exposed to physical hazards, such as radiation, noise, poor ergonomics, and biological hazards, such as HIV, TB, and hepatitis.

The Galatea Foundation of Medical Association has presented the study "Repercussions of COVID on the Health and Practice of the Medical Profession in Spain – 2022," conducted in collaboration with the Foundation for Social Protection of the Medical Association and the Mutual Médica Foundation.

The study consisted of an online survey completed by 4,304 Spanish doctors from all autonomous communities between November 2022 and February 2023 and shows that **the health of the medical profession has not improved since the pandemic.**

The document is the second part of the study of the same name, which was published more than a year ago and collected data from July to October 2020. That first survey already observed that the health of Spanish doctors had worsened during the first wave of COVID-19 and that, once it was over, health indicators had not recovered compared to the pre-pandemic period. Now, with this new survey, it is confirmed that the health status of doctors is similar to that observed at that time or, in some cases, even worse.

The study data suggest that the discomfort and health problems of Spanish doctors at the current time are attributable not so much to the situation experienced during the pandemic but to the work environment. Therefore, their **health problems are associated with the worsening of their working conditions**, mainly due to excessive working hours, work overload, a feeling of being overwhelmed, and difficulty disconnecting during leisure time.

Primary care professionals and those with interim or temporary contracts are those with the worst health indicators, and 75% of all respondents consider their current workload to be higher or much higher than it was before the pandemic.

Partly because of this situation, **the use of mental health services among the medical profession has increased considerably.**

Sixty percent of physicians are actual or potential users of these services in 2022 (compared to 24% in 2020). These groups also present the worst working conditions, poorer health indicators, and a greater perception of not feeling valued by their professional environment. That is, younger professionals, where female participation is high, are the ones who most frequently visit, have visited, or would visit these types of support centers.

Population-based research projects have been developed, the results of which reveal that:

- The mental health of physicians is worse than that of the general reference population (Andalusian and Spanish).
- Female physicians have worse mental health than their male colleagues.

- Assault is a problem that concerns a significant number of physicians, being associated with poorer mental health and higher levels of burnout.

- Physicians working in the public health system have more burnout than those working in private practices.

The shift and night work performed by physicians can pose several occupational health risks:

- **Sleep disorders:** Working rotating or night shifts can disrupt the body's natural sleep patterns, which can lead to sleep disorders such as insomnia or sleepiness during work.
- **Fatigue:** Lack of sleep and disrupted circadian rhythms can lead to chronic fatigue, which can decrease workers' attention, concentration, and ability to react, increasing the risk of workplace accidents.
- **Physical health problems:** Prolonged exposure to night work has been associated with an increased risk of developing heart disease, diabetes, digestive disorders, and some types of cancer.
- **Social and family problems:** Shift and night workers may have trouble maintaining healthy social and family relationships due to unconventional work schedules, which can lead to stress and personal problems.
- **Isolation and social mismatch:** Atypical schedules can make people feel socially isolated as their work schedules may not coincide with those of their friends and family, which can negatively affect their emotional and mental well-being.
- **Increased risk of accidents:** Fatigue and decreased attention can increase the risk of work-related accidents, especially in environments where alertness and concentration are required, such as driving or operating heavy machinery.

5. Constant pressure

Job stress is the main variable in physician anxiety. Stress levels and job satisfaction are associated with the mental and physical health of physicians and healthcare professionals. If stress becomes chronic, it can lead to burnout syndrome in healthcare professionals, which affects between 10 and 20% of physicians. It manifests with depressive and anxiety symptoms and, if it worsens, can lead to serious somatic or psychological problems and drug or alcohol abuse.

To **prevent burnout** in healthcare professionals, it is essential to address the main variables that generate anxiety, especially institutional ones: work-related stress, dissatisfaction in the doctor-patient relationship, lack of psychological training, lack of social support, and lack of time. Reducing these anxieties will enable physicians to better address those related to the specific difficulties of the disease and their patients.

It is essential to achieve adequate distance from both institutional and patient demands that increase stress and anxiety, and to ensure that emotional involvement is relevant to the task, reducing self-demand, hyper-responsibility, and expectations, which are more related to an

ideal rather than a real project. In this way, personal and institutional resources can be adapted to the needs of patients.

It is essential to provide more **relevant training for physicians that includes the psychological and social factors that influence the health-disease process**. Coordination between Primary Care and Mental Health, with regular meetings, so that physicians learn to take into account not only organic pathology but also psychological and social problems, as well as their interrelationship, must be a priority objective.

Teamwork must be strengthened to address the different problems faced by the services and so that professionals can make decisions that improve patient care. A working group whose coordinator is responsible for this teamwork and, in turn, is recognized by the healthcare institution.

Implement group techniques so that professionals can discuss their relationships, both at work and with patients, and learn techniques that reduce anxiety and the effects of work-related stress. Cognitive-behavioural techniques, Balint Groups, and Operative Groups have proven highly useful in the prevention and treatment of burnout.

In summary, **urgent intervention by policymakers and healthcare professionals is essential to address the institutional variables that generate anxiety in physicians, and to implement appropriate measures to dignify the physician-patient relationship**. Prioritize improving organizational management in the Centers through professional participation, teamwork, and adequate patient care time. These objectives are essential if we want to preserve the health of physicians and healthcare professionals and, thus, improve the quality of care.

6. Impact on patients' lives

The nature of medical work means that doctors often witness difficult moments in people's lives. This can include managing terminal illnesses, serious accidents, or crisis situations. The empathy required to provide support during these times can be emotionally draining.

7. Legal liability

Doctors must be extremely careful in their practice, as any error can result in legal action or professional sanctions. This pressure can create additional stress, as they must ensure that every decision they make is the right one.

RECOMMENDATIONS

The World Medical Association recommends that national medical associations (NMAs) recognize and, where possible, actively address the following:

1. In collaboration with medical schools and workplaces, NMAs recognize their obligation to **provide education at all levels on physician well-being**. NMAs should promote research to establish **best practices that promote physician health** and determine the impact of physician well-being on patient care.

2. **Support for physician well-being should occur both within and outside the workplace**. Support may include, but is not limited to, referral for medical treatment, counselling, support networks, recognized physician health programs, occupational rehabilitation, and primary prevention programs, including resilience training, healthy lifestyles, and case management.

3. NMAs should recognize **the strong and consistent link between the personal health practices of physicians and patients**, providing another important reason for health systems to promote physician health.

4. Physician health programs can help all physicians proactively help themselves through prevention strategies and can assist ill physicians through screening, referral to treatment, and follow-up. **Programs and resources to help promote positive psychological health should be available to all physicians at risk**. Early identification and intervention, as well as special arrangements for physician-patient care, should be available to protect physicians' health. Fostering a compassionate and accepting culture is critical for successful early referral and intervention.

5. Physicians at risk for alcohol or drug abuse should have access to appropriate, confidential medical treatment and comprehensive professional support. **National Medical Associations should promote programs to help physicians return to practice with adequate supervision upon completion of treatment programs**. More research should be conducted to determine best practices for preventing substance abuse among physicians and physicians in postgraduate training.

6. **Physicians have the right to working conditions that help them limit the risk of burnout and allow them to take care of their personal health, with a balance between their professional commitments and their private lives and responsibilities**. Optimal working conditions include a safe and reasonable maximum number of consecutive and total working hours, adequate rest between shifts, and an appropriate number of non-working days. Relevant organizations should constructively address professional autonomy and work-life balance issues and involve physicians in decision-making about their jobs. Working conditions should not jeopardize the safety of patients or physicians, and finally, physicians should be involved in establishing optimal working conditions.

7. **Workplaces should promote healthy lifestyles**, including access to healthy food options, exercise, dietary guidance, and smoking cessation support.

8. Physicians, postgraduate trainees, and medical students have **the right to work in an environment free from harassment and violence**. This includes freedom from verbal, sexual, and physical abuse.

9. Physicians, postgraduate trainees, and medical students have the right to a collaborative and safe workplace. Workplaces should promote interdisciplinary teamwork, and communication between physicians and their **workplaces should be based on cooperation and respect.**

10. Medical staff should be trained to recognize, manage, and communicate with potentially violent individuals. **Health care facilities should take measures against violence, including the risk of routine violence,** especially in mental health treatment settings and emergency departments. Staff who are victims of violence or who report violence should receive support from management and medical, psychological, and legal counsel.

11. Medical schools and teaching hospitals should provide confidential services for postgraduate trainees and medical students and raise awareness and access to such programs. **Workplaces should consider offering medical consultations to postgraduate trainees to identify any health problems early** in their medical training.

12. **Workplace support for all physicians should be easily accessible and confidential.** Physicians who assess and treat their colleagues should not disclose any aspect of physician-patient care in any way, nor should they disclose their non-physician patients.