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Beyond Burnout

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For the past decade or so, medical news sources have been saturated with articles on physician burn-out--that constellation of symptoms that include exhaustion, cynicism, and decreased productivity (a four-letter word, if there ever was one). The most recent *Medscape*¹ report on physician burnout states that 44% of physicians are burned out, another 11% are “colloquially” depressed, and another 4% are truly clinically depressed. Even allowing for overlap, at least one-half of all physicians are describing themselves as burned-out, depressed or both. Those statistics are appalling, and when one thinks about it, threatens the entire structure of American medicine.

But the situation is even bleaker. In the July 26, 2018, issue of *STAT Medical News* Simon Talbot MD and Wendy Dean MD² assert that physicians aren't merely ‘burning out,’ they're suffering from moral injury too. *We believe that burnout is itself a symptom of something larger: our broken health care system. The increasingly complex web of providers' highly conflicted allegiances — to patients, to self, and to employers — and its attendant moral injury may be driving the health care ecosystem to a tipping point and causing the collapse of resilience.*

They provide compelling evidence to make the case that physicians suffer from the same type of PTSD that affects combat soldiers. In fact, physicians are committing suicide at *twice* the rate of active duty military personnel, and four times the rate of the general populace.

Talbot & Dean define “moral injury” as “perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations.” While this definition was initially applied to combat personnel, it can be applied to practitioners of modern twenty-first century modern American medicine: “It is being unable to provide high-quality care and healing in the context of health care.”

We all went into medicine for our own reasons, both universal and personal, but at some level we went into medicine to help people. But today’s medical practice has us tied in knots with our conflicting loyalties: to our patients, to ourselves, to our employers, thereby diluting our focus on providing the best care to patients.

Talbot & Dean state: *In an increasingly business-oriented and profit-driven health care environment, physicians must consider a multitude of factors other than their patients’ best interests when deciding on treatment. Financial considerations — of hospitals, health care systems, insurers, patients, and sometimes of the physician himself or herself — lead to conflicts of interest. Electronic health records, which distract from patient encounters and fragment care but which are extraordinarily effective at tracking productivity and other business metrics, overwhelm busy physicians with tasks unrelated to providing outstanding face-to-face interactions. The constant specter of litigation*

drives physicians to over-test, over-read, and over-react to results — at times actively harming patients to avoid lawsuits.

Physicians react to patient satisfaction surveys by often withholding unwelcome medical advice from patients to keep their scores high, or over treatment often harming the patient. We're assaulted on all sides by moral conundrums where our Hippocratic Oaths smash up against the reality of today's medical practice.

Because of our increasing burn out and moral injury, we derive less job satisfaction, many of us "just going through the motions," but even more importantly, many of us are leaving the profession—we take early retirement, find non-clinical positions, or get out of medicine all-together.

In 2012, an Urban Institute³ study of five-hundred primary-care doctors found that one-third of those aged 35-49 (our prime practice years) planned on leaving practice within five years. For physicians over the age of 50 the number planning on early retirement jumped to 52%, more than half. Think of the loss of talent medicine would suffer if all the doctors who say they are getting out early, actually do leave.

In response to the "burnout crisis" a variety of health entities have established wellness programs, including mindfulness, meditation, relaxation techniques and cognitive-behavior and resilience therapy/training. In an effort to "spread the stress" they've also attempted instituting team based care and flexible schedules among other "innovations."

While all of these measures may help to alleviate some of the burnout, they function more like first responders in an emergency—they don't address the underlying problem causing moral

injury. Moral injury is a product of *institutional* patterns that demand competing loyalties and the inability to often do what's best for the patient.

In many institutions, physicians are considered the most expendable resource, and physicians, not being stupid, are aware of their lowly status in the institutional hierarchy. We've taken years to develop the skills and knowledge we use every day and that knowledge should be treasured, not depreciated because we're not seeing four patients an hour. Knowing that everything we do, every action we take may be overridden by an insurer or administrator with his eye on the bottom line is incredibly demoralizing. Because overriding the physician's clinical judgement is often to the patient's detriment with each one of those countermanded orders or discontinued therapeutic regimens, the physicians are vulnerable to moral injury with each act of administrative override.

Talbot & Dean state, *"What we need is leadership willing to acknowledge the human costs and moral injury of multiple competing allegiances. We need leadership that has the courage to confront and minimize those competing demands. Physicians must be treated with respect, autonomy, and the authority to make rational, safe, evidence-based, and financially responsible decisions. Top-down authoritarian mandates on medical practice are degrading and ultimately ineffective."*

We need to institute a system where patient care is not overridden by insurers, hospitals, the healthcare system or a "utilization" physician. Unless we can construct such a system, whether it be Medicare for all, or Obamacare or some-other undreamt of system we will never be able to overcome the epidemic of moral injury that seems to be overwhelming physicians, and ultimately medical care.

References

1. Leslie Kane, MA “Medscape National Physician Burnout, Depression & Suicide Report 2019” *Medscape* January 26, 2019
2. Simon G. Talbot and Wendy Dean “Physicians aren’t ‘burning out.’ They’re suffering from moral injury” *STAT Medical News* July 26, 2018
3. Roni Caryn Rabin “Burnt Out Primary Care Docs Are Voting With Their Feet” *Kaiser Health News* April 1, 2014