

Disease Du Jour Episode 51 Transcript

Kim Brown: Welcome to this episode of Disease Du Jour on the topic of the Merck/AVMA veterinarian wellbeing study with Dr. Earl Gaughan of Merck Animal Health. The Disease Du Jour podcast is brought to you in 2021 by Merck Animal Health.

Dr. Gaughan, who is a board certified veterinary surgeon, is part of the equine professional veterinary services team at Merck Animal Health. He graduated from the University of Georgia College of Veterinary Medicine and completed his residency in large animal surgery at Cornell University. He's worked in private practice in Maryland and in Colorado. Thank you, Dr. Gaughan, for joining us today on Disease Du Jour to talk about this important veterinarian wellbeing study.

Dr. Earl Gaughan: Well, thank you, Kim. Thanks for having me. And, I appreciate the kind words of introduction, but in listening to those, I'm sure anyone tuning in is going, what qualifications did anybody read off that allows this guy to talk about mental health? And so I think that's probably some of what we'll talk about, frankly, because I think so many of us care about this, the awareness factor is growing in the profession because we all don't have to look very far from ourselves to encounter this in its most serious of forms.

And so, that's the only qualification I have is that, I guess I have some experience, unfortunately, and I, a sense of caring that I think we all do

Kim Brown: And I think that caring comes through your company, Merck, because this is the second time that Merck has worked with AVMA to sponsor this wellbeing study.

So, can you give us an overview of the first two studies that have been done?

Dr. Earl Gaughan: I'll try to do my best there. And, the first study was conducted in 2017, the second in 2019. And these, as you mentioned, were in conjunction, with the AVMA and they're survey-based studies. So, they were done via email and, I, I always chuckle when I read some of the history about it, because there were some enticements to get veterinarians to participate, which included the possibility of winning a prize and that type of thing.

But I think the serious reality is, veterinarians took this very seriously and gave us some genuine input that has been insightful in trying to develop some understandings as well as perhaps some tactics to go forward with. But the concern was alarming, I think in 2017, when the first study was done, and I should tell you that the response rate was quite good.

These survey studies are often, poorly participated in, so you question the data a little bit, but we had an 18 almost 15% response rate, which sounds kind of low, but it's actually quite good. And so, that being said, the two studies and the authors and the designers of these studies kind of broke things down into two broad categories, one being wellbeing, ... and generally what we talk about when we think wellness and that's just how someone views their own particular life and circumstances as they might compare it to what would be their ideal. And then there is, psychological distress and what's known as, mental distress, you

know, everybody's kinda got different terminologies for it, but somewhere in there is the, is the breakdown on how you're actually doing in your life in day to day.

And there's a number of surveys is that the psychiatric community has helped put together. And one is known as the Kessler Six and that's K E S S L E R. Excuse me. And, I bring that to mind because it's a tool that someone can use anytime any day and it's a kind of an encouraged reflection on your, your own life in the past 30 days.

So, it's something that's updatable. So, with that as background, the 2017, the first study that came out, identified several things and we all kind of knew and there had been a study from Dr. Net earlier than that, that brought up this number of one in six veterinarians considering suicide. It's an alarming number.

The numbers didn't quite come to that level, but the concern was certainly not diminished by the 2017 study. And then again, supported in 2019 with perhaps some measurable increases in concern. So the factors behind this in our profession are that we're 2.7 times more likely to consider and potentially act on suicidal thoughts than the general population in the in the United States.

Again, the things that seem to come to the surface or the things we've been talking about for quite some time, the, the magnitude of student debt that a young veterinarian takes into their days in practice is a tremendous weight upon their wellbeing and their mental health every day. How do they manage that in a profession that's challenged to come up with compensation that allows them to successfully service that debt and live the life that they had hoped and dreamed for.

You know, we all went into this profession with some pretty lofty ideals, I think, and to be kind of dragged back into the harsh realities of finances is, is challenging. And then veterinary medicine is known to be as stressful profession, you know, there's lots of things...And there've been a number of studies that have evaluated this and some terminologies that have come up in other studies. There was an Australian study was published that looked at a term we would all know "compassion fatigue." We all probably understand that differently.

It's much like the, the terms work-life balance, which I, I struggle with because I think there, there may not be such a thing, but compassion fatigue indicating our roles in making life and death decisions and dealing with euthanasia on a regular basis, that can take a toll on someone. And so this was taking a look at that.

So, but back to the, the Merck/AVMA studies, having two different time periods to compare has been healthy, but the trends have somewhat stayed the same where the items that are of concern, it's the debt, it's the stress, it's the time of putting to work. And that's something I thought we might touch on today because, there's, when we talk a little bit, perhaps about burnout, the number of hours worked has thought to not be a factor, but frankly, I think the number of hours that equine veterinarians put in to generate their revenues are substantial and can't be taken lightly. So, and the other realities for some of the other factors that surface probably make common sense when we look at the demographics of the profession

today, but, women are struggling more with an increasing presence of the stresses of wellbeing and mental health challenges. But there's a whole lot more women entering the profession now. And obviously there are more women than men in the profession now. And so, the other factor then that parallels that is youth... younger veterinarians are struggling more, so these are all things that have surfaced in both studies.

And, because of that, the authors of this studies have, been able to offer some suggestions, which, you know, if we have time toward the end, we can talk a little bit about what has been suggested to try to deal with this and help people get there. If you will.

Kim Brown: And Dr. Gaughan, how did you become an interested in mental health concerns in the veterinary profession?

Dr. Earl Gaughan: Well, I alluded to it a little bit earlier in, again there, I didn't ever see this old movie, but I, here, I understand there's one called Six Degrees of Separation. And, you know, in veterinary medicine, when it comes to mental health challenges and frankly suicide, we're not that far away from it.

So having had some time in a teaching career, and then issues that were close to me. So to cut to the chase, frankly, I've had to kind of come to grips with this from family, from friends, from former students. So it, it dawned on me that it was not very far away. And this was beginning at a time when I think our entire profession was starting to kind of wrestle with this and recognize it as a real and genuine concern.

So, when some of the people you think so highly of, and then they're suddenly gone and you just don't get it. You know, I was blessed in my nuclear family growing up, it wasn't an issue that we talked about. That's another thing that's changed and we should talk about it today. But it was also something that didn't touch us very closely. That changed as I aged and had more experiences and my life connections extended. So there are holes in my life from people who are no longer here. And I think that intensified that, and then just, you know, how life does, by happenstance and other things. And I think we'll talk a little bit about the Remount Foundation, which I happened to just get introduced to, by virtue of our profession.

You know, that's one of the lovely and wonderful things about veterinary medicine is it certainly connects you with a lot of things you never anticipated. And that's certainly been one of the wonderful ones for me.

Kim Brown: Let's go back and talk about burnout. I know the second Merck study explored this quite a bit.

So, what are your thoughts when you look at equine veterinarians compared to their veterinary colleagues and other practices, and even physicians?

Dr. Earl Gaughan: You bet. In the second Merck study, it tried to directly compare veterinarians to physicians as far as burnout, and burnout is another, probably one of those terms that might mean something different to me. Like work-life balance quotes might mean to you, but I think we all know what we're talking about. I certainly believe I've had

two or three episodes where I would have told someone “I'm just burned out,” which means, for me, I had become exhausted and tired of it, and the rewards were no longer there.

You know, we don't like to talk about these kinds of things in our profession, but they're real. And when we look at the..There's certain scales that actually the scientists have developed to look at burnout, and we're very close to physicians. And, yet our final score is higher. We apparently burn out as veterinarians at a higher level and higher rate than physicians do. And the conclusions in the 2019 study, which is where I might dispute a little bit, it said that that was determined in spite of the fact that physicians work more hours. And, your, your reaction that I'm seeing on our screen here today is, is the same as mine.

I mean, I've watched my academic colleagues work enormous numbers of hours, and those frankly were not the same as it was what was required in private practice to get things done. And, you know, my understanding and my friends and colleagues in equine veterinary medicine, they work until the job is done.

And the toll of that, I think we have to recognize can be substantial. So, I think that the fatigue factors, as well as the reward for effort, things that are present today, going back to the compensation for those hours worked and feeling perhaps that we are not appreciated by our clients as much as, at one time, we might've thought that we were

I'm off script from the studies now, but, everybody listening will understand when you say Dr. Google, what it is we have to contend with. And, you know, when I first started out, there was really no other authority versus someone who chose to read a lot. You didn't have someone, maybe not appreciate your thoughts, your efforts and your education, because a 10-minute search before you got there might've made them, a bigger expert than yourself.

So, I mean, that's a new age kind of stressor. But I think it's real. And so, you know, yeah. Burnout being what burnout is, I think it's important that we recognize it. I think it's important that this study identified that veterinarians struggle with burnout more than our other medical profession colleagues.

But my only dispute was the hours part of it ...I have some very good friends who were very hardworking physicians and I think I put in more hours than they did.

Kim Brown: Yeah. And, you know, I lived most of my life in Kentucky, so I mean, I'm so used to, you know, the reproductive vets there, they pretty much don't take off except maybe to sleep a few hours, you know, for months at a time.

Dr. Earl Gaughan: That's right. Well, and you know, equine veterinarians, we're still looking for that model of how do you handle night calls? And I think the nights... My observation is I think equine veterinarians have about 10 years in them to give the all day, all night thing.

And then you start to question it some. It starts to get you a little bit. That's probably the first factor that I would equate to my own personal thoughts about burnout. But we don't have a great successful model yet, at least that I know of. I've had some friends try some things and they've come close, but we don't have the, “Hey at 6:30 PM take your horse to

the emergency clinic.” We just don't have that option yet. And I applaud all the efforts that are going in to find people that will either do those shifts or joint practice efforts to try to cover those things. Because I firmly believe it's that after-hours thing that is the ever-burning fuse on folks that can get themselves in trouble.

Kim Brown: It's certainly the other end of the candle that's for sure. And sometimes it burns pretty hot.

Dr. Earl Gaughan: Uh huh, I agree with you. Yes.

Kim Brown: And in this second study, did they look at equine veterinarians versus other veterinarians?

Dr. Earl Gaughan: Yeah. They kind of, species-ed out a number of the findings and certainly in the, in people's participation, they identified what kind of practice they were engaged in.

And so when you look at overall things, there are equine veterinarians and their levels of wellbeing and mental health concerns are right there with the small animal veterinarians or companion animal. And we were talking the other day as an equine group, you know, Everywhere I've been throughout my career the equine has always been the poor stepchild somewhere. We just don't fit with anybody else. They like to think that we work on big pets and then others think we're closer to livestock. I'm probably more in line thinking the second than the first, but, yeah.

Yeah, the interesting thing I thought in this second Merck study was the identification that those veterinarians engaged in food animal practice actually had much better and encouraging results from the survey on wellbeing and on mental health and, remarkably so Statistically significantly so. And so one's left kind of question. Well, what's the deal there. And, you know, the things that rise to the top was this group of veterinarians tends to be, older, they're more of the baby boomer generation like myself. They tend to be more male. Although statistically, the numbers did not tend to gender out if you will.

That way they tend to be married. So they share their life with a partner which has been demonstrated to be a substantial, positive impact on wellbeing and mental health. Interestingly enough, they, if you read kind of between the way it's described, they probably make less income than colleagues in other speciated practices.

However, they're more satisfied with the money they make. And I know these folks work a lot of hours as well, but they seem to be more satisfied with the hours that they work. And so food animal veterinarians seem to be a little less encumbered, at least from the mental health perspective, by the student debt level.

And so one would ask why, and I think that's going to be explored further in subsequent studies. But my observation of those who end up in food animal practices, they've probably been oriented that way for a long time, perhaps even before they enter vet school. And so they have more of that perspective of satisfaction, I'll call it, than perhaps those others of us do. But boy, the numbers sure tell you that there's some positive lessons to learn from our food animal colleagues.

Kim Brown: Yeah. And sorry, face it as somebody who also raises cows, it's a little harder to kill a cow.

Dr. Earl Gaughan: Now, now be careful. We're pretty good at it... and actually, on lighthearted area. Yeah. We're good at it. But that's another perspective on this whole thing that does come up, and that is this performance of euthanasia. Yup. So, there's actually some other studies once again, that have looked at how suicides are carried out. You know, it's kind of grim thinking, but you have to applaud the people that have, have delved into this to try to help us gain further understanding.

Because my understanding of the numbers is that 37 or 38% of veterinary suicides are conducted with drug overdoses, i.e., euthanasia solution. Once again, we know how to do it. We're good at it. And we have access to the drugs. And so, you know, this is another area when perhaps we talk about what can be done is, I don't have a formula for limiting someone's access to the drugs we need to do the job right because euthanasia can be an incredibly positive, humane thing to do for our patients when we have reached a point where that's appropriate. However, and once again, little bit close for me having friends and colleagues who have chosen that way to end their life, it's alarming.

And trying to figure out a better way to manage that probably goes back prior to the thoughts and how can we make the fact that the drugs are present in our lives, not be the temptation to do something desperate.

Kim Brown: I, you know, having lost friends. Even decades ago before this, when this was kind of the dirty little secret of the industry that, you know, the shining the light on this and recognizing that it is a problem that there are steps that can be taken and it's not, it doesn't have to be a problem that ends in suicide, but it's up to the rest of us to be on the lookout and caretaker our colleagues a little bit.

Dr. Earl Gaughan: Well, I couldn't agree more. And you know, one of the things that was looked at in the 2019 Merck/AVMA study was substance abuse. And, you know, the thought was, does all of this stress that has elevated our numbers of poor wellbeing and suicidal concerns, did it drive people to more alcohol use and that type of thing?

And interestingly enough, no. We don't drink any more than our neighbors do, you know, to, to be somewhat lighthearted about it, but, the numbers of alcohol concerns are very parallel to what the general population in the U.S. is. And being a Colorado resident, the other thing that was looked at was cannabis use, and actually veterinarian slot in slightly below the general population. But in the data that was looked at what caught my eye was a little category at the bottom of the veterinary data that said availability of other agents I think was the way it was put or other drugs. And to me, that's the one that draws us back to this euthanasia solution thing and the drugs that have been utilized for suicide over time. And veterinarians access to them. I, again, I think that's the place that we have to be aware of and if we can try to figure out how we can get in front of that to be helpful for someone who might consider it. I think that's the place that we need to be in. We need to be growing.

And that, you know, kind of brings around another thought, you know, we talked about how my personal interest started and I want to take me out of this a little bit, but one of the greatest lessons I learned, and it was learned mostly from a guy we're going to talk about here in a minute I think when we talk about the Remount Foundation, but that was how do we take suicide from being such a taboo type of subject matter to one that maybe we can find some successful strategies to work with it for toward prevention. And as simple as it sounds to talk about it, that's a huge barrier to break down.

It's a place that probably very few of us, if any of us, are actually would say we're comfortable with. But if you have a question, the thought is to talk about it and, you know, we can't dance around it in polite little terms so that people don't really know what we're talking about. We got to just drill right into it and be open and honest, because you could potentially make a difference.

And, I have watched some of these other people work with folks who were struggling, and to have such an amazingly positive impact by listening and talking about it was just... it's always hard for me to find the right words because I don't like to use glowing terms when we're talking about such a desperate situation, but, it's borderline miraculous what one human being can do for another, if you just care.

[musical intro to commercial break. Music plays during commercial]

Kim Brown (reading the commercial script): Today's Disease Du Jour podcast is brought to you by Merck Animal Health, the makers of Prestige vaccines, Banamine, Panacure, Regu-Mate, Protazil and other trusted equine health solutions. Merck Animal Health works for you, and for horses. Learn more about Merck Animal Health's comprehensive portfolio of products as well as their ongoing investment in our industry, profession and community at MerckAnimalHealthUSA.com.

[music fades out after commercial ends]

Kim Brown: And again, we want to, we want to stress that this is not unique. One out of six veterinarians have considered suicide. So this is something that even if you think in your small practice or with you as a solo practitioner and your colleagues, if there's six of you standing around, somebody there has thought about it. So it's worth discussing.

Dr. Earl Gaughan: Absolutely. And that's the exact way that I have heard this put so successfully before. The gentleman we're going to mention is Dr. David Andrews and, he's a veteran and he has done some tremendous, positive things for us in the veterinary profession by telling his story and going out and talking about what this Remount Foundation does, but he does exactly that. He says, "you know, if this one in six thing is real, which it appears to be, and you're in a room full of people, you don't have to look very far to get past the fifth person to find the sixth one." And so, you know, it brings it very close to home. And one of my contentions has been—and remains—and I think it's one of the positive things that's flowed and generated these Merck studies as well as others is that one do the other five of the six of us do? You know, we can't just walk away.

And I think one of the best things that we've done is become aware, and that was borne out in the second study that Merck did as well in that the awareness and the acceptance that mental health concerns are genuine and should be taken seriously was born out of just over a two-year period. Statistically substantial or significant numbers tell us that we are more aware and we are more caring perhaps than we were before, but I don't think it's necessarily caring. I think it's awareness. And so if the five of the six of us go, "well, I wasn't me," then that doesn't really help. I think the five of the six of us go, "man, that's six person is someone I know and I cared for and I care for this person who's now struggling." It allows us to take that next step of talking about it and finding the time to do that for someone else. And, to me, that's been a tremendous stride forward in this whole thing.

And, you know, after a while we begin to worry...worry is the wrong term. Language means so much to me and words mean so much. Then I think we have to understand that. And so we don't want to exhaust the good words, but one of the best words that I've heard used is trying to help people develop a resilience that allows them to go into every day and find a way to get to tomorrow.

You know, it's just a big deal.

Kim Brown: Yeah. And let's go talk about the Remount. I was fascinated when I first learned about it a few years ago. So, tell us about the Remount Foundation, what it is, what they do and how did Mark get involved with them?

Dr. Earl Gaughan: Well, it's one of those for me cool stories and probably extra cool for me cause I got involved. So, the Remount Foundation, it's a 501(c)(3) organization that was originated and developed at the Equestrian Center at the United States Air Force Academy. I live up about 45 miles north of Colorado Springs where the Air Force Academy is. And that geography has some part to do with this.

But a gentleman called, named Billy Jack Barrett was running the Equestrian Center at the Air Force Academy for 30 some years. He had a colleague Jeannie Springer who was a horse woman and a military spouse and, both of them through the use of the horses there made an observation. And what's cool to me is that these are lay folks who just, they're into horses and they're into people, if you will. And, they noticed how much some of these veterans were benefiting just by time with the horse. And so they wanted to formalize it a little bit without making it so formal that it couldn't --- if that makes sense.

And so they established this group, it started is what they called a Warrior Wellness program. Probably everybody's familiar with the Wounded Warrior program and just some tremendous things that have been done. So, this grew and was rolling along. And interestingly, I had some former clients from when I lived in Kansas that happened to move out here to Colorado.

This woman had been named as a trustee at the Air Force Academy. So, she had met Mr. Barrett and she knew of the work that was being done there. And she called once and said, I need to put you two gentlemen together cause I think you have some things in common. Well, Billy Jack is one of those guys, you meet him once and you're pretty sure you've been a

friend of his forever and that you've known each other for a whole lot longer than the 15 minutes that you have. We've gone on to become really close friends.

And, so he introduced me and I'm in a transitional time for me. I was moving into the industry world working for Merck and so the thought came well, "maybe we could introduce our Merck team to the Remount Foundation team," which is what they, their name evolved into.

And I'd be remiss to not tell you that there was another link because Billy Jack and his wife have fostered, I think, 20 to 25 children and brought them into adulthood. And I mean, that's the giving heart of this guy. Well, I happened to work with a guy and for a guy, Ron McDaniel, which has done some of the same thing.

So, I was listening, and I said, well, dang gone, these guys are doing the foster thing, which is...I have not done that. And I have more admiration than I can describe for people who do give that much. And, so it didn't take but a single conversation for those guys to get linked up. And then it was cemented, you know. Merck and the Remount were kind of more than introduced.

So, the, the cool thing for us as an equine team is we've been able to have a couple of meetings in Colorado Springs where we can then go out and help with their horses. And the way I put it is those folks think we're helping them. But man, they're helping us a whole lot more than we're ever helping them.

Because what comes along with that is some of the shared stories of what's getting done. And so, you know, the whole COVID thing when we should probably touch on the influences of that on mental health as well, but, has kind of interrupted some of that, but we've been able to stay in touch, and just my personal and geographic location I'm a little bit better able to be with those folks than some of our other team members are, but to a person, our Merck team has repeatedly commented what a wonderful experience this has been. And then you watch what has happened. And then once again, it just always comes back to the horse.

And that is just so hard for me to find the right words for, but they have had more than 4,600 people, I think in that includes active duty military, veterans, families, and first responders come through this program and they haven't lost anybody yet. And that'll tell you the power of the horse because the horse is involved in every encounter these folks have with the Remount.

And that brings me around to Dr. David Andrews, who's the current president of the Remount Foundation. And, some of the listeners here will have heard David speak and they will at least have heard his name, but I can't go on enough about him because he won't do that about himself. He's a very humble guy, but he was a tremendous special forces soldier in several branches of our U.S. military.

He experienced the worst of what we can, short of losing his life. Injured multiple times, came back to the U.S. and was struggling. I'll just abbreviate it to that. And he had gone through, he has nothing but praise for the VA in what they try to do. Those folks are just

simply overwhelmed. And mental health challenges, for our military folks who do so much for us, yeah, are difficult.

The post-traumatic stress is not something that's a one-time checkoff. They live with that the rest of their lives.

David reached a point where he was contemplating suicide. And it's a dark place that I don't understand because I've never been there, but our colleagues, friends, family, and people like David, who can tell us that it's a darkness that you think the only way out is to leave and that everyone you care for would be better off without you when everybody else knows that's not the case. But David reached a point where that's where he was.

He heard about this group at the Air Force Academy. He said, "I'm going to give it one more try." And one of the lighthearted things David will tell you is that, you know, "I'm a big, bad warrior dude, and I'm scared to death of horses" cause he'd never been around them before.

Well, Jeannie Springer, again, one of the founder, founding entities with the Remount Foundation, talked with David and again, he said, you know, it was one of the first times that no one said "Why are you here; Tell me your story, but why are you here?" And the answer is "I want to get well."

So she told David to go out into this paddock of mares and he says, "man, once again, I don't want to go over that fence cause these animals are big and I'm kind of scared of them. Don't know what to do." But Jeanie's such an insightful woman, she said, just go out there. It's safe. And see what happens. So, he said he went, he went out there and, he's standing in this group of mares and he said, it took about 20 minutes, but this one mare finally came over to him and wouldn't leave him.

And she just stood there, and he didn't know what else to do. So, he stood there, too. And, so that ultimately led him to end his day there and go, "I'm coming back tomorrow."

And David credits Jeannie and that mare was saving his life.

And, it's fascinating to listen to him because he'll say, "you know, I go other places in the country, I encounter horses" and he goes, "I have yet to go somewhere where one of the horses that's present doesn't come over and find me."

And he goes, "I believe they sense the brokenness in me."

And man, that's the cool thing for all of us who work with horses to step back and look at what these animals can do. And, you know, you can tell I'm already a little sappy, but I, after visiting with David the first time and I came home, I've never looked at my own horses the same. And I've got one who can push me, but, you know, it's, there's just a different appreciation of what the horse can do for people.

And, the other connection I would tell you from the Remount Foundation is it didn't take much conversation at all for everyone involved with the Remount to look at me and go, "we have a lot of parallels between veterans and veterinarians" and they have been nothing but

helpful in our attempts to try to get this word out, if you will, and helping the awareness and help identify maybe techniques that would help us understand.

I took one of their courses. And, you know, it's not to make me a counselor, it's to help make me understand what the role of the horse was. And that, that was pretty cool. Just to listen and watch and participate in some of the exercises on how these counselors that they do have utilize the horse to identify someone's personal struggles. The struggles that come home and interrupt a family dynamic. All of the issues that these folks who struggle, struggle with. And once again, standing right there in the middle of it is a horse. And I don't know, it just is pretty cool.

Kim Brown: I totally agree. I've been involved with that back when it was called riding for the handicap. And now I still work with the PATH International group. Yeah. It's it's amazing what horses can do for humans.

Dr. Earl Gaughan: It is. Yeah, I think it was Churchill that said there's something good about the outside of a horse for the inside of a man and, yeah, it's hard to, hard to see anything better than that.

Kim Brown: I had a friend Alice Chandler who owns Mill Ridge Farm in Kentucky, wonderful Thoroughbred breeding operation, and, she had kind of taken me under her wing as a mentor when I was a young journalist. And at one point she told me, she said, "if you ever want someone to fall in love with the horse, just get him close enough for the horse to breathe on them."

Dr. Earl Gaughan: Yup. I believe that because you talk to not just David, but other soldiers and veterans who've gone through this and, and the similarities in the stories is striking.

Everybody's got their individual nuance to whether they're issues that brought them together, but the horse is consistent and, and reliable, sometimes as much as we may not think they are. Yeah, it's pretty neat. Pretty neat.

Kim Brown: We mentioned earlier that the Merck AVMA well-being study the authors had some action steps to try and help address some of the concerns that the study identified. So can you talk about some of those steps for us?

Dr. Earl Gaughan: You bet. We've talked a little bit about it, and I think the first and the biggest one is just let's talk about it.

You know, they have kind of subdivided their suggestions out between what can an individual do and what can a practice do.

And, I think recognizing the issue in there. Seeking help, if you're one who needs it. And recognizing that this is not a stigma-associated issue, that traditionally we've probably placed upon it. But to discuss this with a trusted colleague or friend or in a group within your practice, if that's doable, I think is the first thing, you know, and Merck has...and these, resources are available online if you go to either Merck or AVMA to find some of the concrete resources that are there.

Just as an aside though, in the second study in 19, of all of the resources that are available through all organizations that umbrella under veterinary medicine from the AVMA to state levels, to organizational ones, only 25% of veterans who need help are seeking it.

And so there's again, a need to be able to step out if you will, and, and actively help your friends, or if you're one who's in need seeking that help becomes important. And unfortunately the resources that are available in, in written and online form were not thought to be highly, I don't want to say useful, but they weren't getting the job done was the interpretation.

So it needs to go beyond that. You know, if, if you happen to be one who's wondering the use of this Kessler Six that we talked about earlier or touched on, is an important thing. That's an easy tool. It's a six-question tool that is readily available online for a self-check on kind of a, how am I doing approach?

So I think as an individual, that's an important part of it.

The practice suggestions were, were essentially parallel to the individuals. If a practice can help identify resources for people, bring someone in who may be a, an expert with these issues and talk to the practice as a whole. The thought of allowing people to have time for mental health medical care as they might for any other kind of medical care, was also appropriate.

And, and the other one, you know, if you go back to the, the core reasons that a lot of this is happening is so much of it goes back to financial. And, you know, one thing we didn't mention earlier, but one of the issues that was a big stressor was if a veterinarian thought they were not working enough hours.

You know, we talked about working too many and that is long thought to have been the biggest thing, but not working enough hours has borne out in this study to be a greater stressor than working too many. And I don't know my personal interpretation of that. They, they didn't say this specifically, but that to me has a direct line back to finances.

If I can't service my debt because I'm not working enough hours to generate the revenue to do that, then how also am I going to afford a vehicle? How am I going to afford a home? I mean, those things compound themselves so quickly. So, I think one of the soundest recommendations that came out of this study was if someone is in this situation and they have not pursued professional financial planning and advice from someone who does that for a living, that is highly, highly recommended.

I, you know, I've been blessed through my career and I had an example in my, in my father of one who came through the Great Depression on, you know, money's important and you better save what you can save. But on top of that, I think money intimidates me. And so I've been with a guy, who's become a very close friend, who's essentially a financial advisor and guide to try to get me to these stages of life that I'm in now, that can only be more important for someone who's got this tremendous debt sitting on their shoulders. And so, I don't know. I mean, between talking about it and finding a financial advisor, those are the two biggest issues that I would personally encourage someone to, to pursue.

Kim Brown: Okay. And is there anything else that you had wanted to talk about pertaining the wellness study?

Dr. Earl Gaughan: You know, we've talked about the high points. I think the awareness issues are very important. I think it's appropriate, again when we talk about suicide, it's not a, it's not a happy conversation. Veterinary medicine, you know, we're 2.7 times more likely to consider it than our general population colleagues. Women in the profession are noted to have what's called "suicidal ideation" at a far greater percentage than, than men do. Somewhere lost in that a little bit as the general dynamics of suicide based on gender.

Women think about suicide much more than men do. Unfortunately, men in general are four times more likely to die of suicide than women. Men are much more likely to successfully commit suicide on a first try. And these are numbers that we know when we look at suicide and suicidal ideation, outside but including the profession.

So, they're alarming numbers and you know, this has only become more profound in this past year. In talking with the Remount folks, the imposed isolation that's come about from all of this forced lockdown forced stay-at-home stuff. Unfortunately in the veteran community, 20 to 25 veterans commit suicide every single day. There's not a day off for that.

Those numbers today are even higher than that because of this isolation.

I think equine veterinarians, just looking at the profession as a whole, may have one silver lining in that it appears that most equine veterinarians—I have to be careful with that because it's certainly not all—but they're still working.

You talk to some, and they're busier than they've ever been. And that may be because their folks at home are spending more time with their horses and they recognize things. But the blessing may be that equine veterinarians are getting to do their job and they're out. And, so based on that, maybe we can help other people.

But, you know, the crisis within the crisis and, you know, gosh, if we can ever get an honest assessment of what the numbers on this whole thing really are, my worry is that we may find mental health worries, in a negative way, outdo the concerns of COVID. There's tragic stories everywhere. I was listening to one yesterday, actually. My mother had lost a high school student to suicide. And she was beyond frustrated with seeking help and she was getting bombarded with the ugliest of things from social media.

You know, which I guess is my other pedestal, which I probably should get knocked off of it pretty quick, but the first Merck study has some direct negative associations of more than an hour a day of social media had a direct negative impact on someone's wellbeing and mental health.

I suspect and would believe that that's even more so today after this year that we've had. Gosh, there's just so many things that are non-viral if you will, that we need to be aware of and worry about, I think, and maybe worry's the wrong term because that implies, we're just wringing our hands, but, hopefully we can act to help each other get through this. So, you know, I'm not giving advice, but if you know someone who's isolated and struggling, don't

hesitate to reach out because this, this is a big deal. It's a real deal. And probably compounds all of what we've been talking about today.

Kim Brown: Yeah. It's that one person can make a difference.

Dr. Earl Gaughan: No question. No question. I think we've all been through those times where we don't believe that, but I can only tell you everything I've seen and lived through recently would tell you that's absolutely a fact.

And, you bet.

Kim Brown: We want to thank you, Dr. Gaughan, for being our guest today on this episode of Disease Du Jour on this important topic, and for those of you listening, whether you have concerns for yourself or for someone in your family or a colleague, the National Suicide Prevention Lifeline is 1-800-273-8255.

They have multiple languages. They're available 24 hours a day. So if you don't have someone close to you, you can reach out to, there is someone there to talk to you.

And we want to thank you our listeners for being with us today for this episode of Disease Du Jour, a special thanks to our sponsor, Merck Animal Health for all they do for not just this podcast, but for the industry.

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