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To cite this article: Katie Arnhart, Michael R. Privitera, Eric Fish, Aaron Young, Arthur S. Hengerer, Humayun J. Chaudhry, Frank Dowling, Caroline Gomez-Di Cesare, Fouad Atallah & Mark Staz (2019) Physician Burnout and Barriers to Care on Professional Applications, Journal of Legal Medicine, 39:3, 235-246

To link to this article: <https://doi.org/10.1080/01947648.2019.1629364>



Published online: 18 Oct 2019.



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PHYSICIAN BURNOUT AND BARRIERS TO CARE ON PROFESSIONAL APPLICATIONS

Katie Arnhart^{*}, Michael R. Privitera[†], Eric Fish[‡], Aaron Young[§], Arthur S. Hengerer^{**}, Humayun J. Chaudhry^{††}, Frank Dowling^{‡‡}, Caroline Gomez-Di Cesare^{§§}, Fouad Atallah^{***} and Mark Staz^{†††}

Abstract. We surveyed New York physicians to study their perceptions of reporting requirements related to their own mental health care on professional applications, including whether they were experiencing symptoms of burnout. Over half of the responding physicians reported experiencing symptoms of burnout, and these physicians were at increased odds of perceiving a barrier to seeking mental health care if they had to report such care on professional applications and renewals for medical licensure, malpractice, and hospital privilege credentialing compared to physicians not experiencing symptoms of

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burnout. As state medical boards, insurers, and hospitals seek information to help assess risks posed by physicians, it is essential to strike an appropriate balance between their duty to protect the public and the physician's right to confidentiality. This balance can be assessed based on the questions that are asked on various professional applications and how information gleaned through physician responses is used. Overly intrusive questions, though well intentioned to protect the public, may run counter to current interpretations of federal law and may inhibit care-seeking among physicians, which is critical to both patient safety and physician health.

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INTRODUCTION

Approximately half of physicians in the United States are said to experience at least one symptom of burnout.¹ Burnout is a psychological response to long-term stress primarily stemming from organizational and systemic issues, with signs and symptoms that can include depersonalization, emotional exhaustion, feelings of decreased achievement, decreased job satisfaction, and cynical attitudes.² The effects of burnout can extend beyond the individual, putting some physicians who are experiencing burnout at an increased risk of providing lower quality patient care and making medical

¹ T.D. Shanafelt, S. Boone, L. Tan, et al., *Burnout and Satisfaction with Work–Life Balance among U.S. Physicians Relative to the General U.S. Population*, ARCH. INTERN. MED., 172 (2012), 1377–85; T.D. Shanafelt, O. Hasan, L.N. Dyrbye, et al., *Changes in Burnout and Satisfaction with Work–Life Balance in Physicians and the General U.S. Working Population between 2011 and 2014*, MAYO CLIN. PROC., 90 (2015), 1600–13.

² C. Maslach, W.B. Schaufeli, and M.P. Leiter, *Job Burnout*, ANNU. REV. PSYCHOL., 52 (2001), 397–422. See also C. Maslach and S.E. Jackson, *The Measurement of Experienced Burnout*, J. OCCUP. BEHAV., 2 (1981), 99–113; C. MASLACH, S.E. JACKSON, AND M.P. LEITER, *MASLACH BURNOUT INVENTORY MANUAL* (4th ed., 1996); M. Linzer, C.A. Sinsky, S. Poplau, R. Brown, and E. Williams, *Healthy Work Place Investigators, Joy in Medical Practice: Clinician Satisfaction in the Healthy Work Place Trial*, HEALTH AFF., 36 (2017), 1808–14; M.R. Privitera, F. Attalah, F. Dowling, et al., *Physicians' Electronic Health Records at Home, Job Satisfaction, Job Stress and Burnout*, J. HOSP. ADMIN., 7 (2018), 52–59.

errors.³ Legal protections at the federal level, such as the Americans with Disabilities Act (ADA), make asking questions about previous treatment or a history of illness inappropriate for purposes of professional licensing and employment.⁴ These protections should support physicians and other professionals to seek care without fear of repercussions to their ability to practice medicine and ensure their own wellness while providing safe and effective care to patients. Physicians remain concerned, however, about the impact of even seeking such care on their ability to obtain or maintain professional credentials such as a medical license, malpractice insurance, or hospital privileges. These concerns may discourage physicians from seeking necessary and appropriate treatment altogether.⁵

Matriculating medical students have lower rates of burnout and depression than similarly aged college graduates, but this ratio reverses as they progress into medical school and residency.⁶ Avoidance of mental health care often begins as early as medical school when students fear that seeking help will be perceived as a weakness within the competitive medical education environment.⁷ This stigma can continue as they progress in their careers and may be a contributing factor to the higher rate of suicide among physicians compared to the general population.⁸

In a 2017 study, close to 40% of physicians indicated that they would be reluctant to seek mental health treatment due to concerns about how such a disclosure could negatively impact their ability to renew their medical

³ T.D. Shanafelt, C.M. Balch, G. Bechamps, et al., *Burnout and Medical Errors among American Surgeons*, ANN. SURG., 251 (2010), 995-1000; E.S. Williams, L.B. Manwell, T.R. Konrad, and M. Linzer, *The Relationship of Organizational Culture, Stress, Satisfaction, and Burnout with Physician-Reported Error and Suboptimal Patient Care: Results from the MEMO Study*, HEALTH CARE MANAGE. REV., 32 (2007), 203-12.

⁴ 42 U.S.C. § 12101 (2012).

⁵ M.R. Privitera, *Is Burnout a Form of Depression? It's Not That Simple*, MEDSCAPE, 2018, available at <https://www.medscape.com/viewarticle/896537>.

⁶ C.M.L.R. Brazeau, T. Shanafelt, S.J. Durning, et al., *Distress among Matriculating Medical Students Relative to the General Population*, ACAD. MED., 89 (2014), 1520-25; S. Sen, H.R. Kranzler, J.H. Krystal, et al., *A Prospective Cohort Study Investigating Factors Associated with Depression during Medical Internship*, ARCH. GEN. PSYCHIATRY, 67 (2010), 557-65; C. Guille, Z. Zhao, J. Krystal, et al., *Web-Based Cognitive Behavioral Therapy Intervention for the Prevention of Suicidal Ideation in Medical Interns: A Randomized Clinical Trial*, JAMA PSYCHIATRY, 72 (2015), 1192-98.

⁷ J.L. Givens and J. Tjia, *Depressed Medical Students' Use of Mental Health Services and Barriers to Use*, ACAD. MED., 77 (2002), 918-21; C.A. Chew-Graham, A. Rogers, and N. Yassin, *"I Wouldn't Want It on My CV or Their Records": Medical Students' Experiences of Help-Seeking for Mental Health Problems*, MED. EDUC., 37 (2003), 873-80.

⁸ J.L. Roberts and E. W. Weeks, *Stigmatizing the Unhealthy*, J. LAW MED. ETHICS, 45 (2017), 484-91; K.J. Gold, A. Sen, and T.L. Schewenk, *Details on Suicide among U.S. Physicians: Data from the National Violent Death Reporting System*, GEN. HOSP. PSYCHIATRY, 35 (2013), 45-49; C. Center, M. Davis, T. Detre, et al. *Confronting Depression and Suicide in Physicians: A Consensus Statement*, JAMA, 289 (2003), 3161-66.

license.⁹ Given that burnout poses significant risks to physician health and to the quality of care that physicians provide, a more pressing concern is how often physicians who are experiencing symptoms of burnout avoid seeking help if they have to report such care on professional applications. This study adds to emerging research about physician burnout and wellness by using survey data from physicians licensed by the State of New York to determine whether physicians experiencing symptoms of burnout are likely to perceive requirements for reporting mental health care to state medical boards, malpractice carriers, and hospitals as a barrier to receiving care. This moves the research questions about physicians' avoidance of seeking treatment out of a hypothetical construct to focus on actual situations where symptoms of burnout are present.

MENTAL HEALTH QUESTIONS

Professional credentialing applications and their renewals are intended to ensure that physicians meet established qualifications for education and training, successfully complete national medical licensing exams, fulfill continuing medical education requirements, and abide by recognized standards of professional conduct. Certain physician standards may be verified through relatively straightforward processes such as obtaining transcripts or letters of reference. More challenging, but of particular relevance to patient safety, is the assessment of the physician's own wellness. Physician wellness is a critical complement to educational and clinical knowledge in maintaining an adequate quality of life for physicians and ensuring that patient care is provided in a safe and competent manner. Impaired wellness may impede the ability of physicians to provide competent care and negatively impact patients' perceptions of the care they receive.¹⁰

Considering the responsibility and trust given to physicians in the protection of patients, state medical boards, insurers, and hospitals historically have had broad latitude in setting requirement standards, including inquiring about an applicant's mental health status.¹¹ In 1990, provisions within the ADA required these entities to reconsider how and whether

⁹ L.N. Dyrbye, C.P. West, C.A. Sinsky, et al., *Medical Licensure Questions and Physician Reluctance to Seek Care for Mental Health Conditions*, MAYO CLIN. PROC., 92 (2017), 1486–93.

¹⁰ T.D. Shanafelt, C.M. Balch, G. Bechamps, et al., *supra* note 3. See also Y.N. Walker, *Protecting the Public: The Impact of the Americans with Disabilities Act on Licensure Considerations Involving Mentally Impaired Medical and Legal Professionals*, J. LEG. MED., 25 (2004), 441–68; M. Ferrara, D. Converso, and S. Viotti, *Patient Satisfaction and Occupational Health of Workers in a Hospital Care Setting: Associations and Reciprocity*, HEALTH, 5 (2013), 1622–28.

¹¹ *Dent v. West Virginia*, 129 U.S. 114 (1889).

they could ask about a physician's current and past health issues.¹² Under Title II of the ADA, public entities cannot discriminate against a protected individual in the provision of a public service, program, or benefit.¹³

Despite the broad protections it offers individuals who are impaired, the ADA does not specify limits to the ability of state medical boards to exclude applicants who would constitute a direct threat to public safety because of impairment.¹⁴ Regulations implementing the ADA, however, did clarify that state licensing boards would need to comply with the scope and intent of the statute when acting in furtherance of public safety objectives, such as when inquiring about an applicant's history of impairment or disability.¹⁵

Soon after the enactment of the ADA, *Medical Society of New Jersey v. Jacobs* revealed the precarious nexus between state medical boards (governed under statutory medical practice acts) and federal disability law, helping set acceptable bounds of inquiry in the context of the regulated health professions.¹⁶ In this case, a physician claimed that questions regarding the applicant's history of impairment constituted an unlawful inquiry from the state medical board into the existence of a disability and violated Title II of the ADA. Questions from the board were asked in two formats: the first covered current conditions and the second focused on the 10-year window prior to the licensure renewal application. But both sets of questions were asked in a yes/no format; for example, "Are you presently or have you previously suffered from or been in treatment for any psychiatric illness?"¹⁷ Questions and time parameters were not structured to put the impairment question in the context of care. The court determined that only inquiries focused on the capacity to provide care, rather than disability or impairment, were permissible. The case further clarified that the end goal of public protection did not necessitate disability-based questions, even though such questions could lead to further investigation that would uncover impairment.¹⁸ The delineation of acceptable questions related to impairment left the regulatory community to grapple with the duality between pursuing legitimate policy goals related to the protection of the public welfare and ensuring protection of the civil rights of those individuals protected under the ADA.

¹² *Supra* note 4.

¹³ 42 U.S.C. § 12131-12165 (2012).

¹⁴ 28 C.F.R. § 35.104 (2014).

¹⁵ 28 C.F.R. §35.130(b)(6) (2014).

¹⁶ *Medical Society of N.J. v. Jacobs*, No. 93-3670, 1993 WL 413016 (D.N.J. Oct. 5, 1993).

¹⁷ *Medical Society of N.J. v. Jacobs*, No. 93-3670, 1-2, 1993 WL 413016 (D.N.J. Oct. 5, 1993).

¹⁸ *Medical Society of N.J. v. Jacobs*, No. 93-3670, 6-8, 1993 WL 413016 (D.N.J. Oct. 5, 1993).

Currently, views in both psychology and medical practice argue that a physician's history of illness should not be viewed as indicative of a current or future risk to the public.¹⁹ Though the national spotlight on the issue of physician wellness has provided an impetus for many state medical boards to make changes to their licensing applications, recent studies indicate that many applications nonetheless continue to ask physicians questions that pertain to their mental health status or treatment history.²⁰ In an analysis comparing medical licensing application and renewal data, applicants appear to have been asked about past substance use and mental illness more often in the 21st century than they were in the 1990s.²¹ Recent research has found that 44 out of the 50 states and the District of Columbia ask questions about mental health conditions²² and 47 states ask about substance use on allopathic (M.D.) medical licensing applications.²³ Furthermore, wide variations exist in whether and how organizations with oversight and public safety responsibilities ask physicians questions regarding their current and past impairment.²⁴ Considering this variability, it is important to determine whether physicians, especially those who are experiencing burnout, are reluctant to seek appropriate care if they are required to answer such questions for purposes related to licensure, malpractice insurance, or hospital privilege credentialing.

METHODOLOGY

This study was reviewed and deemed exempt from further review by the University of Rochester's Office of Human Subject Protection. In the fall of 2016, the Medical Society of the State of New York (MSSNY) invited its members, representing physicians and medical students across various specialties, to participate in an online survey about practice

¹⁹ Federation of State Medical Boards of the United States, Federation of State Medical Boards: Americans with Disabilities Act of 1990. License Application Questions: A Handbook for Medical Boards (2006).

²⁰ *Supra* note 9. See also R. Schroeder, C.M.L.R. Brazeau, F. Zackin, et al., *Do State Medical Board Applications Violate the Americans with Disabilities Act?*, ACAD. MED., 84 (2009), 776-81; S.J. Polfliet, *A National Analysis of Medical Licensure Applications*, J. AM. ACAD. PSYCHIATRY LAW, 36 (2008), 369-74; K.J. Gold, E.R. Shih, E.B. Goldman, and T.L. Schwenk, *Do U.S. Medical Licensing Applications Treat Mental and Physical Illness Equivalently?*, FAM. MED., 49 (2017), 464-67.

²¹ Polfliet, *supra* note 20.

²² T.R. Jones, C.S. North, S. Vogel-Scibilia, et al., *Medical Licensure Questions about Mental Illness and Compliance with the Americans with Disabilities Act*, J. AM. ACAD. PSYCHIATRY LAW, 46 (2018), 458-71.

²³ Gold, et al., *supra* note 20.

²⁴ *Ibid.*

conditions. A total of 27,700 invitations were sent, and 1,191 individuals responded from the 8,109 individuals who opened the email (15%). Because the study's goal was to focus on physicians who had completed their training, 59 respondents who identified as physicians in training were excluded. Respondents who had missing or insufficient group-level data were also excluded, yielding a final sample of 1,058 respondents.

The survey included questions from the Mini Z Burnout Survey,²⁵ which measures physician burnout. In the analysis, physicians who selected "I am definitely burning out and have one or more symptoms of burnout, e.g., emotional exhaustion"; "The symptoms of burnout that I am experiencing won't go away. I think about work frustrations a lot"; or "I feel completely burned out. I am at the point where I may need to seek help" were categorized as experiencing symptoms of burnout. Physicians who selected "I enjoy my work. I have no symptoms of burnout" or "I am under stress, and don't always have as much energy as I did, but I don't feel burned out" were categorized as not experiencing symptoms of burnout.

Physicians were also asked how important a barrier it would be for physicians to receive mental health care if they had to report this on license, malpractice carrier, and hospital privilege credentialing applications and renewals. Physicians could respond by choosing "definitely not a barrier," "not sure," or "definitely would be a barrier." Several physician characteristics were also accounted for, including gender, age, hours worked per week, and work in an academic setting.

Physicians' burnout levels were compared using a chi-square distribution by whether reporting mental health care on professional applications and renewals was a barrier for physicians to receive this care. Subsequently, binary logit regression models compared whether physicians experiencing symptoms of burnout were at higher likelihoods of thinking that it definitely would be a barrier (rather than definitely not a barrier) to receiving mental health care if they had to report this care on professional applications and renewals compared to physicians not experiencing symptoms of burnout.

RESULTS

Over half (57%, $n = 602$) of the physicians were identified as experiencing symptoms of burnout. About two-thirds of the physicians

²⁵ M. Linzer, S. Poplau, S. Babbott, et al., *Worklife and Wellness in Academic General Internal Medicine: Results from a National Survey*, *J. GEN. INTERN. MED.*, 31 (2016), 1004-10; M. Rassolian, L.E. Peterson, B. Fang, et al., *Workplace Factors Associated with Burnout of Family Physicians*, *JAMA Intern. Med.*, 177 (2017), 1036-38.

Table 1. Physician Characteristics from MSSNY Physician Stress and Burnout Survey, 2016 ($n = 1,058$).

	Frequency (Mean)	Percent (SD)
Gender		
Male	663	63%
Female	395	37%
Age (years)	(55)	(11)
Work hours per week	(55)	(19)
Academic setting		
Yes	421	40%
No	637	60%
Experiencing burnout symptoms		
Yes	602	57%
No	456	43%
Reporting mental health care on applications and renewals		
License		
Definitely would be a barrier	710	67%
Definitely would not be a barrier	102	10%
Not sure	246	23%
Malpractice carrier		
Definitely would be a barrier	663	63%
Definitely would not be a barrier	112	11%
Not sure	283	27%
Hospital privilege credentialing		
Definitely would be a barrier	685	65%
Definitely would not be a barrier	122	12%
Not sure	251	24%

thought that it would definitely be a barrier for physicians to receive mental health care if this had to be reported on license (67%, $n = 710$), malpractice carrier (63%, $n = 663$), and hospital privilege credentialing (65%, $n = 685$) applications and renewals. Refer to [Table 1](#) for a summary of physician characteristics.

Physicians experiencing symptoms of burnout were significantly more likely to think that it definitely would be a barrier to receiving mental health care if they had to report this on license (69%, $n = 418$), malpractice carrier (66%, $n = 396$), and hospital privilege credentialing (69%, $n = 413$) applications and renewals ($\chi^2 = 7.9$, $p < 0.05$; $\chi^2 = 16.3$, $p < 0.001$; $\chi^2 = 23.2$, $p < 0.001$, respectively) compared to physicians not experiencing symptoms of burnout (64%, $n = 292$; 59%, $n = 267$; 60%, $n = 272$, respectively). Refer to [Figure 1](#).

Using binary logit regression models, we found that physicians experiencing burnout were at an increased odds of thinking that it definitely would be a barrier rather than definitely would not be a barrier to receiving mental health care if they had to report this care on license, malpractice carrier, and hospital privilege credentialing applications and

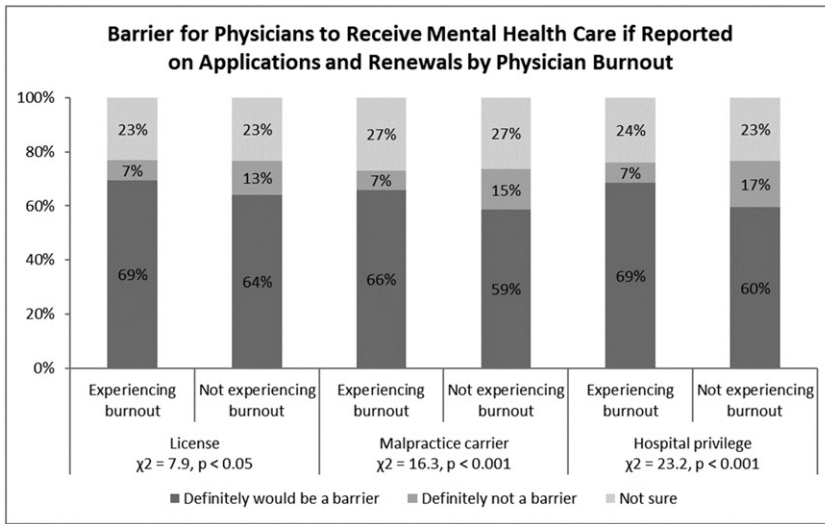


Figure 1. Barrier for physicians to receive mental health care.

Table 2. Effect of Physician Burnout on Thinking that it Would be a Barrier^a to Receiving Mental Health Care if Reported on Applications and Renewals.^b

Type of application/renewal	Odds ratio	95% Wald confidence limits		n
License	1.79*	1.16	2.76	812
Malpractice carrier	2.24**	1.47	3.42	775
Hospital privilege	2.48**	1.65	3.74	807

^aCompared by respondents who think it would definitely not be a barrier.

^bModels controlled for gender, age, hours worked per week, and work in academic setting.

* $p < 0.01$.

** $p < 0.001$.

renewals by 1.8 ($p < 0.01$), 2.2 ($p < 0.001$), and 2.5 ($p < 0.001$), respectively, compared to physicians not experiencing burnout. Responses of “not sure” were excluded in these models. Although these models accounted for gender, age, hours worked per week, and work in an academic setting, none of these variables significantly affected physicians’ thinking that reporting mental health care would be a barrier. Refer to Table 2.

LIMITATIONS

A limitation of the study is its response rate and the potential for nonresponse bias. As a further verification of data quality, we compared the survey sample’s gender and age characteristics to actively licensed physicians in New York ($n = 93,951$), as identified in “A Census of

Actively Licensed Physicians in the United States, 2016.”²⁶ In 2016, 62% of actively licensed physicians in New York were male, 35% were female, with 4% unknown. Actively licensed physicians in New York were on average 52 years old (SD = 14 years, $n = 91,884$). Similarly, 63% ($n = 663$) of physicians in this study were male and on average 55 years old (SD = 11 years). Refer to [Table 1](#) for a further summary of physician characteristics in this analysis. Despite the survey’s relatively low response rate, the respondents are generally representative when compared with the gender and age of actively licensed physicians in New York.

DISCUSSION

Our survey results support findings from recent studies demonstrating physicians’ reluctance to report having received mental health care on professional applications and renewals, due to fear of negative repercussions to their practice privileges.²⁷ Our results further suggest that physicians experiencing burnout, a cohort that may greatly benefit from mental health care, are significantly more likely to perceive the requirement of reporting mental health care on applications or renewals for medical licensure, malpractice insurance, and hospital privilege credentialing as a barrier to receiving this care compared to physicians not experiencing burnout.

The survey sample was physicians from the State of New York. Though this survey asked about reporting of mental health care on several types of professional applications, it is worthy to note that the New York State Board for Medicine does not ask mental health care questions on its medical licensing application.²⁸ Over half of the physicians who responded to this survey, however, thought that it would definitely be a barrier for physicians to receive mental health care if they had to report such care on license applications and renewals, regardless of whether they were experiencing symptoms of burnout. There are several possible reasons why physicians in New York may still be apprehensive about seeking mental health care treatment. One may be for fear they may have to disclose this information if they applied to practice in another state; a little over 20% of

²⁶ A. Young, H.J. Chaudhry, X. Pei, K. Arnhart, M. Dugan, and G.B. Snyder, *A Census of Actively Licensed Physicians in the United States, 2016*, J. MED. REGUL., 103 (2017), 7–21.

²⁷ *Supra* note 9. See also K.J. Gold, L.B. Andrew, E.B. Goldman, and T.L. Schwenk, *I Would Never Want to Have a Mental Health Diagnosis on my Record: A Survey of Female Physicians on Mental Health Diagnosis, Treatment, and Reporting*, GEN. HOSP. PSYCHIATRY, 43 (2016), 51–57.

²⁸ New York State Education Department: Office of the Professions: Medicine. *License Application Forms*, available at <http://www.op.nysed.gov/prof/med/medforms.htm> (last visited on November 3, 2017).

physicians in the United States are licensed in multiple states.²⁹ A second possibility is that their response was attending to the hypothetical nature of the question asked, independent of policy and law specific to New York. A third possibility is that physicians may be unaware, be unsure, or have forgotten what the specific state medical licensure application and renewal questions are for their state. Future research may benefit from a look at the generalizability of the data to physicians who perceive this to be a barrier to receiving mental health treatment if they are required to report treatment, particularly in states that do inquire about mental health on license applications and renewals.

Professional applications and renewal procedures are frequently the first and only risk assessment required of physicians to gauge their health and competency. These applications serve as a safeguard to protect the public's health and need to be effective. Our study, however, demonstrates that some of the very physicians these bodies are aiming to identify, those with heightened risk of harming patients due to various forms of impairment, including burnout, may not be willing to seek the self- and patient-protective treatments they require because of the screening processes. Individuals who are responsible for assessing risk among the physician population and protecting patients need to consider the efficacy of their assessment tools and whether they, in fact, yield desired outcomes.

Results from this study indicate the necessity for physicians' requisite professional applications and renewals to comply with language outlined in the ADA and allow physicians to more freely seek mental health care. A small but growing number of medical licensing boards have removed questions related to mental health and substance use from licensing application questionnaires, providing applicants with the option of not reporting treatment undergone in the distant past or allowing a safe haven non-reporting option for those who are undergoing treatment and in good standing with a recognized physician health program or another appropriate care provider.

Providing physicians such options as part of an application process could significantly reduce concerns that seeking needed treatment might negatively impact their ability to practice and encourage greater utilization of mental health care resources. Such a strategy could also contribute to a greater understanding of the distinction between illness and impairment (the latter being the more relevant concern for risk assessment) and a reduction in the stigma associated with treatment seeking among physicians.³⁰ If practice-related applications and renewals continue to include such questions, physicians who were, or are, experiencing symptoms of

²⁹ *Supra* note 26.

³⁰ Roberts and Weeks, *supra* note 8.

burnout or mental illness may be reluctant to seek treatment due to the stigma and consequences associated with answering these questions.

The Federation of State Medical Boards (FSMB) recently adopted a policy that recommends particular wording of questions related to impairment for those state medical boards that find it necessary to retain them. The wording is closely aligned with recommended language from the American Psychiatric Association: “Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical and professional manner? (Yes/No).”³¹ Where removal of questions related to impairment is not possible, transitioning to this suggested language should provide medical boards, malpractice insurers, and hospitals an opportunity to acknowledge the importance of seeking the appropriate treatment for impairment, while minimizing barriers to treatment for practitioners and reducing the stigma associated with seeking it.

CONCLUSION

Our findings indicate that physicians tend to perceive the requirement of reporting mental health care on professional applications as a barrier to seeking such care and that this perception is greater among physicians who are experiencing symptoms of burnout. An unfortunate irony in this finding is that those practitioners who may benefit the most from receiving help for symptoms related to burnout are also the providers of care most concerned about receiving any help or treatment themselves that they would then have to report. Language used in physicians’ professional applications and renewals needs to better comply with ADA confidentiality statutes, or these questions should be eliminated altogether from applications, in order for physicians to more freely seek mental health care when necessary.

³¹ American Psychiatric Association, *Position Statement on Inquiries about Diagnosis and Treatment of Mental Disorders in Connection with Professional Credentialing and Licensing*, <https://psychnews.psychiatryonline.org/doi/10.1176/appi.pn.2016.12b6> (last visited on July 10, 2019); The Federation of State Medical Boards of the United States, *Physician Wellness and Burnout: Report and Recommendations of the Workgroup on Physician Wellness and Burnout*, <http://www.fsmb.org/siteassets/advocacy/policies/policy-on-wellness-and-burnout.pdf> (last visited on April 1, 2019).