



# To Disclose or Not to Disclose?

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Echoes of hushed whispers trail behind me in the hall. “Don’t go to the mental health services. What if they track it and put it in your dean’s letter?” Despite assurance from administration that medical students’ mental health records are completely private and confidential, the looming effects of seeking help on our careers as physicians still gives many of my medical school colleagues pause. The fear is encapsulated in stressful nights when tears are shed and I hear my classmates’ terrifying words, “I just don’t know if I can do it anymore.” There are times when these words keep me up at night. I yearn for a way to tell my brilliant peers — people who write resolutions to change legislation, begin organizations to serve the community, and stay behind a few extra minutes to give a patient a hug — that their pain is valid and they deserve to receive help.

Although each individual medical student’s experience and struggle is unique, they are far from the only one going through it. Studies show that only one out of six medical students who screen positive for depression seek any further treatment [1]. Beyond their medical school years, students may be worried that seeking care now will have repercussions for years to come. According to the Washington Post, 90% of state licensing applications have one or more questions concerning a physician’s mental health and/or psychiatric diagnoses [2]. State licensing boards can require release of medical and mental health records, including psychotherapy records that may have details about one’s most private thoughts, feelings, and experiences [2]. A 2014 Louisiana Supreme Court Settlement Agreement precedent established limits on mental health questions in licensure requirements on the grounds of violating the Americans with Disabilities Act (ADA) [3]. Yet, a legal review of current licensure

questions across the USA found that most states still violated ADA standards with questions regarding mental health and treatment [3]. Although this Louisiana settlement agreement is not binding in other jurisdictions, it calls on other states to consider whether their own licensure questions similarly violate ADA guidelines.

On the frontlines, physicians are paralyzed by what often seems like a decision between their wellbeing and the career they have worked tirelessly for years to achieve. For many, seeking help may feel like losing everything. In a survey of physicians across the country, forty percent report that they would be worried about seeking mental health care due to fear about their licensure [4]. It is at once shocking and heartbreaking that people who spend their days caring for others feel that their livelihoods will be taken away if they extend that same care to themselves.

On an institutional scale, each state licensing body needs to critically evaluate the required questions surrounding mental health care disclosure and treatment seeking. Questions should be reviewed to determine what information is critical for patient care and assessing provider abilities, and what information violates ADA guidelines and creates an additional barrier to medical students and physicians seeking care.

Although broad institutional change is needed to remove barriers to physicians accessing mental health care, each of us has the power to start small in our conversations and interactions with others in our circle. Individual physicians have the power to speak publicly about their mental health challenges to make the entire community more connected and supportive. The hope is to create a culture of caring that will envelop one another in a safety net for when we inevitably stumble. To be human is to err, to laugh, to cry to hurt — and physicians are not immune from these essential experiences. Day in and day out, we get to carry our patients through some of the worst days of their lives. Although this is an immense privilege, it is also fraught with the sharpened awareness of how much pain and suffering exists in the world.

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The protection of our patients is of the utmost importance, but so too is the protection of each other. We must celebrate vulnerability and challenges as parts of our journeys, just as we celebrate accomplishments and successes. As a current trainee and future physician, I hope to help build this safe space with my mentors, my classmates, and my professors. To remind one another that struggling with mental health and burnout does not diminish one's capability and knowledge; that getting help will make you a provider that is able to connect more deeply and serve patients better; that donning a white coat and carrying a stethoscope does not mean you are less deserving of the same empathy and care with which you see your patients.

### Declarations

**Disclosures** The author states that there is no conflict of interest.

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