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Medical Licensure Questions and Physician Reluctance to Seek Care for Mental Health Conditions

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Abstract

Objective: To determine whether state medical licensure application questions (MLAQs) about mental health are related to physicians' reluctance to seek help for a mental health condition because of concerns about repercussions to their medical licensure.

Methods: In 2016, we collected initial and renewal medical licensure application forms from 50 states and the District of Columbia. We coded MLAQs related to physicians' mental health as "consistent" if they inquired *only* about current impairment from a mental health condition or did not ask about mental health conditions. We obtained data on care-seeking attitudes for a mental health problem from a nationally representative convenience sample of 5829 physicians who completed a survey between August 28, 2014, and October 6, 2014. Analyses explored relationships between state of employment, MLAQs, and physicians' reluctance to seek formal medical care for treatment of a mental health condition because of concerns about repercussions to their medical licensure.

Results: We obtained initial licensure applications from 51 of 51 (100%) and renewal applications from 48 of 51 (94.1%) medical licensing boards. Only one-third of states currently have MLAQs about mental health on their initial and renewal application forms that are considered consistent. Nearly 40% of physicians (2325 of 5829) reported that they would be reluctant to seek formal medical care for treatment of a mental health condition because of concerns about repercussions to their medical licensure. Physicians working in a state in which neither the initial nor the renewal application was consistent were more likely to be reluctant to seek help (odds ratio, 1.21; 95% CI, 1.07-1.37; P=.002 vs both applications consistent).

Conclusion: Our findings support that MLAQs regarding mental health conditions present a barrier to physicians seeking help.

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The prevalence of psychological distress among physicians is high.[1,2] Unfortunately, their mood disorders often go untreated,[1,3,4] contributing to a higher prevalence of suicide among physicians in comparison to other US workers.[1,5] A third to half of physicians do not have a personal physician or regular source of health care,[6-8] and physicians are less likely to have seen their personal physician in the past year than other US adults.[9] Information regarding physicians' use of mental health services is limited, although data suggest that physicians frequently self-treat for depression and avoid seeking care for mental health conditions because of concerns that a mental health condition may affect their license to practice.[1,3,4] For example, in a 2008 national study of 7905 US surgeons, 6.3% reported suicidal ideation during the previous 12 months.[4] Among those with recent suicidal ideation, 26% had sought care, 16% had self-prescribed their antidepressant, and 60% reported that they were reluctant to seek care because of concerns that doing so could affect their licensure to practice.[4]

Many state licensing boards ask questions about mental health diagnoses or treatment. The fact that licensing boards inquire about these dimensions is believed to be a major deterrent to help seeking among troubled physicians, many of whom have treatable

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disorders.[1,3,10-12] Such a concern is reasonable because a study published in 2007 found that greater than one-third of state licensure board executive directors reported that a diagnosis of mental illness was itself sufficient to sanction physicians.[13] In addition, there are reports of disclosure of mental health conditions resulting in overt and covert discrimination (eg, restrictions on clinical practice, mandatory clinical proctoring, and mandatory psychiatric evaluation for the purpose of determining competence).[1,3,10,13-15] There is also a real possibility of public disclosure of physicians' personal health information.[1,14,16]

State medical licensure boards serve to protect the public through licensure, surveillance, misconduct investigations, and disciplinary actions.[17] The Federation of State Medical Boards advises that medical licensure boards not ask physicians about history of mental illness[18] and indicates that doing so could violate the Americans with Disabilities Act of 1990.[19,20] The American Psychiatric Association has also specifically stated that impairment and potential risk of harm to patients cannot be inferred from a diagnosis or treatment alone.[10,21] Indeed, many have called for medical licensure applications to include only questions about current functional impairment of professional performance[1,19,21-25] and for decisions regarding licensure to be based solely on professional performance.[22,26] In response, some state licensing boards have modified their questions in regard to mental health[14]; however, many may remain in violation of the Americans with Disabilities Act,[19,21] and the prevalence of licensure questions about physicians' history of mental illness appears to be increasing.[20]

It remains unknown whether physicians who are licensed by medical boards that inquire about current or past diagnosis or treatment of a mental health condition are more reluctant to seek care for a mental health concern than those who are licensed by medical boards that inquire only about current impairment. In this study, we evaluated the relationship between state medical licensure application questions about mental health and whether physicians endorse reluctance to seek help for a mental health condition because of concerns about repercussions to their medical licensure.

METHODS

In 2016, we requested the initial and renewal medical licensure application forms from all 50 states and the District of Columbia (referred to henceforth as "states"). Application questions related to physicians' mental health, physical health, and substance abuse were extracted, reviewed, and independently coded by 2 of the authors (L.N.D. and T.D.S.) using an evidence-based approach informed by the American Medical Association,[25] American Psychiatric Association,[21] and Federation of State Medical Boards[18] polices and recommendations and the Americans with Disabilities Act of 1990.[19,20] Applications were classified as "consistent" if they inquired *only* about current (within a time period of 12 months or less) impairment from a medical condition or mental health condition (eg, "Do you currently have a medical condition which in any way impairs or limits your ability to practice medicine with reasonable skill and safety?") or did not ask about mental health conditions.[1,19,21-24] Applications that asked about history (ever) of impairment or whether the applicant had a mental health condition that *could* affect competency, *could* possibly impair ability to practice medicine, or *could* lead to impairment if left untreated were not considered consistent. Similarly, applications that asked about current or past diagnosis or treatment of a mental health condition (rather than impairment from such a condition) were not considered consistent. If both the initial licensure and renewal applications were designated as consistent from a given state, the medical licensure board for that state was coded as "both applications consistent." If the initial but not the renewal application was classified as consistent, the medical licensure board for that state was coded as "initial application consistent." If the renewal application but not the initial application for a given state was classified as consistent, the medical licensure board for that state was coded as "renewal application consistent." If neither the initial nor the renewal application from a given state was considered

consistent, the medical licensure board for that state was coded as "neither application consistent."

Convenience Sample of US Physicians

We obtained data on care-seeking attitudes for a mental health problem from a nationally representative convenience sample of 5829 nonretired US physicians who participated in a previously reported national survey from August 28, 2014, to October 6, 2014.[2] The survey included questions about personal (sex, age, relationship status) and professional (degree [allopathic or osteopathic], work hours, specialty, practice setting, currently practicing) characteristics as well as the physician's state of employment. In addition, physicians were asked, "If you were to need medical help for treatment of depression, alcohol/substance use, or other mental health problem would concerns about the repercussions on your medical licensure make you reluctant to seek formal medical care?" (response options "yes" or "no"). Those who indicated "yes" were considered to be reluctant to seek formal medical care for treatment of a mental health condition because of concerns about repercussions to their medical licensure. Respondents were included in this analysis if they were (1) allopathic physicians who answered the question about reluctance to seek care or (2) osteopathic physicians who worked in one of the 36 states that have a conjoined medical board (ie, one medical board licensured both allopathic and osteopathic physicians) and who answered the question about reluctance to seek care.

Statistical Analyses

Standard descriptive summary statistics were calculated. Using the physician's reported state of employment, along with our independently obtained data on state licensure questionnaire, each physician was classified as practicing in a "both application consistent," "initial application consistent," "renewal application consistent," or "neither application consistent" state. We explored the relationship between medical licensure application categories of the state in which physicians practiced and whether physicians reported that they would be reluctant to seek formal medical care for treatment of a mental health condition because of concerns about repercussions to their medical licensure using χ^2 tests. Multivariate logistic regression analysis was performed to identify personal (age, sex, relationship status) and professional (practice setting, state licensure category, specialty) characteristics associated with reluctance to seek formal medical care because of concerns about repercussions to their medical licensure. All tests were 2-sided with type I error rates of 0.05. All analyses were performed using SAS statistical software, version 9 (SAS Institute).

RESULTS

We obtained 51 of 51 (100%) initial and 48 of 51 (94.1%) renewal medical licensure application forms, resulting in a final sample of 48 medical licensing boards with complete information on both initial and renewal licensure applications. Twenty-one initial and 21 renewal applications were considered consistent. These applications included 11 initial and 8 renewal applications that asked *only* about current impairment from a mental health condition as well as 10 initial and 13 renewal applications that included no questions related to mental health. Overall, 16 of 48 medical licensing boards (33.3%) were classified as both applications consistent, 3 (6.2%) as initial applications consistent, 5 (10.4%) as renewal applications consistent, and the remaining 24 (50.0%) as neither applications consistent. Classification by state is presented in the Figure.

Demographic characteristics of the 5829 physicians in the convenience sample are presented in Table 1. Overall, 3867 physicians (66.3%) were male, the mean (SD) age was 54.5 (12) years, 5087 (87.3%) were married or partnered (single, 627 [10.8%]; widowed, 87 [1.5%]), and 3089 (53.0%) were in private practice (academic medical center, 1451 [24.9%]; veterans hospital, 89 [1.5%]; active military practice, 42 [0.7%]; other, 1158 [19.9%]).[2] Of the 5829 physicians, 1387 (23.8%) worked in the primary care setting, 1100 (18.9%) in a surgical specialty, 948 in a medical specialty (16.3%), 1786 (30.6%) in another direct patient care discipline (eg, emergency medicine, neurology, dermatology), 371 (6.4%) in a non–direct patient care discipline (eg, radiology, pathology), and 192 (3.3%) in other disciplines (data on

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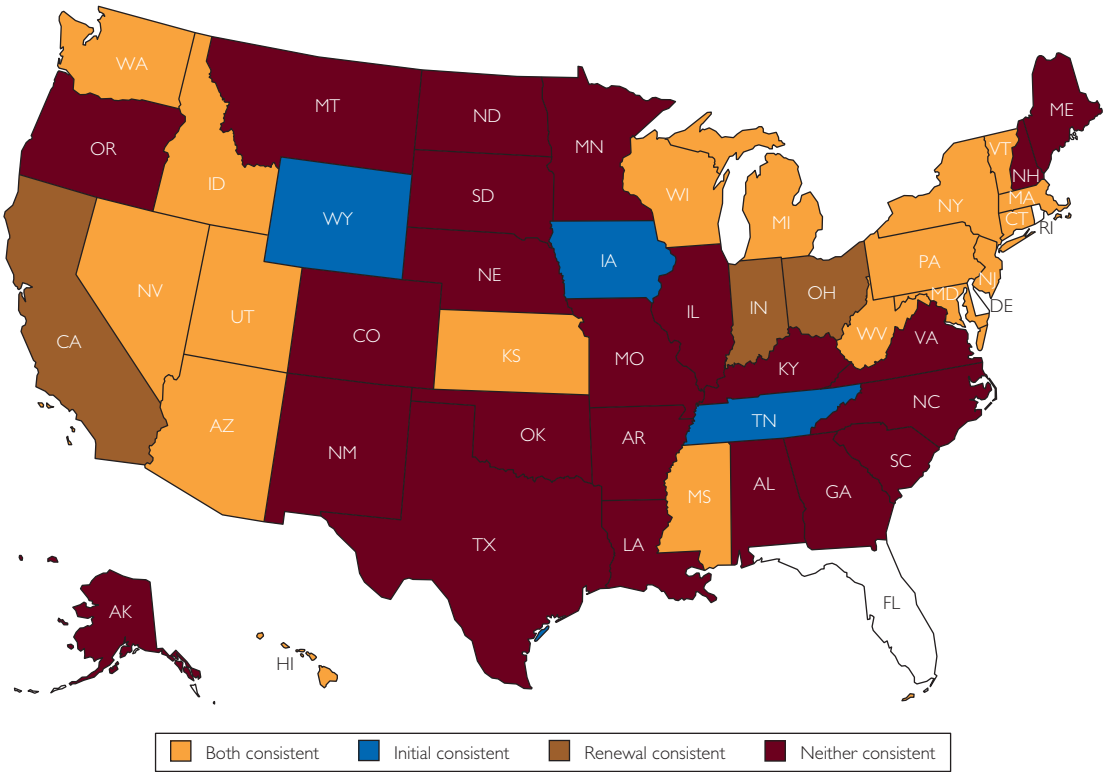

FIGURE. Medical license applications by state. Applications were classified as "consistent" if they inquired only about current impairment from a medical condition (globally) or mental health condition. Data were not available for Florida, Rhode Island, and Delaware (indicated in white).

specialty were missing in 45 physicians [0.8%]). Demographic characteristics of responders were relatively similar to those of all US physicians and to those of previous national samples of US physicians.[2,27]

Overall, nearly 40% of physicians (2325 of 5829 [39.9%]) reported that they would be reluctant to seek formal medical care for treatment of a mental health condition because of concerns about repercussions to their medical licensure. Reluctance to seek care was least prevalent among physicians practicing in states in which both applications were designated consistent (775 of 2117 [36.6%]) compared with those practicing in states classified as initial application consistent (89 of 206 [43.2%]; $P=.06$), renewal application consistent (443 of 1080, [41.0%]; $P=.02$), and neither application consistent (1018 of 2426 [42.0%], $P<.001$) (overall, $P=.002$ across categories). These data suggest that classification of state licensing board applications was related to physicians' reported reluctance to seek help for a mental health condition because of its potential effect on their license to practice.

In multivariate analysis to explore factors independently associated with whether physicians reported that they would be reluctant to seek formal medical care for treatment of a mental health condition because of concerns about repercussions to their medical licensure, physicians who were younger, male, and worked in private practice were more reluctant to seek help (Table 2). Physicians working in a state in which neither application was consistent were more likely to be reluctant to seek help (odds ratio, 1.21 [95% CI, 1.07-1.37]; $P=.002$ vs both applications consistent), as were those who worked in states in which only the renewal application was consistent (odds ratio, 1.22 [95% CI, 1.05-1.43];

TABLE 1. Demographic Characteristics of 5829 Physicians

Characteristic	No. (%) of physicians[a]
Sex	
Male	3867 (66.3)
Female	1927 (33.1)
Missing	35 (0.6)
Age (y), mean (SD) (N=5787)	54.5 (12.0)
Relationship status	
Single	627 (10.8)
Married	4854 (83.3)
Partnered	233 (4.0)
Widowed	87 (1.5)
Missing	28 (0.5)
Degree	
Allopathic physician (MD)	5634 (96.7)
Osteopathic physician (DO)	195 (3.3)
Practice setting	
Private practice	3089 (53.0)
Academic medical center	1451 (24.9)
Veterans hospital	89 (1.5)
Active military practice	42 (0.7)
Other	1158 (19.9)
Years in practice, mean (SD)	22.2 (12.6)
Specialty	
Primary care	1387 (23.8)
Surgical specialty	1100 (18.9)
Medical specialty	948 (16.3)
Other direct patient care discipline[b]	1786 (30.6)
Other non–direct patient care discipline[c]	371 (6.4)
Other	192 (3.3)
Missing	45 (0.8)

[a]Percentages may not total 100 because of rounding.
[b]For example, emergency medicine, neurology, dermatology.
[c]For example, radiology, pathology.

P=.011 vs both applications consistent). These findings persisted when specialty was included in the model (data not shown).

DISCUSSION

In this national study of nearly all (94.1%) medical licensure board applications, only one-third of states (16 of 48 [33.3%]) had questions on their initial and renewal application forms that were congruent with the American Medical Association,[25] American Psychiatric Association,[21] and Federation of State Medical Boards[18] polices and recommendations or in clear compliance with the Americans with Disabilities Act of 1990.[19,20] Nearly 40% of physicians reported they would be reluctant to seek formal medical care for treatment of a mental health condition because of concerns about repercussions to their medical licensure, and physicians working in a state in which neither the initial nor the renewal application was consistent were more likely to be reluctant to seek help.

Large population studies have found attitudes toward mental health help-seeking are associated with actual mental health care service use.[28,29] If, as observed in large previous national studies,[4] 6% of the more than 800,000 US physicians have experienced suicidal thoughts in the past 12 months and 40% of those with such suicidal ideation do not seek care because of concerns that it may have repercussions for their medical licensure, this would imply that licensure concerns may be a factor in 20,000 US physicians not receiving the professional help they need for mental health concerns.

Because the lack of seeking professional help is thought to contribute to the elevated risk of suicide among physicians in comparison to the general US population,[1] barriers to help-seeking should be removed when identified. In this regard, it is notable that physicians who worked in states with medical licensure questions consistent with national recommendations[18,19,21,25] were less likely to report that they would be reluctant to seek formal medical care for treatment of a mental health conditions because of concerns about repercussions to their medical licensure than physicians who worked in states not classified as consistent. This relationship between the way state medical licensure boards inquired about mental health conditions was independently related to whether the physicians in that state reported a reluctance to seek mental health care after adjusting for sex, age, relationship status, practice settings, and specialty. Physicians working in states in which neither the initial nor the renewal application was consistent had a 21% increase in the odds of reluctance to seek help for a mental health concern. Even physicians working in states/territories in which only the initial licensure application was not consistent had a 22% increase in the odds of reluctance to seek help for a mental health concern independent of age. This observation suggests that the questions on the initial licensure application may leave a lasting impression on physicians.

The finding that male and younger physicians were more reluctant to seek help is

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consistent with findings from studies of the general US population reporting that younger individuals and men are disproportionately deterred by stigma about mental illness, which is associated with reduced help-seeking.[28] The observation that physicians in private practice had 25% to 50% greater odds of being reluctant to seek help for a mental health concern on multi-variate analysis warrants further study but may be due to greater concern over public disclosure resulting in current or future patients judging them negatively[28] and choosing to go elsewhere for care.

Our study has several limitations. First, some medical licensure applications may have asked different questions about mental health in 2014 (the year the cohort of physicians were surveyed) than at the time we collected licensure questions in 2016. Second, although analysis of early responders vs later responders (a standard approach to response bias) suggests that the sample was representative with respect to age, sex, and specialty, it is possible that the sample may not be representative with respect to attitudes about seeking care for mental health conditions. The rate of reluctance to seek formal medical care because of concerns about repercussions to medical licensure in our study, however, was similar to what has been previously reported in the literature.[4,30]

Our study has several important strengths. First, we were able to obtain the initial and renewal licensure application forms from all but 3 states. Second, the designation of medical licensure application question category (both consistent, initial consistent, renewal consistent, or neither consistent) was determined independent of the data on physicians' self-reported attitudes about whether concerns for licensure impacted whether they would seek help for mental health conditions. Third, 2 investigators independently coded each medical licensure application question pertaining to mental health using an evidence-based approach.[18,19,21,25]

The results of this study suggest that the way in which medical licensure questions regarding mental health conditions are asked may impact whether physicians are reluctant to seek help for a mental health condition. Physicians working in states in which medical licensure application questions inquire broadly about current or past diagnosis or treatment of a mental health condition, past impairment from a mental health condition, or presence of a mental health condition that *could* affect competency were 21% to 22% more likely to be reluctant to seek help. In contrast, physicians who worked in states in which questions on medical licensure applications asked only about current impairment from a mental health condition or included no question pertaining to mental health were less likely to endorse such reluctance and thus may be more likely to seek and receive care if the need arose.[28,29] These findings support continued efforts to develop regulations and policies that encourage physicians to seek help, as suggested by others.[1,19] They also support universal use of consistent licensure questions across the US states. In this regard, the American Psychiatric Association has already developed and recommended the following language for state licensing boards to use on licensure applications: "Are you

TABLE 2. Multivariate Analysis of Factors Associated With Reluctance to Seek Formal Medical Care Because of Concerns About Repercussions to Medical Licensure[a,b]

Independent variable	OR (95% CI)[c]	*P* value	Overall *P* value
Age (for each 1 year older)	0.97 (0.97-0.98)	<.001	<.001
Female (reference, male)	0.74 (0.66-0.84)	<.001	<.001
Relationship status (reference, married)			.22
Partnered	0.98 (0.74-1.29)	0.88	
Single	1.17 (0.98-1.39)	0.08	
Widowed	0.77 (0.47-1.27)	0.3	
Practice location (reference, private practice)			<.001
Academic medical center	0.74 (0.64-0.84)	<.001	
Veterans hospital	0.51 (0.31-0.81)	.005	
Other practice setting	0.82 (0.71-0.95)	.007	
Medical licensure application questions (reference, both applications consistent)			.007
Neither application consistent	1.21 (1.07-1.37)	.002	
Renewal application consistent	1.22 (1.05-1.43)	.011	
Initial application consistent	1.29 (0.96-1.74)	.09	

[a]OR = odds ratio.

[b]Factors in the multivariate analysis included sex, age, relationship status, practice setting, state medical licensure application questions category (both optimal [reference], initial consistent, renewal consistent, neither consistent). Physicians considered reluctant to seek help if they answered "yes" to the question, "If you were to need medical help for treatment of depression, alcohol/substance use, or other mental health problem, would concerns about the repercussions on your medical license make you reluctant to seek formal medical care?"

[c]OR >1 indicates greater reluctance to seek care for mental health condition because of its potential effect on physicians' license to practice; OR <1 indicates less reluctance.

currently suffering from any condition that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical and professional manner? (Yes/No)."[21] Such a question encourages physicians to consider any physical or mental health issue that could impair their performance and helps to destigmatize mental illness. In addition, it also enables state medical boards and their members to protect the public while being consistent with the Americans with Disabilities Act of 1990. Although there are concerns that the very nature of some illnesses could impede physicians' abilities to recognize their own limitations, a history of a medical or psychiatric disorder has little predictive value for present impairment of functioning, and there is no evidence that the risk to patients is sufficiently great to require disclosure of private medical records for public scrutiny.[10,21]

CONCLUSION

Changing medical licensure application questions, as well as similar items asked by hospitals and group practices in the credentialing process, so that they inquire about *current* functional impairment appears to be a simple but potentially meaningful step to reduce barriers to physicians seeking help for mental health conditions. Such a change, although potentially cumbersome because state medical boards may need to work with their legislators for changes to the state medical practice acts, could be implemented at minimal cost.

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REFERENCES

1. Center C, Davis M, Detre T, et al. Confronting depression and suicide in physicians: a consensus statement. *JAMA*. 2003; 289(23):3161-3166.
2. Shanafelt TD, Hasan O, Dyrbye LN, et al. Changes in burnout and satisfaction with work-life balance in physicians and the general US working population between 2011 and 2014 [published correction appears in *Mayo Clin Proc*. 2016;91(2):276]. *Mayo Clin Proc*. 2015;90(12):1600-1613.
3. Gold KJ, Andrew LB, Goldman EB, Schwenk TL. "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*. 2016;43:51-57.
4. Shanafelt TD, Balch CM, Dyrbye L, et al. Special report: suicidal ideation among American surgeons. *Arch Surg*. 2011;146(1):54-62.
5. Schernhammer E. Taking their own lives—the high rate of physician suicide. *N Engl J Med*. 2005;352(24):2473-2476.
6. Cedfeldt AS, Bower EA, Grady-Weliky TA, Flores C, Girard DE, Choi D. A comparison between physicians and demographically similar peers in accessing personal health care. *Acad Med*. 2012;87(3):327-331.
7. Gross CP, Mead LA, Ford DE, Klag MJ. Physician, heal thyself? regular source of care and use of preventive health services among physicians. *Arch Intern Med*. 2000;160(21):3209-3214.
8. Shanafelt TD, Oreskovich MR, Dyrbye LN, et al. Avoiding burnout: the personal health habits and wellness practices of US surgeons. *Ann Surg*. 2012;255(4):625-633.
9. Centers for Disease Control and Prevention. BRFSS prevalence & trends data. https://www.cdc.gov/brfss/brfssprevalence/. Updated January 23, 2017. Accessed November 17, 2016.
10. American Psychiatric Association. Position statement on confidentiality of medical records: does the physician have a right to privacy concerning his or her own medical records? *Am J Psychiatry*. 1984;141(2):331-332.
11. Wallace JE, Lemaire JB, Ghali WA. Physician wellness: a missing quality indicator. *Lancet*. 2009;374(9702):1714-1721.
12. Altchuler SI. Commentary: granting medical licensure, honoring the Americans with Disabilities Act, and protecting the public; can we do all three? *Acad Med*. 2009;84(6):689-691.
13. Hendin H, Reynolds C, Fox D, et al. Licensing and physician mental health: problems and possibilities. *J Med Licensure Discipline*. 2007;93(2):6-11.
14. Sansone RA, Wiederman MW, Sansone LA. Physician mental health and substance abuse: what are state medical licensure applications asking? *Arch Fam Med*. 1999;8(5):448-451.
15. Miles SH. A challenge to licensing boards: the stigma of mental illness. *JAMA*. 1998;280(10):865.
16. Worley LL. Our fallen peers: a mandate for change. *Acad Psychiatry*. 2008;32(1):8-12.
17. Scutchfield FD, Benjamin R. The role of the medical profession in physician discipline [editorial]. *JAMA*. 1998;279(23): 1915-1916.
18. Federation of State Medical Boards. *Americans With Disabilities Act of 1990: Licensure Application Questions; A Handbook for Medical Boards*. Dallas, TX: Federation of State Medical Baords of the United States, Inc; 2006.
19. Schroeder R, Brazeau CM, Zackin F, et al. Do state medical board applications violate the Americans with Disabilities Act? *Acad Med*. 2009;84(6):776-781.
20. Polfliet SJ. A national analysis of medical licensure applications. *J Am Acad Psychiatry Law*. 2008;36(3):369-374.
21. American Psychiatric Association. Position statement on inquiries about diagnosis and treatment of mental disorders in connection with professional credentialing and licensing. https://www.psychiatry.org/home/policy-finder?k=understanding%20icd. Published 2015. Accessed December 12, 2016.
22. American Psychiatric Association Work Group on Disclosure. *Recommended Guidelines Concerning Disclosure and Confidentiality*. Washington, DC: American Psychiatric Association; 1997.
23. Council on Psychiatry and the Law. *Discrimination Against Persons With Previous Psychiatric Treatment: Postion Statement*. Washington, DC: American Psychiatric Association; March, 1997. APA Document Reference No. 970002.
24. Hansen TE, Goetz RR, Bloom JD, Fenn DS. Changes in questions about psychiatric illness asked on medical licensure applications between 1993 and 1996. *Psychiatr Serv*. 1998;49(2): 202-206.
25. Council on Medical Education. *Access to Confidential Health Services for Medical Students and Physicians (Recommendation B)*:

American Medical Association website. https://assets.ama-assn.org/sub/meeting/documents/i16-refcomm-c.pdf. Accessed December 12, 2016.
26. Hampton T. Experts address risk of physician suicide. *JAMA*. 2005;294(10):1189-1191.
27. 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.
28. Clement S, Schauman O, Graham T, et al. What is the impact of mental health-related stigma on help-seeking? a systematic review of quantitative and qualitative studies. *Psychol Med*. 2015;45(1):11-27.
29. ten Have M, de Graaf R, Ormel J, Vilagut G, Kovess V, Alonso J; ESEMeD/MHEDEA 2000 Investigators. Are attitudes towards mental health help-seeking associated with service use? results from the European Study of Epidemiology of Mental Disorders. *Soc Psychiatry Psychiatr Epidemiol*. 2010;45(2):153-163.
30. Rath KS, Huffman LB, Phillips GS, Carpenter KM, Fowler JM. Burnout and associated factors among members of the Society of Gynecologic Oncology. *Am J Obstet Gynecol*. 2015;213(6):824.e1-9.