

**Missouri State Medical Association  
House of Delegates**

Resolution # 19  
(A-24)

Introduced by: Thomas Shireman, MD, and the Kansas City Medical Society

Subject: Promoting Physician Wellness

Referred to:

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- 1 **WHEREAS**, physicians are the number one specialty who commit suicide, even higher than military  
2 personnel; and,  
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- 4 **WHEREAS**, we need physicians to be healthy and not scared to get help for mental issues or substance  
5 use disorder; and,  
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- 7 **WHEREAS**, many physicians are opposed to getting mental health assistance or substance use disorder  
8 treatment for fear that this will be discovered on State Medical licensing and re-licensing applications, as  
9 well as hospital privileges and reappointments; and,  
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- 11 **WHEREAS**, many physicians are reluctant to share their mental health issues or substance use disorder  
12 with physician colleagues because hospitals may require these colleagues to divulge this information as  
13 peer references for hospital privilege applications and reapplications; and,  
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- 15 **WHEREAS**, many physicians are concerned that the confidentiality of their mental health services and  
16 substance use disorder treatment might be compromised; and,  
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- 18 **WHEREAS**, the United States Department of Justice recently found that to be compliant with the  
19 American Disability Act, professional licensing boards must limit mental health questions to current  
20 diagnoses that could impair an applicant's ability to perform duties; and,  
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- 22 **WHEREAS**, the Federation of State Medical Boards released 4 recommendations to be compliant with  
23 the American Disability Act:  
24 1. Ask only if impaired  
25 2. Ask only if current  
26 3. Allow for safe haven nonreporting  
27 4. Include supportive language normalizing physician wellness; and,  
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- 29 **WHEREAS**, in March of 2022 the United States Congress passed, and the President signed, the Lorna  
30 Breen Health Care Provider Protection Act which requires the United States Department of Health and  
31 Human Services to award grants and develop several policy recommendations including:  
32 -improving mental & behavioral health among health care providers  
33 -removing barriers to accessing care and treatment; therefore, be it,  
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- 35 **RESOLVED**, that MSMA work with the Missouri Physician Health Program to compile and publish on  
36 both of their websites a list of mental health services and substance use disorder treatments available  
37 for physicians; and, be it further,  
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39 **RESOLVED**, that MSMA encourage the Missouri Board of Healing Arts to amend their initial medical  
40 license application and their medical re-licensing application to:  
41 -include supportive language normalizing physician wellness  
42 -limit mental health questions to current diagnoses that could impair a physician’s ability to perform  
43 duties  
44 -allow for “safe haven” nonreporting for physicians who are receiving treatment and monitoring in  
45 either the Missouri Physicians Health Program or the Physician and Health Professional Wellness  
46 Program  
47 -allow for “safe haven” nonreporting for physicians who have successfully completed a treatment  
48 program  
49 -encourage nonpunitive 100% confidential mental health care; and, be it further,

50  
51 **RESOLVED**, that MSMA encourage the Missouri Board of Narcotics and Dangerous Drugs (BNDD) to  
52 amend their initial physician licensing application and physician re-licensing application to:  
53 -include supportive language normalizing physician wellness  
54 -limit mental health questions to current diagnoses that could impair a physician’s ability to perform  
55 duties  
56 -allow for “safe haven” nonreporting for physicians who are receiving treatment and monitoring in  
57 either the Missouri Physicians Health Program or the Physician and Health Professional Wellness  
58 Program  
59 -allow for “safe haven” nonreporting for physicians who have successfully completed a treatment  
60 program  
61 -encourage nonpunitive 100% confidential mental health care; and, be it further,

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63 **RESOLVED**, that MSMA encourage hospitals in Missouri to amend their initial physician privilege  
64 application and their physician reappointment privilege application to:  
65 -include supportive language normalizing physician wellness  
66 -limit mental health questions to current diagnoses that could impair a physician’s ability to perform  
67 duties  
68 -allow for “safe haven” nonreporting for physicians who are receiving treatment and monitoring in  
69 either the Missouri Physicians Health Program or the Physician and Health Professional Wellness  
70 Program  
71 -allow for “safe haven” nonreporting for physicians who have successfully completed a treatment  
72 program  
73 -encourage nonpunitive 100% confidential mental health care  
74 -Remove peer reference questions regarding mental health and substance use disorders of physician  
75 colleagues

Fiscal Note: None

Current Policy:

#### **Alcohol - Abuse**

The MSMA continues to support the work of community-based organizations such as AA, Al-Anon, Narcotics Anonymous, and others, and it reaffirms its support of professional and public education efforts designed to alert people to the dangers of alcohol and drug abuse. In addition, the MSMA supports the Missouri Physicians Health Program and similar programs aimed at helping the victims of alcohol and drug abuse to recover successfully. (1987)

#### **Physician and Trainee Suicide**

The MSMA endorses resident, fellow, and medical student participation on the Show-Me Compassionate Medical Education Committee. (2019)

References:

1. Wible,P et al. Physician-Friendly States..... Qualitative Research in Medicine and Healthcare 2019;volume3:107-119
2. Douglas,RN et al. Mental Health Questions on State Medical License Applications.....JAMA Network Open. 2023;6(9):e2333360
3. Wible,P et al. 75% of Medical Students are on antidepressants.....Posted September 4, 2017.
4. Henry,Tanya. 23 Medical Boards Make Changes to Support Physician Well-Being. AMA. Posted on July 3,2023.