Navigating the Intersection of Physician Mental Health and Medical Licensing

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The world of medicine is riddled with paradoxes. Among the most striking is that physicians—those entrusted with the physical and mental well-being of society—often face severe challenges to their own health. These professionals are no strangers to long hours, high-stakes decision-making, and the emotional demands of patient care, resulting in unique stressors that can contribute to mental health problems.

The Stigma of Mental Health in Medicine

Historically, mental health has been a topic of stigma and secrecy within the medical community, a narrative that is slowly changing, albeit not fast enough. For many physicians, the fear of professional repercussions, particularly those associated with the licensing process, adds an additional layer of complexity to the issue. This fear is not unfounded; questions about mental health on both initial and renewal state medical licensing applications can feel intrusive and discouraging. While these questions aim to protect patient safety by identifying potentially impaired physicians, they can paradoxically increase risk by discouraging physicians from seeking help when they need it.1-3

The Consequences of Fragmentation

Unlike the nationally standardized examinations, such as the Medical College Admissions Test, the US Medical Licensing Examination, and the Comprehensive Osteopathic Medical Licensing Examination of the US, and specialty board examinations, the process of obtaining a state medical license remains highly decentralized.4 Each state operates its own independent licensing board, leading to significant variation in rules and procedures across the country, particularly regarding mental health questions. This lack of uniformity can lead to disparate and often confusing experiences for physicians seeking licensure in multiple states or territories.

A Glimmer of Hope: The Federation of State Medical Boards Recommendations

The Federation of State Medical Boards (FSMB), a nonregulatory organization representing the myriad state boards, sought to address these discrepancies by releasing a set of recommendations in 2018.5 Aimed at promoting compliance with a US Supreme Court ruling that limits mental health inquiries to those related to current, potentially impairing conditions, these guidelines are a step toward a more standardized and fair process.

The Reality: A Failure to Meet Recommendations

It is encouraging that, when compared with data from 2020, more states now appropriately limit questions to impairment and current conditions. However, despite the FSMB’s recommendations, the cross-sectional study by Douglas et al6 elsewhere in JAMA Network Open paints a stark picture of the current landscape. Of the 55 states and territories examined, only 3 fully met all the FSMB recommendations for renewal applications. Even within a single jurisdiction, there was a lack of
consistency between initial and renewal applications. The negligible progress in compliance with the FSMB guidelines since 2020 indicates that change is slow and that barriers to implementation persist.

**Diving Deeper: The Importance of Supportive Language and Safe-Haven Nonreporting**

Among the most concerning findings of the study by Douglas et al is the apparent reluctance to adopt "supportive language" and "safe-haven nonreporting." These key aspects of the FSMB recommendations embody the essence of physician wellness by fostering an environment of understanding, acceptance, and support. Supportive language can help to normalize the experience of physicians facing mental health issues and encourage them to seek help. The provision of a safe-haven nonreporting option offers a vital lifeline to physicians, ensuring they can access mental health care without fear of professional repercussions.

**Behind the Scenes: The Role of the FSMB and Financial Constraints**

A crucial consideration in this discussion is the FSMB's role and limitations. While it is instrumental in facilitating conversation and standardization across state boards, it holds no regulatory authority and lacks the enforcement power to mandate adherence to its recommendations. Additionally, the financial constraints faced by many state licensing boards may impede their capacity to reform their processes and meet the FSMB's guidelines.

**Moving Forward: Involving Psychiatrists**

To address these issues and foster a more informed, sensitive, and standardized approach to mental health inquiries, psychiatrists should be involved in the formulation of licensing applications. This approach not only ensures legal compliance and expertise, but also brings much-needed empathy and understanding to a process that can profoundly affect physicians' lives and careers.

As the medical community progressively acknowledges the prevalence of mental health issues among physicians, the inclusion of a psychiatrist on these boards transcends mere utility, becoming an essential need. A board-certified psychiatrist can offer invaluable insights into the implications of mental health conditions on a physician's professional performance, interpret sophisticated neuropsychiatric and forensic assessments, and effectively liaise with physician health services prevalent across states. Furthermore, their participation could nurture a more empathetic environment for physicians, thereby endorsing their pursuit of mental health support without the looming fear of risking their medical license.

**Cultural Shift: Changing Attitudes Toward Physician Mental Health**

Above all, there needs to be a significant shift in attitudes toward physician mental health. While it is crucial to maintain the high standards of patient care that underpin the medical profession, it is equally important to recognize that physicians, like all individuals, can experience mental health issues. Stigmatization only perpetuates the problem, while empathy, understanding, and support can drive change.
Conclusions

The study by Douglas et al6 shines a light on the intersection of physician wellness and medical licensing, highlighting critical issues that require attention. It reminds us that to maintain the highest standards of patient care, we must look after the caregivers themselves—our physicians. By addressing the concerns raised and implementing changes to promote physician mental health, we can pave the way for a healthier and more supportive medical community. The journey may be challenging, but it is a necessary and vital path to tread.

Future Research

To understand the impact of the current licensing procedures and potential changes, further research is needed. Specifically, examining physicians’ awareness of mental health treatment options and the relationship between safe-haven nonreporting and their likelihood of seeking help. We must continue to shed light on this important topic and work diligently toward a medical community that is both high performing and compassionate. It is likely that patients will be safer if a physician experiencing depression or anxiety is treated rather than untreated.

The conversation concerning physician wellness and medical licensing is ongoing, and it requires the engagement of all stakeholders: physicians, licensing boards, lawmakers, patients, and society at large. The findings by Douglas et al6 should encourage our commitment to the people who devote their lives to our care: our physicians.

REFERENCES


