# **UPDATE ARTICLE**

# Clinician's Health?

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#### **A**BSTRACT

Usually, people are under stress because of their own health issues, but clinicians are under stress because of others' (patients') health, and for them, they put their own health at stake. Here, by clinician, we mean every specialty of healthcare professionals (HCPs), physicians and surgeons.

Clinicians are precious and their health is equally important. Unfortunately, most of the clinicians are not in good health because of the challenging and demanding needs of the profession, such as reading a lot while dealing with difficult cases and competition to cope with others. Most of the clinicians have a false belief that they are doing well, so they will not get any problem, or they themselves will take care of their health, and another very important fact is that most of them have little faith in their own colleagues, and this bitter truth must be accepted.

Doctors need their own clinicians because despite their medical knowledge, they face a unique set of challenges such as exposure to high-stress, long working hours, altered sleep due to shift duties and irregular eating habits and non-nutritious diet, less time for self-care, and imbalance between family, professional and social life as well as stigma around mental health and treatment are sufficient to neglect their own health. They must have a sensitive physician to manage their health, like their patients, as family members of the doctors do not know whom to contact in case of emergency or the doctor's ill health.

Doctors are not immune to health issues such as mental health, physical strain, burnout or infectious diseases, and various chronic diseases. Having their own doctor helps ensure they receive the unbiased healthcare they need, allowing them to continue caring for others effectively.

Doctors play an essential role in maintaining the health of society, yet their own health is often compromised due to the stress of the demanding profession. Chronic conditions such as obesity, diabetes, hypertension (HT), coronary artery disease (CAD), thyroid disorders, and cancer are highly prevalent among HCPs, and the reasons are long working hours, sleep deprivation, emotional strain, and lack of time for self-care. By prioritizing regular health check-ups, stress management, physical activity, and a healthy working environment, and a balance between social, familial, and professional life, doctors can improve their own health.

The key takeaway is adopting a holistic approach to doctors' well-being, which includes physical, mental, and emotional support, combining individual responsibility with institutional backing. Doctors should be empowered with the tools, resources, and cultural support they need to prioritize their own health to make society healthy.

Large-scale surveys are required to find out the exact prevalence of various acute and chronic conditions among HCPs and how they are tackling them.

*Note*: By clinician, we mean every specialty of doctors (HCPs), physicians, and surgeons. Terms such as physician, clinicians, doctors, and HCPs are used synonymously in this write-up.

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### Introduction

linicians are precious and their health is important; usually, people are under stress because of their own health, but clinicians are under stress because of patients' health. Here, by 'clinician,' we mean doctors of every specialty. Unfortunately, many of the clinicians are not in good health because of the challenging profession, the demanding needs of academics to cope in a competitive world, and less time to think about their own health. It is observed that clinicians neglect their health due to lack of time, stress, sedentary lifestyle, finances, and higher socioeconomic status.<sup>1</sup> Clinicians are also human beings and need psychological satisfaction just like patients for their health, but unfortunately, time, familial and social responsibilities come in between. There are no data representing the actual clinician's health compared to nonclinicians, and whatever data available from small studies do not represent the actual picture; no data are available for how many clinicians consult other clinicians regularly for their own health.

## Discussion

Clinicians are a creamy layer of society, and their health is important, as they work under stress, often dealing with life-threatening situations, long working hours, a huge number of patients, administrative tasks, lack of autonomy in institutions, and emotional trauma, which are important reasons for stress that make them susceptible to various health issues.

Clinicians, despite their expertise in healthcare, are often the worst patients in terms of adherence to treatment, follow-ups, routine preventive screening, and consultation with a clinician. "Medical student syndrome" is a condition where medical students, while studying a disease, convinced that they have the symptoms of that illness, without a real medical diagnosis. "Doctor syndrome" is not a recognized medical term, but refers to medical students or those with a lot of medical knowledge, who are overly concerned about their own health.<sup>2</sup>

Clinicians usually suppress their symptoms because they always project themselves as "healers" and not the "sufferer." The Medscape-2021 national physician burnout, depression, and suicide report revealed 42% of physicians burned out, 24% feel depressed, and higher rates of suicidal ideation in demanding specialties.<sup>3</sup>

Clinicians' ill health is due to less frequent medical advice for their own health, either because they feel they can manage themselves, or because of fear of being perceived as weak, or they do not have faith in colleagues, or social and financial reasons, or a combination of many of these reasons. This self-reliance can lead to untreated or undertreated medical conditions and worse long-term outcomes. An important fact is that stressed residents made more mistakes than their nonstressed peers, which may lead to medical negligence, aggression, and, in due course of time, many lawsuits, which may further increase their mental stress.<sup>4</sup>

About 40% of clinicians experience burnout, which may result in insomnia, anxiety, and depression.<sup>5</sup>

Clinicians often struggle to prioritize preventive healthcare for themselves, despite being aware of its importance again, because of the demanding profession, lack of time for personal care, regular exercise, healthy eating, and other self-care practices.<sup>6</sup>

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Clinicians, particularly in emergency departments, intensive care units, and infectious disease specialties, are exposed to a wide range of infections, making them more susceptible to serious and resistant infections.<sup>7</sup>

We have discussed mental health at length because mental ill health leads to chronic stress, which is contributing to many chronic conditions, such as obesity, diabetes mellitus (DM), hypertension (HT), and coronary artery disease (CAD). Doctors are often seen as the epitome of health, entrusted with diagnosing, treating, and guiding patients for a healthy life; at the same time, they themselves are at heightened risk of these chronic conditions.

Twenty percent of healthcare professionals (HCPs) had obesity, 53% had DM, and 24% had HT in a study conducted among 490 government doctors in Gujarat, India.<sup>8</sup>

Prevalence of DM among doctors and nurses was 25.4 and 5.6%, respectively; while HT was 29.4 and 13.7%, overweight was 36.5 and 12.9%; and obesity was 15.1 and 3.2% among nurses, and the factors responsible are almost similar stress, sedentary lifestyle, irregular eating habits, and high sugar intake, urban-based doctors and high-stress specialties.<sup>9</sup>

Hypertension affects around 30–40% of doctors worldwide. Prabhakaran et al. investigated the 26.7% HT and risk factors, which include age, body mass index (BMI), family history of HT, and physical inactivity. Urban areas and higher socioeconomic status were also associated with increased prevalence.<sup>10</sup>

Coronary artery disease affects 5–10% of doctors across the globe, and cardiologists and surgeons are at higher risk; the factors responsible are similar, plus smoking.<sup>11,12</sup>

Although clinicians may arguably be healthier than others due to their medical expertise, little is known about the actual health of clinicians compared to the general population. National Health Interview Survey found that obesity, DM, and HT were lower in HCPs compared to the general population, but still considerably higher.<sup>13</sup>

Incidence and prevalence of various chronic diseases, such as DM, HT, CAD, and obesity, are different in different study populations. A study in Singapore's large hospital assessed the modifiable cardiovascular risk factors among clinicians and nonclinicians, revealing that nonclinicians had a higher prevalence of obesity, systolic blood pressure, and DM compared to clinicians. Another study in Gaza found that 65% of clinicians were either overweight or obese; type 2 DM and HT have a higher prevalence.<sup>14,15</sup>

Worldwide, 15–20% of female HCPs suffer from thyroid issues; it is known that thyroid disorders, especially subclinical hypothyroidism, are eight to ten times more common in females, and major contributing factors are exposure to radiation among the radiologist, orthopedic surgeon, and interventional cardiologist; work stress, smoking, and pollution-induced inflammation.<sup>16</sup>

About 5–8% of doctors have some form of cancer, more so in high-risk specialties such as oncology and radiology, orthopedic surgeons, and interventional cardiologists, because of high exposure to radiation and carcinogens. The overall incidence of cancer was 27% lower in the clinicians than in the nonclinicians.<sup>17</sup>

#### What Clinicians Should Do?

- Clinicians must have a clinician who can screen them at regular intervals, just like mediclaim policy premiums, and this must be mandatory and known to family members.
- Clinicians must prioritize their own health by organizing working hours, regular breaks, delegating tasks, and rebalancing their professional, family, and social lives.
- Regular health check-ups should be a habit. Though clinicians are health experts, early detection of chronic illnesses can help manage them more effectively and prevent long-term complications.
- Doctors should practice stress management techniques such as meditation, yoga, or deep-breathing exercises as a stress reliever.
- Incorporating physical activity into daily routines is essential, such as short walks during breaks, stretching, or engaging in exercise during free time.
- Nutritious and healthy eating, avoiding the temptation for junk food, or skipping meals during hectic hours.
- Clinicians should overcome the stigma associated with their problems and consult their professional colleagues.

# Conclusion

 The medical profession is inherently stressful. The pressure to care for patients, combined with the emotional toll of dealing with life-threatening medical conditions, high workload, and long working hours with minimal breaks and busy schedules, leads to mental stress, making it difficult to prioritize their own health and develop many chronic conditions, such as HT, CAD, and DM.

- Clinicians play an important role in maintaining the health of society, but their own health is often compromised due to the demanding professional needs, altered sleep due to shift duties, irregular and non-nutritious diet, and imbalance between family, professional, and social life.
- Clinicians usually present themselves as "healers" and not the "sufferer," and the prevalent stigma that "clinicians do not fall sick" prevents them from seeking treatment.
- Lack of time, financial reasons, and social inhibitions (like waiting for their turn to consult a consultant, lying in the ward with patients), and negligence are the main reasons to neglect their health.
- Large-scale surveys are required to find out the exact prevalence of various acute and chronic conditions and long-term complications among clinicians and nonclinicians.
- Clinicians, despite their medical knowledge, must have a clinician who must be known to family members, as family members of the clinician do not know whom to consult in case of emergency for clinician's ill health.
- Clinicians are not immune to health problems, and having their own clinician helps ensure the unbiased health care they need, allowing them to continue caring for others (patients) effectively.

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# REFERENCES

- Gandhi H, Vaishali K, Prem V, et al. A survey on physical activity and noncommunicable disease risk factors among physicians in tertiary care hospitals, Mangalore. Natl J Community Med 2012;3(1):7–13.
- Sherif HA, Tawfeeq K, Mohamed Z, et al. "Medical student syndrome": a real disease or just a myth?—a cross-sectional study at Menoufia University, Egypt. Middle East Curr Psychiatry 2023;30:42.
- Medscape. (2021). National physician burnout, depression, and suicide report. [online] Available from: https://www.medscape.com/sites/public/ lifestyle/2021 [Last accessed October, 2025].
- Fahrenkopf AM, Sectish TC, Barger LK, et al. Rates of medication errors among depressed and burnt out residents: prospective cohort study. BMJ 2008;336(7642):488–491.
- West CP, Dyrbye LN, Erwin PJ, et al. Interventions to prevent and reduce physician burnout: a systematic review and meta-analysis. Lancet 2016;388(10057):2272–2281.
- Shanafelt TD, Boone S, Tan L et al. Burnout and satisfaction with work-life balance among US physicians relative to the general US population. Arch Intern Med 2012;172(18):1377–1385.
- Nguyen, Long HAlbert, Christine M et al. Risk of COVID-19 among front-line health-care workers and the general community: a prospective cohort study. Lancet Public Health 2020;5(9):e475–e483.

- Sharma D, Vatsa M, Ramakrishnan L, et al. Prevalence of diabetes, hypertension, and obesity among doctors and nurses in a medical college hospital in Tamil Nadu. Int J Diabetes Dev Ctries 2015;35(4):394–398.
- Hegde SKB, Sathiyanarayanan S, Venkateshwaran S, et al. Prevalence of diabetes, hypertension and obesity among doctors and nurses in a medical college hospital in Tamil Nadu, India. Natl J Res Community Med 2015;4(3):235–239.
- Prabhakaran D, et al. Prevalence and risk factors for hypertension among physicians in India: a nationwide survey. Hypertens Res 2020.
- Verma S, et al. Coronary artery disease and its risk factors among Indian doctors. J Assoc Physicians India 2016.
- Dyrbye LN, et al. Coronary artery disease in physicians: a review of risk factors and management. N Engl J Med 2017.
- Dayoub E, Jena AB. Chronic disease prevalence and healthy lifestyle behaviors among US health care professionals. Mayo Clin Proc 2015;90(12):1659–1662.
- Koh D, Lim MK, Chia SE. Occupational health and safety of healthcare workers in Singapore. Singapore Med J 2012;53(9):577–585.
- Thabet M, Aljeesh YI, Abu Safieh R. Prevalence and factors associated with overweight and obesity among healthcare workers in Gaza Strip, Palestine: a cross-sectional study. J Health Popul Nutr 2023:42(1):16.
- Kaur G, et al. Prevalence of hypothyroidism among Indian doctors: a cross-sectional study. Indian J Endocrinol Metab 2018.
- Lin SY, Lin CL, Hsu WH, et al. A comparison of cancer incidence among physician specialists and the general population: a Taiwanese cohort study. J Occup Health 2013;55(3):158–166.