Why are we not taking care of ourselves?

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Recently I attended a discussion on the care of physicians as patients. Interestingly, the debate quickly turned away from the issues of treating physicians as patients to an equally and probably more burning issue—our lack of care for ourselves and our well-being. By “our” I mean us physicians. It seems that we all, or most of us, are more and more stressed out by our jobs, burned out, frustrated, and depressed. Over my “physician life,” I went from not even knowing what burnout was to reading about physician burnout nearly daily.

Many try to blame burnout on working long hours. However, as one of the discussants at the group I attended aptly noted, “When you work long hours but like what you do and find satisfaction in it, you come home tired. However, when you work long hours and are unhappy and dissatisfied with your work, you become burned out.” The answer clearly is not just working fewer hours, but in getting more satisfaction from what you do.

The practice and culture of medicine have evolved but not in a good way. Many physicians are dissatisfied with their work, overwhelmed by documentation and other “paperwork,” which often makes little sense, at the expense of spending time with patients. Physicians feel they are losing independence and control over their work, while respect and job prestige have suffered. Many physicians no longer feel positive about their work, and feel that medicine has lost its calling.

Young physician burnout and well-being has received great attention lately. The general consensus is that education and discussion of well-being is a critical deficit in residency education. Duty hour limitations and other regulations have been introduced, and it is likely that new curricula on physician well-being will be introduced gradually in residency training. This seems to be a good beginning but just a partial solution.

There are at least 3 critical issues that these regulations do not address. First, the move to pay more attention to physician well-being in medical schools and residency programs might be too late. Second, these efforts
do not address physician well-being after residency when new and more stressful responsibilities begin. Last, but not least, we are not considering the impact of burned out, dissatisfied, or, frankly, depressed training faculty on younger generations of physicians they train.

We clearly must move beyond addressing medical student and resident well-being and focus on the well-being of all physicians. We must start educating practicing physicians on how to better take care of themselves. We must address more forcefully all those issues that contribute to our job dissatisfaction. We might not change them, but perhaps we can adjust them a bit. Physician well-being education and training should become part of regular continuing medical education activities. The focus on physician well-being might not only help us, but it could improve patient care and patient satisfaction. Who wants to see a frustrated, burned out physician anyway? We have to start to take care of ourselves, otherwise we will not be able to take good care of our patients.

REFERENCE