Whereas, Depression, burnout and suicide are three serious concerns facing physicians in today's practice environment; and

Whereas, Physician suicide rate among male physicians is 1.41 times higher than the general male population in the US. Among female physicians, the relative risk is even more pronounced — 2.27 times greater than the general female population; and

Whereas, Up to 15% of physicians who committed suicide did not receive mental health care for fear of it affecting their career. Likewise, many residents do not self-report for fear of associated stigma; and

Whereas, Mental health illness is distinguishable from impairment. Impairment is usually due to an illness which, if appropriately treated, can resolve the impairment; and

Whereas, The Federation of State Medical Boards (FSMB) policy on Physician Wellness and Burnout states the desire is to identify illness before impairment which usually leads to a better outcome and state medical boards (SMB) should not discourage self-reporting which can happen if licensing questions focus on illness rather than impairment; and

Whereas, The FSMB encouraged “safe haven” non-reporting if adequately treated with a Physicians Health Program (PHP) - like Tennessee Medical Foundation or another appropriate provider. SMBs should not distinguish mental from physical illness and when asking about illness, SMBs should not require reporting of illnesses that are adequately being treated and there is no impairment; and

Whereas, The following states have adopted the following actions:
In West Virginia, since adopting “Safe Haven Non-Reporting” on their application questions, their PHP has seen a 1000% increase in referrals.

Washington’s SMB now focuses on current impairment rather than past mental health issues and only asks if they have any conditions that limit their ability to practice medicine.

Minnesota’s SMB licensure questions regarding health focus on impairment rather than illness.

North Carolina removed questions regarding medical conditions and instead must acknowledge that they are expected to appropriately address health conditions; if participating in North Carolina’s PHP and have not negatively affected patient care, in compliance, you do not have to list any conditions related the contract with the PHP.

Oregon SMB asks about current disabilities – physical, mental, emotional, not diagnosis and treatment and they ask about illnesses in the past five years that impairs or impaired the ability to practice; and

Whereas, The AMA urges any state medical boards that wish to retain questions about the health of applicants on medical licensing applications to use the language recommended by the Federation of State Medical Boards. This language reads, “Are you currently suffering from any condition for which you are not appropriately being 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).ii Now, therefore be it

RESOLVED, That the Tennessee Medical Association align its policy with the current American Medical Association, Federation of State Medical Boards and other state policies that seek to remove barriers to physicians seeking mental health assistance; and be it further

RESOLVED, That the Tennessee Medical Association encourage other credentialing bodies such as hospital staffs and insurance companies to adopt similar policy focusing on current impairment rather than illness.

Sunset: 2027

Fiscal Note: To be determined

i https://www.acgme.org/Portals/0/PDFs/ten%20facts%20about%20physician%20suicide.pdf