

Professionals  
Health  
Program



Physician  
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Program

# Building Healthy Attitudes & Coping Strategies

“12 Steps” for Health Professionals



I. Michael Kaufmann, MD.

## **\*12 Steps of “Alcoholics Anonymous”**

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1. We admitted we were powerless over alcohol — that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God *as we understood Him*.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and mediation to improve our conscious contact with God *as we understood Him*, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

### **Reference**

- \* *Alcoholics Anonymous World Services, Inc. Alcoholics Anonymous 3rd ed. New York, NY: A.A. World Services; 1976. p. 56-60.*

## **THE 12 STEPS FOR MEDICAL PROFESSIONALS**

(as taught in medical training)

1. We learned that we could handle anything perfectly as Medical Professionals, that we had total control.
2. We came to believe that there is no greater calling than to be a Medical Professional, that we ARE what we DO.
3. We made a firm decision to live our lives as consummate Medical Professionals, resisting the need for self-care and the influence of anything outside of our careers.
4. We made a searching and thorough inventory of all medical knowledge, committing it to memory for all time.
5. We recognized that our discomforts are the fault of people, places and things outside of us, that professional failing and weakness of character are inappropriate for a Medical Professional.
6. We were entirely ready to deny our own negative feelings, doubts and misgivings.
7. We never let our mistakes, fear or feelings of inadequacy show.
8. We made a list of all people and institutions which upset us and harboured resentments towards them all.
9. We refused to take action to resolve these tensions, but tried to get even whenever we could.
10. We continued to act as though everything was fine, always maintaining the correct appearance of a Medical Professional.
11. We diligently refused to accept new ideas, seeking only to live life on our own terms, as we feel entitled to.
12. Having rigidly clung to our original attitudes and practices, we continue to recommend them to other Medical Professionals, joining together in our misery for the rest of our practising lives.

## **ANOTHER 12 STEPS FOR MEDICAL PROFESSIONALS**

(who seek re-humanizing)\*

1. We admitted difficulty living as a medical professional only, that our problems arise from this single focus in life.
2. We came to believe that accepting help and support from everything life has to offer could restore our physical, mental, social and spiritual health.
3. We made a decision to turn our will and our lives over to the care of our fellows who have learned these lessons and a Higher Power as we understand one.
4. We made a searching and fearless personal inventory of our problems, strengths, goals and dreams.
5. We shared our list with trusted others, acknowledging our character weaknesses, virtues and humanity.
6. We were entirely ready to accept the help available to address our basic human needs.
7. With humility and an open mind we sought to correct the shortcomings in our lives.
8. We made a list of all persons and institutions we resented and became willing to address these issues.
9. We made direct amends where necessary and took any action required to relieve these tensions, except when doing so would harm others.
10. We continued to monitor internal feelings and needs promptly admitting when we had a problem.
11. We remained open and responsive to help, guidance and love we can receive from others who care about us.
12. Having achieved personal revitalization as a result of these steps, we try to carry this message to the others in our lives, and to practise these principles in all our affairs.

*\* The "12-Steps for Physicians Who Seek Rehumanizing" were first published in the November 1999 – April 2000 issues of the Ontario Medical Review.*

# “12 Steps” toward healthier attitudes and coping strategies for physicians:

*Rehumanizing:  
overcoming personal and  
professional isolation*

This month, Physician Health embarks on a series of articles aimed at assisting physicians to achieve improved physical, social and emotional health. The first instalment examines some of the ways that medical training and practice can promote a sense of isolation among physicians — isolation from colleagues, patients, friends, family, and even ourselves — and the steps that can be taken to relieve our isolation.

What does it mean to be isolated? Certainly, during our training as physicians, we are surrounded by a myriad of others. In lecture halls, clinic and seminar groups, hospital wards and doctors’ offices we learn the art and science of our profession. Obsessively, we absorb the knowledge and skill required to diagnose, treat, and, where possible, cure our patients. Exalted, we are granted access to the innermost details of the lives of our patients. In such a setting, how can we become alone, set apart, and insulated from ourselves and others?

Few doctors see medicine as simply their job. More than a means to earn a living, medicine can feel like a calling, a glorious opportunity to help, heal, and make a difference. From the first days of pre-medical training to graduation from residency programs and beyond, we devote more and more of our time and energy to our profession. As a result, personal development can slow — or even stop. Some of us begin to lose ourselves to our evolving identities as doctors.

In *Staying Human During Residency Training*, Dr. Allan Peterkin writes, “Young physicians must be able to find a balance between their own vulnerabil-

ity and their role as ‘non-omnipotent’ healers.” I believe this is true for all of us.

Dr. Peterkin concludes, “...conformity, even to deforming principles, can be the price of success.” Professional success and personal health do not always coincide.

Which “deforming principles” can Dr. Peterkin mean? Certainly, we learn to do without sleep, food, exercise, and sufficient leisure and recreation while in training. It has always been so. Is there anything wrong with this time-honoured practice that can be said to build character and dedication and prepare us for our lives to come as medical professionals? In order to cope, we deny our basic human needs: snatch sleep when we can, eat pastries during rounds, sacrifice time with friends and family for study and time on the wards. They will understand: we are becoming doctors.

Our emotional life can be negatively affected as well. Bernie Siegel, surgeon turned author, writes, “Like many physicians, I had built walls around myself as protection from the emotional pain that I was seeing. My training was about how to treat disease. And when you begin to realize you can’t cure every disease, you start to feel like a failure.”

Doubt, fear, sadness and anger are but a few of the powerful emotions that comprise our own emotional pain. We learn to wall them off and never reveal them to others. And few physicians in training are taught how to deal with feelings like these. Eventually, we can keep these feelings from ourselves, as well. We may forget who we really are.

At some point we may begin to drift away from the people around us. Beyond the obvious intrusion into our available time to spend with others, our preoccupation with work can cut us off. Some of us develop a distorted sense of self — influenced by our powerful image and regard as medical professionals. From that perspective, it’s easy to blame people and circumstances outside of ourselves for problems that arise in our lives. Feelings of resentment can develop toward friends, family, colleagues, institutions, and even our patients. Genuine intimacy with significant others may become difficult. Hardly aware of what has happened, we may find ourselves alone and unhappy. In turn, we may impart these sentiments to the next

generation of physicians.

Now, any professional can experience isolation due to the same, or similar influences — especially those in the helping professions. It's natural for physicians to place the needs of others ahead of our own. Some, like Dr. George Vaillant, say we are pre-disposed to doing so. In the often-cited paper, *Some Psychologic Vulnerabilities of Physicians*, he states, "Medicine becomes a strain only when the physician asks himself to give more than he has been given."

How, then, do we reverse this process? Can we be relieved of our isolation and re-connect to ourselves and others? As practitioners of the most human of professions, how do we re-humanize personally? We need a powerful paradigm for change — one that's effective on a personal and professional level.

In this century, one such paradigm exists. For many, "Twelve-Step" programs have offered effective guidelines for personal change. Alcoholics Anonymous is the prototype of these programs, but the Twelve Steps have been adapted to help with many other human problems. Perhaps we can also modify them to suit our needs as isolated physicians.

Here, then, are the OMA Physician Health Program's "Twelve Steps for Medical Professionals: Suggested Guidelines for Physicians Who Seek Rehumanizing."

1. We admitted difficulty living as a medical professional only, that problems arise from this single focus in life.
2. We came to believe that accepting help and support from everything life has to offer could restore our physical, mental, social and spiritual health.
3. We made a decision to turn our will and our lives over to the care of our fellows who have learned these lessons and a Higher Power as we understand one.
4. We made a searching and fearless personal inventory of our problems, strengths, goals and dreams.
5. We shared our list with trusted others, acknowledging our character weaknesses, virtues and humanity.
6. We were entirely ready to accept the help avail-

able to address our basic human needs.

7. With humility and an open mind we sought to correct the shortcomings in our lives.
8. We made a list of all persons and institutions we resented and became willing to address these issues.
9. We made direct amends where necessary and took any action required to relieve these tensions, except when doing so would harm others.
10. We continued to monitor internal feelings and needs, promptly admitting when we had a problem.
11. We remained open and responsive to help, guidance and love we can receive from others who care about us.
12. Having achieved personal revitalization as a result of these steps, we try to carry this message to the others in our lives, and to practise these principles in all our affairs.

These steps begin with our acknowledgement of a problem, and that help exists. We are then guided toward honest self-awareness, understanding and perspective. Once willing, further steps are taken to correct our personal shortcomings and the problems in our lives. We learn some humility. Resentments are relieved and relationships heal. We are closer to ourselves and our fellows. We achieve balance in our lives. We strive to maintain this condition, and pass it on to others. These are not extravagant statements, but rather promises offered to those who work for them.

In subsequent articles we will examine each step to see how it may be useful in guiding us toward improved social, emotional, and even spiritual health.

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# Step 1

*"We admitted difficulty living  
as a medical professional only, that  
problems arise from this  
single focus in life"*

We arrive at the hospital, or office, slip into our white coat, and cloak ourselves with the sense of mastery and control that years of training and medical practice have bestowed upon us. This is what we worked so hard for, and sacrificed so much to achieve. We are doctors. More than a vocation, this is a calling, and a noble one at that. We offer hope, healing and comfort. And our patients revere us.

Our name has changed. They don't address us as "Mr." or "Ms." anymore, even away from work. Strangers respect us, adorned as we are by the mystique of medicine granted to us by our title. We are constantly reminded of what we do, who we are. Eventually we allow our sense of worth, and our self-esteem, to be defined by what we do. Being a doctor feels good, important. The inner voices of doubt and inferiority are smothered by the value of the service we offer society. We are alright.

But the demands upon us as physicians are endless. We see patient after patient, days, nights, weekends. We deliver babies, respond to emergencies, start early and finish late. We break promises and commitments to others — but for good reason. We are doctors, and our patients need us. We forget about art, music, sports, and all the other creative and leisure activities we used to enjoy. Our children are often in bed when we get home, and our spouses have become acquaintances. We haven't seen our friends in so long.

There are many pressures, a growing number seemingly beyond our control. Patients' problems, and the therapies to relieve them, are increasingly complex. Resources of all kinds are shrinking. Finances are strained. Medical politics are unstable and we don't get along with co-workers as well as we used to. We respond to these stresses in the way we know best — by working more. Yet we feel tense, anxious, sometimes depressed and exhaust-

ed. Pleasures are few, and sometimes unhealthy. Still, we find some solace in our work because here, despite the problems, the rewards remain greatest.

By now our physical and emotional health are suffering. Our marriages may be faltering. We hardly know our children. Professional and personal "burnout," or even impairment, become a possibility. And greater application of the familiar strategy — working more — provides less relief. But, perfectionistic and independent, we silently push on.

Until now, we haven't seriously considered asking for help. Turning to our colleagues for assistance is out of the question. From the earliest days of competition for medical school entry, through residency training and beyond into practice, we believed that revealing our distress to our peers, teachers and associates would be seen as professional and character weakness. We risk harsh judgment, delay in professional advancement, reduction in referrals from colleagues, tarnishing of our professional image, and more. And, so far, none of our colleagues have come forward to offer support.

If we have a family doctor, and most physicians don't, we don't want him or her to know of our distress, either. We still regard them as professional colleagues first, and personal health-care providers second. We are so invested in our identities as physicians that, although ill-advised, some of us have ignored the prohibitions against self-treatment. Physicians to the end, we now become our own patients.

We are afraid. If someone notifies the chief of staff or regulatory authorities with their concerns for us, might we not lose hospital privileges, or worse, our medical licence? We are convinced that our distress must remain a secret from our professional peers. We feel trapped — solutions to our problems remote and barricaded behind our attitudinal rigidity.

Work ceases to salve our wounds. The joy of medical practice is long gone. We have already fallen behind in our administrative obligations and it becomes difficult to maintain the pace of patient care commitments we have established. It's not unusual, at this stage, to feel resentment toward colleagues, institutions and even our patients.

Then, one day, something happens. Our spouse

leaves, or a patient complains. Sometimes the crisis takes the form of an impaired driving charge. Perhaps we have been confronted by colleagues. We are hurt, baffled, angry and ashamed — emotions which fuel our growing resentments. We think we have been wronged.

We reach a point where we feel we can't continue enduring our physical, emotional and spiritual pain. Defeated, we finally admit to ourselves that we have problems which we have been unable to solve. Our personal prescriptions, our plans for ourselves, our self-determination as physicians have not worked. At such a low point, suicidal ideas may enter our thoughts. Until now, we have been unwilling to consider solutions.

If there were nothing to follow, this would be a sad state of affairs. But this is not the case. Others before us have learned that it is possible to find relief from these problems and the tensions they create. The OMA Physician Health Program 12 Steps for Medical Professionals are guideposts to such a result. Missing have been the open-mindedness sufficient to consider them, and a willingness to practise them. Who among us have been truly willing to admit that, as doctors, we don't have all the answers? Why have we been so reluctant to attend to our personal needs before those of others? Who has had the time or inclination to achieve genuine self-awareness, then take the steps necessary to solve our problems, make amends, heal our relationships? And, as scientists, many of us have let our spiritual development lapse.

It is not until we have taken the first step — of admitting difficulty living as a medical professional only — that we become truly ready to proceed toward a healthy future.

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## Step 2

*“We came to believe that accepting help and support from everything life has to offer could restore our physical, mental, social and spiritual health.”*

Step Two in the Physician Health Program’s “12-steps for medical professionals who seek rehumanizing,” is about belief. If we have admitted we have problems related to living our lives uniquely as medical professionals, we need to believe there are solutions. Doubters and skeptics, we may be challenged by this notion, for haven’t some of us thought our problems to be especially unremediable?

What does life have to offer? At this point, we feel that we have given much more than we have received. This has been our role as medical professionals — a role willingly embraced by us. But now, feelings of depletion and resentment are becoming established, and we must become open to seeing things differently. Perhaps we can consider the same suggestions we offer to our patients.

First, we might need help from our health-care system — the very one we serve. If we believe it is good for others to seek advice from a family doctor, then it’s good for us, too. Then we would have proper access to the full range of services available, along with personal support and advocacy...if we were willing.

In any setting, we are accustomed to communicating with others about medical matters, and medical matters only. This has become the basis of the majority of our social interactions. But there are people in our lives other than patients and co-workers — people with interests other than medicine. Family, friends, even strangers would have much to offer...if we become receptive.

There is an infinite world of ideas and skills that we have abandoned to the pursuit of medical knowledge. We might recall that, as young people and students, we were excited by so much: philosophy, music, art, politics, sport, religion — all areas of human thought and endeavour. Within our medical school class we could find remarkable people who, when they

pooled their talents and energies, could do anything from build a house to perform a symphony. Our potential was limitless. What happened?

We are surrounded by the power and beauty of nature. At some level, we all yearn for the feeling of natural terrain beneath our feet, and open sky above our heads. We can be restored by something as simple as a walk in the park or as wonderful as a hike in the mountains. There is a marvellous outdoor world for us to study, play in, or just visit for awhile...if we make the time.

There is a spiritual side to life as well. This is not a reference to religion in the formal sense, but rather our ability to discover and articulate our own basic purpose in life. Learning to experience all of our emotions, peace and fulfilment, and how to help ourselves and others achieve our full potential are part of developing a meaningful spiritual existence. Spirituality also refers to our understanding of a Power greater than ourselves, and our relationship to that Power. Some see this in nature, others in the collective wisdom of mankind and belief in our human potential. Many find their understanding of a Higher Power, whom they know as God or by a variety of other names, in the traditional religious practices of eastern and western cultures. Unfortunately, many of us have forgotten this aspect of life, or have never had the opportunity to really consider the importance of spirituality.

Life offers us every opportunity to learn and evolve. We can remember love and being loved as the ultimate form of human connectedness. We can realize our grandest vision for ourselves — once living life as a medical professional *only* ceases to hinder us.

Step Two is about hope. If we recognize that our established patterns of thinking and behaving have not been useful in solving all of our problems, our minds can then be receptive to new ways. Our whole philosophy of life must be open for examination. We begin to understand that experience and wisdom of our fellows who have learned these lessons are available to us. Strength and guidance from a Higher Power, as we choose to understand one, are there for the asking.

Yes, we are doctors. But, in the ways that matter most, we are not so different from other people. Step Two is the beginning of a change in thinking — but a change in thinking is only the beginning.



## Step 3

*"We made a decision to turn our will and our lives over to the care of our fellows who have learned these lessons and a Higher Power as we understand one."*

In Step One, we acknowledged that living as a medical professional only has caused problems. In Step Two, we came to believe that life has much to offer that can restore us to wholeness. But it is one thing to believe that there must be something better for us, and quite another to surrender to that belief. That is the essence of Step Three.

What does it mean to turn our will and our lives over to another? For some medical professionals these are words that rankle, concepts that are contrary to our training, the accumulated experiences of our lives, and even our very nature. We have been reluctant to risk placing our trust in anyone or anything apart from ourselves. Reaching out to others has not been a choice we have considered. But finally, our discomfort exceeds our fear of doing so.

Simply put, this step represents our decision to let go of our reservations and to become willing to seek help. This might mean approaching a good friend or colleague whom we recognize has achieved a measure of health and balance. Perhaps there is someone in our immediate or extended family with whom we can share our feelings. We may now decide to seek professional service in a variety of ways, be it a call to our professional association, or to a personal physician or other health-care providers.

Then there are the spiritual considerations. This can be a difficult area. The isolation and loneliness of our present condition demands that we depend more than ever on our own internal resources — or so we have been taught to believe. For some of us, belief in self-will and our ability to manage our own lives is all we had. Trust in a Higher Power, however we may have conceptualized this in our lives, does not come naturally to us.

If we come from a religious background, we may have lost touch with the faith of our family, and our youth. The practice of faith requires time, reflection, discussion and meditation. Some of us will have retained a habit of "going through the motions" — maintaining religious ritual without seeking or deriving spiritual sustenance from these practices. Others may recall religion as harsh or punishing, and will have angrily rejected this aspect of life.

Still others have no personal spiritual tradition. Trained as scientists, a more concrete approach to life is taken. These individuals seldom contemplate their place among their fellows and in the world at large, and find little pleasure or relief from internal distress when they do. Self-determination has been the credo, even while doing things entirely their own way has resulted in fatigue, chaos, pain and confusion.

So the time comes to seek spiritual relief, as well as help in other personal areas. Our decision made, we feel a new sense of courage. Faith that help, even for us, exists, and a willingness to use it, lessens our fear. We are now free to move on to greater self-awareness. And our decision implies that we are ready to begin an active process of restoration, starting with Step Four.

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## Step 4

*"We made a searching and fearless personal inventory of our problems, strengths, goals and dreams."*

Step four in the Physician Health Program's "12-steps for medical professionals who seek rehumanizing," is about honest self-awareness. If we have prepared adequately by applying the first three steps, this step need not be so daunting. It may be tempting to take a few moments to think about this inventory, then move on. But this is not an exercise of idle reflection. It's time to take pen and paper and complete this necessary job.

First, we need to examine the problem areas of our lives. One useful way to get started is to consider our basic appetites. Do we eat well balanced meals and snacks at the appropriate times and in the right amounts for us? Is sleep elusive, interrupted and generally insufficiently restorative? Is there sufficient refreshment in our lives from hobbies, holidays, leisure and social pursuits? Do we spend time with our family and close friends? What is the condition of these essential relationships? What about our sexual and emotional intimacy needs? It's not unusual to find emotional suppression or "frozen feelings" in health professionals. Are we fully aware of the impact that unsatisfied hunger for all of these can have on our lives? We begin our list by recording our assessment of each of these in a column on the left side of the page.

It's tempting here to claim that problems resulting from any of these deficiencies are not of our making — that they are the result of the external demands and pressures of our profession. We include any of these problems on our list regardless of how we perceive them to be caused. Keeping an open mind on this issue will help. Beside each item on our list we record, using all the honesty we can muster, our personal thoughts, attitudes and beliefs that have been a factor in denying us satisfaction in these areas. An example would be that we often skip breakfast due to the early hour that we begin to see patients. It is our belief that we do so in order to

meet an increasing demand for our clinical services. This belief is accompanied and enabled by our deeply ingrained attitude that patients' needs come before our own: in this case, our nutritional needs.

Continuing our inventory down the left side of the page, we next list our resentments, naming the people and institutions that draw our ire. Include anyone, or anything, from the personal and professional areas of life that have caused us to harbour lingering negative feelings, such as anger, fear, jealousy or guilt. Do we feel tension at the mere thought of any of our colleagues? Do we blame hospitals, governments or professional associations for our troubles? Who, or what, is blocking us from realizing our ambitions? Don't forget other individuals or institutions unrelated to work that drain our emotional energy. Which members of our family have upset us? Have we felt betrayed or cheated by former friends? Is our relationship with the tax man grudging and full of bitterness?

But remember, we are taking our own inventory — not anyone else's. Examining each resentment thoroughly and fairly, we seek to understand our part in each one rather than search for fault in others. How has our behaviour affected us and our fellows? For every resentment listed, consider and record beside it which of our own character traits, shortcomings, attitudes and beliefs, are at play. Is there an excessive pursuit of money, power, control or prestige involved? To what degree is our sense of entitlement a factor? Has our narcissistic self-image been injured? It's remarkable how the slightest offending word or deed from another can prick our self-esteem, even while we portray ourselves, and imagine ourselves, to be impervious to such things. To what extent have self-seeking urges impaired our ability to co-operate with others? Maybe our problems have more to do with self-denial: too often saying "yes" to the world and "no" to ourselves. Sometimes our own limitations cause us to exploit those we perceive in others. Is there a fundamental psychological or spiritual lack of satiety in our lives that compels us to practise medicine as we do, creating conflict within and about us?

These may seem like revolutionary and impertinent questions. If we have been truly wronged by others, how is it that any character problem of ours

can be revealed? Righteous indignation is appealing in circumstances like these, but offers us no personal insight. It takes courage to look honestly at ourselves. It may also require some help. Anyone who has completed this exercise to his or her own benefit would be willing to offer advice. Sometimes, professional counsellors, therapists or clergy can help with this endeavour. None of us is beyond learning something of ourselves through this process, nor are we so horrible inside as to render this activity futile. We are human, and capable of facing our liabilities in order to know ourselves better.

At this stage, it's important to be thorough. After some reflection on the work done so far, think about other character traits or limitations not yet revealed that have contributed to a sense of isolation. List them as well. Don't forget to consider common traits among health professionals, such as an over-developed sense of responsibility, approval-seeking, care-taking and people-pleasing.

After this review of our problems is completed, we begin to list our strengths — those of our qualities that influence behaviour that has a positive effect on us and others. Surprisingly, this may not be as easy as first expected. We may have developed a habit of thinking in negative terms, and a reversal of this tendency does not come naturally. We all have assets that we wish to preserve and apply to our process of re-humanization and emergence from isolation.

Creativity, energy, motivation and commitment are traits that have been common to most of us. We had to have a highly developed sense of purpose and dedication to learning in order to become physicians. Honesty, open-mindedness and willingness are now added to these strengths in growing measures as we proceed through these steps. Kindness, charity, love and concern for others will appear on many of our lists. We take time to expand this list as much as possible, considering and adding each of our unique talents. These are the traits that have helped us in the past. These are the tools we will use to create health and peace.

Finally, we turn to our goals and dreams. Once so important to us, many of us have lost sight of all but the most immediate, and mundane, of goals. We focus on completing our shift, finishing

our surgical list, seeing the next patient, making it home at the end of the day. We're in "survival mode," and barely doing that. Forgotten are the wonderful plans and dreams we had for ourselves, the stuff that propelled us joyfully from moment to moment.

Still with pen in hand, we recall those particular goals we set for ourselves. Perhaps they may be considered on a short-term and long-term basis. Have they changed? Have we added new ones? Have they shifted in quality from professional, to personal and family goals? As we have been reviewing our values and priorities, these considerations are included.

Our destiny in life, after all, depends upon our actions. Our actions are motivated by our will. Our will for ourselves comes from our desire. And our desire arises from our dreams. The loftiest dreams we create for ourselves will determine our highest destiny and help define who we really are.

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## Step 5

*"We shared our list with trusted others, acknowledging our character weaknesses, virtues and humanity."*

If we have been honest and thorough, we have completed an exercise in self-awareness. Our problems, resentments, and corresponding character traits, attitudes and beliefs have been named and listed. So have our strengths, goals and dreams. This may have been an uncomfortable task, but illuminating and liberating as well. More than aware, we might feel awe, as well. Much is to be done in order to find relief from the problem areas of our lives, further develop and utilize our many strengths and talents, and realize our goals and dreams. The step four inventory provides a foundation for the work to be done in this and the following steps, and forms an essential point of reference for us.

Now that important truth, as we understand it, about ourselves is exposed to view, it would be a shame to relegate it to the darkness of a drawer, back to the realm of the secret. Having acknowledged these traits and strengths personally, it's time to share them with another. Our professional tradition has been to hide our deficits from colleagues and others. But our personal healing depends on sharing.

With whom should we share? Most select a single, trusted individual. Such a person may be a friend, a member of the clergy, occasionally a colleague or a personal physician. Some may choose a psychiatrist or therapist for this purpose. Less often a family member would be chosen as there may be conflict, or personal hurt possible that would limit a thorough disclosure. Regardless of the choice, the individual must be fully informed about the process and its purpose in order for them to be of maximal help.

Of course, total confidence in their integrity and discretion is necessary for our comfort, sense of safety and willingness to be complete.

The person hearing our list should provide encouragement without judgment. They may wish

to share something of themselves, but only in a way sensitive to our needs. The purpose at this stage is not to give or receive advice. Our goal is to unburden ourselves while receiving a measure of acceptance and validation for our problems, talents, and ourselves as individuals apart from our professional identities. With the conviction and courage obtained earlier in this process, we allow ourselves to become vulnerable. We connect with another person at a human and honest level. We begin to acquire some humility.

Some mention should be made of a Higher Power. For those who choose to have a relationship with a Higher Power as part of their spiritual practice, sharing their list with the God of their understanding should be included in this step. If comfortable, this might be considered a form of confession. It might be said that a Higher Power of our understanding knew all along about the content of our list, but it's healing for us to share directly with this "trusted other" as well a human one. We can also receive courage and support for this process from this source.

There can be enormous relief derived from this practice of sharing — even before our limitations have been specifically addressed. But now that our problems are in the open, we can begin to deal with them constructively.

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## Step 6

*"We were entirely ready to accept the help available to address our basic human needs."*

Having completed the first five steps in the Physician Health Program's "12-steps for medical professionals who seek rehumanizing," the nature of our problems and the range of our personal needs have become clear. It's not sufficient to name these things and stop there, even after sharing them with someone else. Now it's time to begin to make the necessary changes in our lifestyle and ourselves that will relieve our isolation and promote well-being. In Step Six, the "rubber hits the road."

Step Six represents the practical application of everything we have learned about willingness to seek help and change for each specific item of concern involving our own character and life choices.

If there is to be any relief for us, we must first confront our particular attitudes and beliefs that we now recognize have been barriers to personal change. We review the list we prepared in Step Four. Are there really any surprises there? Didn't we realize all along that our basic needs, such as proper nutrition, exercise, rest, social and leisure pursuits, were only partially met?

We have heard this before, heard the advice — even dispensed it to our patients. But we believed that advice did not apply to us. We had other priorities that were more important to us, or so we thought.

If we truly wish to feel better, if we genuinely desire any measure of healthy balance and boundaries in our lives, and if we finally accept that the rest of the world will not transform itself in order to accommodate us, then we become entirely ready to be helped.

Further down the Step Four list, our shortcomings and self-defeating behaviours have been identified. We ask ourselves: "Do we truly want to eliminate these traits?" This is the crux of the matter. Which of these characteristics do we secretly cherish, clinging to them like the gambler to his cards?

We have acknowledged the problems created by living life as doctors only. Are we ready to open our minds to new ideas about ourselves and learn how to think and act differently? At this point, our cries of "yes, but..." ring out. Remember — we are confronting deeply ingrained belief and behaviour patterns that have taken years to develop, and which have been consistently reinforced in our professional environment. Change does not take place overnight. But it won't even begin until we become entirely ready.

Our emotional concerns have been named as well. Until now, our reluctance to deal with these issues has been especially strong. These needs are just as basic as our need for food and drink. Becoming willing to address them is also part of this step.

Every item on the Step Four list is reviewed. We challenge ourselves to let go of any personal thought or attitude that stands in our way. When especially difficult, we consider how our lives will be improved once the barrier to change is removed.

Some of us turn to the Higher Power in our lives to help us become willing. Admittedly, it is impossible to arrive at a perfect willingness to transform ourselves in all areas. All that is required is persistent striving toward this objective. This might be the toughest part of the entire process of change, but no lasting results can be expected without seeking a genuine readiness to be relieved of all of these problems and the beliefs and behaviours which sustain them.

We recall that there are personal strengths on our list, traits like thoroughness and focus, that we now choose to apply to these endeavours.

We may now enjoy a glimpse of a more peaceful life that lies ahead, but we need to remember that this is just the beginning of a lifetime project.

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## Step 8

*“We made a list of all persons and institutions we resented and became willing to address these issues.”*

With our arrival at Step Eight, we turn our attention from our personal character traits and problems, to an examination of our relationships with others. If we have been thorough to this point, our Step Four list has already revealed much about our resentments, and subsequent work has illuminated our personal role in each of them.

It is necessary, as well, to understand how our resentments and our behaviour arising from them may affect others, and our ability to relate to them in a positive way.

Why have we placed so much emphasis on resentment? The answer is simple: to harbour resentment is a futile and self-damaging proposition, like swallowing a deadly potion and expecting someone else to die. Resentment is poisonous to our body, mind and spirit. The dictionary defines resentment as anger or ill will in view of real or fancied insult or injury. But embodied in the word itself is the real malignancy: the re-feeling of hurt and bitterness over and over, the pain becoming greater in experience and impact as time goes on. When we resent, we suffer the most. Our fellows may be hurt as well, but chances are they aren't nearly as aware of our malice as we'd like them to be.

Once again, we consider colleagues who have upset us. Perhaps they no longer send patients to us like they once did, or we have the impression that they discourage patients from seeking our services. They challenge our leadership, threaten our reputation, impugn our abilities, fail to support us, or interfere with us in any number of ways.

These have been our beliefs, and of them are born our feelings of resentment toward these people. All of this has been listed in Step Four, and at this point we add any other resentments and individuals we may have harmed as a result of our resentments, that were forgotten or overlooked.

By now we have come a long way in our process of self-examination. We understand our sensitivities and personality problems revealed by these issues, and we are well on our way to resolving them. We have for-

given ourselves for these things. This being true, we must acknowledge that, in some cases, we have done harm to others, whether or not they have actually harmed us. The time has come to apply forgiveness to our interactions with them, as well.

Now we are challenged with humility beyond anything we have imagined so far. If we really want freedom from tension and isolation, we must be prepared to approach others we have resented and harmed in order to make amends and resolve the conflict we have had with them. We become completely prepared to do so from the perspective of our own attitudes and behaviour.

There is no place in this process for judgment of others. We do not languish in the victim role, delaying acceptance and responsibility for our part in the matter.

In order to be thorough, we consider all other people and institutions in our life. This includes family, friends, the hospitals, clinics and universities where we work, and so on. Examining any tensions we find there, we become entirely ready to resolve them and relegate them to the past.

We become completely willing to make amends wherever our behaviour has hurt anyone else. The same is true if it has been our lack of action that has caused a problem for someone. And if we have been the recipients of wrongdoing, we become prepared to forgive them. It may be just as damaging to us to harbour justifiable outrage as pure resentment. It is essential that the corrosion of our spirit attributed to these lingering problems cease and be reversed.

Before completing this step, we verify that we have listed every individual and institution somehow affected by our resentment or negative attitudes and behaviour.

This step links to Step Nine, the actual making of amends, but is separate from it. Our preparations are made as though we may never actually take that step, so that we can summon our willingness to do so without fear or hesitation. There are benefits for us in this process alone. We are learning how to apply the new attitudes we have about ourselves to the way we deal with others. The need to avoid people no longer intrudes upon us, and our isolation is further relieved. And it is likely that our actions are no longer making others miserable.

Completion of this step allows us the freedom to begin making amends in Step Nine.



## Step 9

*“We made direct amends where necessary and took any action required to relieve these tensions, except when doing so would harm others.”*

Now prepared to work on our relationships with others, there are several important questions to consider. Who should we approach right away, and when should amends be delayed?

Care should be taken to distinguish between procrastination and good judgment when timing is considered. Are there instances when it's better to withhold making amends? How should we proceed?

One approach is to begin by reviewing the list of individuals we have made in the previous step. Some of these people we see regularly, and an opportunity to offer an apology or a correction for any slight or offence we have committed will present itself if we are patient.

When the right moment arrives, we gather our courage and humility and offer our sincere apology. Gracious acceptance is likely, but not necessary. We offer these amends to set things right from our perspective.

In other cases, we owe amends to individuals we seldom see. Some planning is required in these situations. When we are ready, a visit, phone call, or perhaps a well-considered letter are all means that we may use to offer our amends.

If our amends are owed to a group of people, such as our patients, offering the best of ourselves and our abilities the past.

Sometimes, amends are not possible or practical. If it's not possible to contact someone, then the willingness to do so will suffice.

Contact with others still suffering from our actions may not always be a good idea. Our approach may not be welcome, or may further inflame a situation. In such instances, our patient willingness to resolve the conflict at a future, more appropriate time, is in order.

When we are not sure about approaching another person, discussing our concerns with a trusted friend or colleague might help. It is not acceptable to relieve our own guilt by troubling someone else with our unwelcome approach.

Remembering the institutions on our list, we make amends here, too. These may be financial or legal, and, if necessary, seeking help from the appropriate professional may be indicated. The goal in every instance is to be relieved from the burden of guilt, bitterness or remorse we might be carrying, and to restore healthy relationships. We can now move freely in the world, no longer afraid of whom we might encounter, no longer generating antagonism that alienates our fellows.

Patience, courage and faith are all necessary in working this step, like the ones preceding it. It takes time to put our house in order. But the result of this effort is the end of our isolation and the release of our spirit. We will again know intimacy in our lives. We will have learned how to form healthy boundaries between ourselves and our profession. Giving becomes genuine and no longer self-depleting. Our priorities are rearranging as our lives become better balanced. Our attitudes about life have changed. Bitterness and unhappiness have been replaced by serenity and joy. We are closer to our true selves, our friends and family, our patients and colleagues, and to the God of our understanding than ever before.

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# Step 10

*"We continued to monitor internal feelings and needs promptly admitting when we had a problem."*

By now, we have made noticeable progress in our efforts to restore balance to our natural human emotions and instinctual needs. We are more self-aware — and less self-absorbed. Problems that have evolved from our personality style, modified and amplified by the influence of our medical professional reality, have been identified and much relieved. Elements of congruency are seeping into our lives: we are appearing and behaving in a manner that accurately represents how we really are. We no longer have to pretend.

Now we are challenged to sustain, and build upon these hard-won gains. Resting on the laurels of our step-work is a mistake. In the absence of progress, backsliding is to be expected. It has not been our tradition to attune ourselves to the signals our emotions and basic drives send us, but we are making progress in this vital area. Some form of daily "affect-hygiene" is required if we are to capitalize on the marvelous homeostatic information our internal feeling state provides us. How is this to be achieved?

A regular practice of objective introspection is indicated...a pause to reflect upon how we are feeling. A convenient time for many is the beginning or end of the day — or both. Meditative reflection in the morning helps to set the tone for the day, aligning our feeling state with our intentions and purpose for the day. In the evening, we may use the opportunity to consider the day as it comes to a close, "scanning" for positive and negative inner reactions to our choices, words, deeds and interactions with others. We must be especially vigilant regarding the return of old problems that have plagued us. Has resentment crept back into our lives? Have our priorities shifted, leaving us too hungry, angry, lonely or tired? Has an inflated sense of ourselves crowded out our healthy humility? Is there anything we have said or done that has been hurtful to others? Do we owe an apology or any

other form of correction? Repetition of this regular practice of self-examination becomes a healthy habit.

There may be other opportunities during the day, when our emotions and reactions to events are fresh, to stop and consider them. We live in the moment, monitor our feelings, and choose actions and responses to them that are helpful, rather than hurtful, to others and ourselves.

The practice of this step is like a personal inventory of the present. Accepting that no one is perfect, we freely identify our mistakes as they are made. But we also list the things that have gone well, and our good feelings that accompany those events. These, too, are worth remembering and repeating. We have achieved a level of self-knowledge beyond anything from our past. We finally realize that our attitudes and actions influence everything around us in a manner of our choosing. We are now free to influence our reality in a positive way, no longer suffering as self-perceived unwitting victims of circumstance.

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# Step 11

*“We remained open and responsive to help, guidance and love we can receive from others who care about us.”*

In this step, we continue the practice of maintaining our healthy psychological, social and spiritual condition begun in Step Ten. Having admitted our problems as they occur, we accept and correct them as well. Personal effort alone may suffice, but often we will need help from others.

Perhaps the most significant achievement in our journey through these steps so far has been the relief from egocentric isolation. We have cracked the tough shell of entitlement, reinforced by the medical profession, that surrounded us. Our humanity, like the seed within exposed to water and sunlight, has begun to flourish under the influence of loving support from others. Our challenge is to maintain and develop this practice, shunning the enticement of secrecy, pride and personality-stifling professionalism.

We have found that a regular practice of honest communication is the key. Admission of our problems to ourselves, difficult as that is, may not be sufficient. Earlier, we discovered the value of sharing our concerns with others as we emerged from a state of distress and isolation. The same remains true if we are to maintain our day-to-day sense of balance and well-being. Sharing our problems with trusted others — close friends, spouse and family, professional helpers and, of course, a Higher Power as we understand one — is as necessary now, and every day, as ever. How is this done? The answer is simple: we talk to others regularly. There are many ways and places to do this, including journal clubs, recreational facilities, our therapist’s office, our friends’ living rooms, our Internet discussion groups, over coffee in quiet moments with our spouses, and so on.

And then we listen. Keeping our minds open, we have learned to pay attention to the opinions of others offered from a caring perspective. We sift through the experience and advice shared with us, take that which is useful and make helpful changes. Trust in others, and the process of sharing, comes much more easily than it used to. The process works in reverse, of

course, as our experience is freely offered in return. Our web of connections grows and sustains us. Maintaining currency with others who love and care about us is vital, even though for most of us, this wasn’t a common practice in the past; today it is.

For those who value a relationship with a Higher Power, prayer and meditation are usually described as useful means of communication. Simply put, prayer is talking to the God of our understanding, and meditation is listening. In prayer, we seek discernment: knowledge of the preferred path for us. Through meditation, our awareness of spiritual direction is enhanced. This is the quiet time to listen and reflect on the guidance we have received. Our purpose is to improve our conscious contact with the God of our understanding, however we choose to do so. In this manner, many of us find peace, strength and heightened intuitive abilities from a previously unimagined source. Deliberate, focused communication with a Higher Power was something many of us never truly understood in the past; now we do.

Practising this step on a daily basis yields the most miraculous reward: a deep sense of belonging. Not to the medical profession, but to humanity. Fear, resentment and isolation have been replaced with serenity, acceptance of ourselves and others, and a genuine sense of purpose. We are ready, now, to freely share our experience with others.

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## Step 12

*“Having achieved personal revitalization as a result of these steps, we try to carry this message to the others in our lives, and to practise these principles in all our affairs.”*

We began our work on these steps feeling isolated and distressed; we arrive at Step Twelve revitalized. Mired in misery and focused mainly on one thing in life — our medical careers — we were cut off from the glories of everything life has to offer. We accepted our broken condition and, consequently, became free to experience all of the joy and fulfilment of living: the healing paradox. Literally, we have come “back to life.”

Medicine has become but one thread that describes our human complexity. Our family lives, personal interests, social relationships and spiritual practices have been revealed and interwoven with our career — a rich tapestry, textured, colourful, and different for each of us.

There is no single component outstripping another, perilously out of balance. Physical vitality and medical practice are no longer mutually exclusive conditions. Embracing the emotions that the experiences of our lives generate, we have grown as individuals and have become more empathetic toward our patients and others.

We were surprised to notice how pleasant those around us became until we realized how wonderfully others reacted to the changes in us. Now it’s so easy for us to gravitate toward one another. We enjoy intimacy with those closest to us unlike anything we experienced before. And many of us know the peace that comes from the faith we have in a Higher Power in our lives.

This didn’t happen just by reading about these steps. We had to work on them. We set aside time to reflect upon these ideas. When called for, we put pen to paper. We discussed them with someone in our family, a friend or a mentor (often called a sponsor), and in meetings together. We shared our understanding of the concepts embodied in these steps, and the ways we applied them to our individual circum-

stances. We brought these steps to life — to our lives.

We know, now, that every area of our lives will benefit in some way if we apply the strategies embodied in these steps.

In Step One, we became honest with ourselves and learned to admit when we have a problem.

Step Two introduced the belief that there was much in life (besides medicine) that could restore us to wholeness, so in Step Three we found the faith to surrender ourselves to those restorative influences, including a Power greater than ourselves.

Step Four was the beginning of real personal insight and self-awareness. Honesty and trust were necessary qualities when it became time to share our personal inventory with another in Step Five. This was also the first opportunity to express feelings and intimate details of our lives with someone, beginning the end of our isolation.

Step Six saw us become ready to accept help from outside ourselves in dealing with our basic needs and problems, and in Step Seven we relied upon our developing humility and receptivity in order to take advice from others and make the necessary corrections in our lives.

Steps Eight and Nine, taken together, were about justice and restitution, and about personal responsibility. In these steps, we did our best to make amends to others, setting things right and restoring healthy relationships wherever possible.

Then, recognizing that our isolation and distress had been largely relieved by our actions and the changes we had made, we developed a Tenth Step practice of monitoring our internal state of well-being on a regular basis, acknowledging when new problems arose.

The principles of Step Eleven are ones of remaining connected to others from whom we draw support and guidance, including a Higher Power of our understanding. Discussion, prayer and meditation opened the channels of communication necessary to achieve these goals, and foster our spiritual growth. These are the principles that led to our revitalization.

While perfect application of these principles is not possible, our best effort in this regard is. When it seems like our troubles will never resolve, an honest examination of our circumstances will reveal certain progress. And incremental, ongoing

progress is the way of our growth, even if we crave instant relief. This is the natural, spiritual journey with which we have become familiar.

As we have learned these lessons, we have also discovered the value of carrying the message about revitalization to others. Unlike the depletion that resulted from the way we used to give of ourselves, sharing the strength of our healing experience sustains us. "We keep what we have by giving it away," it has been said, again illustrating a paradox of healing.

Now we are role models for others, actually living the lives we have recommended. Most importantly, we set a powerful example of respect and preservation of our own humanity for students and residents who are training to become practicing physicians themselves. This may be the only way to finally break from the tradition of self-sacrifice that we have come to believe has not served us well. One doctor, one person at a time, we are shedding those traditions and the suffering attendant upon them. Painstaking, perhaps, but beginning with the healing of one physician is the healing of that which ails the profession.

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## Conclusion

The principles of these Twelve Steps are not offered in a hypothetical sense. They are practical, and are in use. There are many physicians worldwide who, because they have other problems which have introduced them to a Twelve-Step way of life, have learned lessons very much like the ones described here. These doctors have balanced lives which medical practice no longer imposes upon. This remains true long after the original problem, such as alcohol or drug dependence, goes into remission.

The individuals who maintain a life-long adherence to principles such as these are our inspiration. They experience the richness and joys of life to an extent previously un contemplated. And the best part of it is that their acceptance of everything life has to offer, their serenity, peace, and restored humanity, is available to any of us. All we have to do is ask.









**Dr. I Michael Kaufmann,  
BSc, MD, CCFP, ASAM Certified Medical Director**

Dr. Kaufmann is the Medical Director of the Physician Health Program of the Ontario Medical Association. Prior to this appointment, he practiced family medicine in a rural setting. He is certified by the College of Family Physicians of Canada, the American Society of Addiction Medicine and the Canadian Society of Addiction Medicine.

Dr. Kaufmann writes, teaches and lectures widely on the subject of physician health, vulnerability, distress and impairment. He presents to audiences at medical schools, community hospitals and conferences throughout Ontario and internationally.

Dr. Kaufmann and his wife, Judy, live in a rural setting where they enjoy walking their three dogs, gardening, cycling and skiing. Most of all, Dr. Kaufmann is an avid golfer and does his best to live a healthy lifestyle and to practise what he preaches.

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**To obtain additional reprints contact:**

Dr. Michael Kaufmann  
Physician Health Program  
525 University Avenue, Suite 300  
Toronto, ON M5G 2K7  
Phone: 416-340-2972  
Fax: 416-340-2860  
E-mail: michael\_kaufmann@oma.org

Professionals  
Health  
Program



Physician  
Health  
Program

525 University Avenue, Suite 300  
Toronto, ON M5G 2K7

**I . Michael Kaufmann, MD**

Medical Director

416-340-2972

**[www.phpoma.org](http://www.phpoma.org)**

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