

## You Are Not Alone: Is There a Risk of Isolation in Medical Practice?

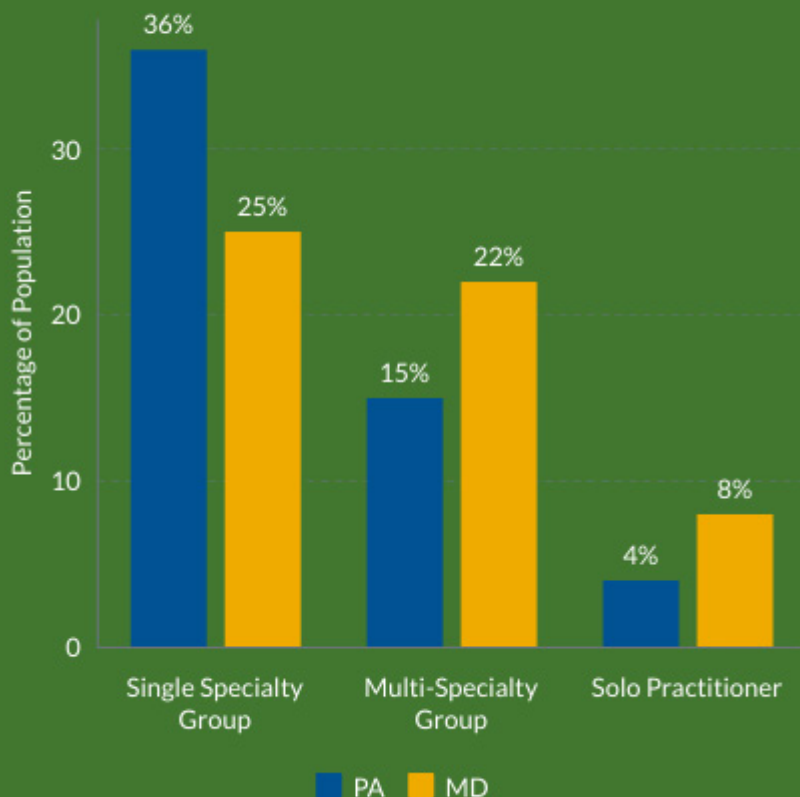
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*"No man is an island, entire of itself..."* — so begins Meditation XVII from Devotions Upon Emergent Occasions by English poet and cleric John Donne (1572–1631). Composed in 1624 during a near-fatal illness, Donne's reflection on the interconnectedness of humanity remains deeply relevant nearly four centuries later. In the aftermath of the COVID-19 pandemic, with its widespread lockdowns, social distancing, and extended periods of isolation, it is my opinion that our collective need for human connection has become more evident than ever.

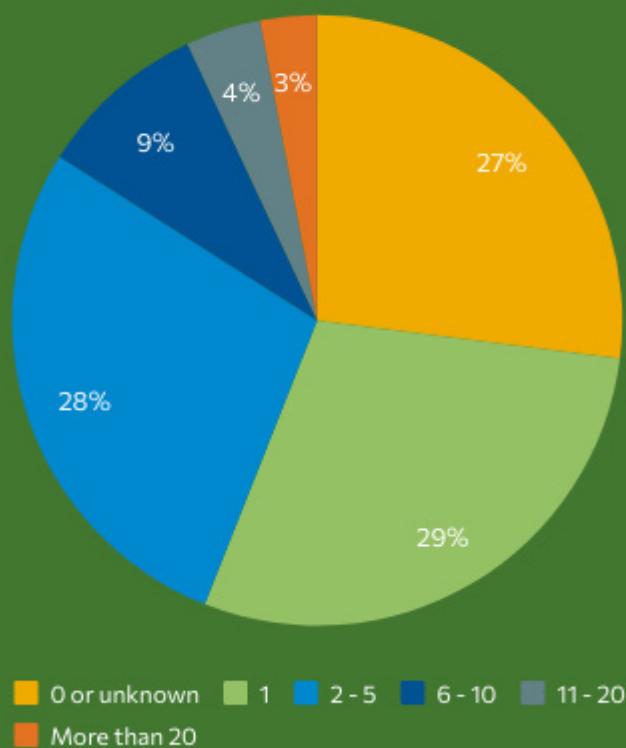
Today, this heightened need for connection is met with a troubling rise in isolation. Whether in our personal lives or professional environments, this disconnection is undermining the fabric of our relationships and communities. Mental health and social work literature increasingly supports what many of us already know intuitively: we are social beings who depend on one another to thrive. No one, physician, PA or otherwise, functions at their best in isolation. Remember... humanity started as tribes, later becoming communities in support of each other as a matter of survival.

While the effects of loneliness are often examined in the context of parenting, personal relationships, and the workplace, I have recently been considering its impact within the medical profession. In reviewing several complaints and disciplinary cases involving physicians and physician assistants, a striking pattern seems to have emerged: many of our colleagues who have been disciplined, appear to be practicing in isolation—outside the context of a group or of a collaborative setting. When we look at the available data collected through the self-reported Physician Assistant [Demographic Census](#), we learn the following.

### Indicate your Practice Arrangement and Size of Group



### How Many Sponsoring Physicians and Alternates are in your Practice?



Some responses have been omitted to simplify this visual. Refer to the census report for a complete list of responses.

This observation raised an important question: Could the absence of a collaborative practice environment contribute to poor clinical decisions or unprofessional behavior? Might these outcomes have been avoided if the providers had worked alongside colleagues who could offer feedback, guidance, or simply just be a sounding board?

Although correlation does not imply causation, in my mind the question merits at least thoughtful consideration. Is it possible that isolation in medical practice increases the risk of diminished judgment, ethical missteps, or behavioral decline? I don't know! But....

In 2023, U.S. Surgeon General Dr. Vivek Murthy identified loneliness and isolation as a public health epidemic, citing research linking isolation to increased rates of anxiety, cardiovascular disease, dementia, stroke, and premature death. A 2017 study equated the health risks of chronic loneliness to smoking 15 cigarettes per day.

Beyond emotional well-being, collaborative work environments have been shown to improve performance. In their 2018 study published in the Proceedings of the National Academy of Sciences, Bernstein, Shore, and Lazer examined how intermittent collaboration among individuals of varying performance levels impacts outcomes. They found that both high and low performers benefited from working together: high performers improved by adopting useful ideas from their peers, while lower performers were elevated through exposure to higher standards and solutions.

While this evidence does not establish definitive causation between isolation and professional misconduct, I would suggest that environments lacking collaboration may create conditions that allow poor decision-making to go unchecked.

To that end, I want to emphasize an important point to any provider who finds themselves working in isolation, whether professionally or emotionally: that you are not alone.

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Physician and YouTube educator Dr. Christopher Thompson echoed this concern in his video, "The Loneliness of Medicine", where he stated:

*"The life of a doctor is a lonely one. Your friends have moved on. That tends to happen after you neglect them for four years of pre-med, four years of medical school, and four years of residency."*

He observed that many physicians, having devoted so many years to training, find they have little in common with people outside the profession—and that loneliness is even more acute for those practicing alone.

Research supports these observations. A 2010 article in Occupational Medicine titled "Occupational Isolation Among General Practitioners in Finland" by Aira et al., identified key elements of professional isolation: making decisions independently, lacking collaboration with colleagues and specialists, absence of community within the workplace, and a lack of mentorship. The authors concluded that: *"Enabling flexible teamwork and social and professional support networks are the key issues in solving the problem of occupational isolation in general practice."*

The Washington Medical Commission is committed to its mission of promoting patient safety and upholding the integrity of the medical profession through licensing, discipline, rulemaking, and education. Equally important, however, is our commitment to supporting physicians and physician assistants in being the best versions of themselves, both professionally and personally.

We encourage all healthcare professionals to reflect on their own practice environments and emotional well-being. If you are struggling with feelings of isolation, burnout, or disconnection, we urge you to reach out—to a trusted colleague, to a professional organizations such as WAPA, WSMA, AMA, AAPA, WPHP, or PROBE, or to us directly.

Remember the wisdom of Donne's words: "No man is an island." In medicine, as in life, we are stronger, wiser, and more resilient together.