

PERSPECTIVE: PART II

Promoting Physician Wellness: Making the Future of Medicine Better

Manasa S. Ayyala, MD

Dr. Ayyala (manasa.ayyala@jhmi.edu) is a general internal medicine fellow at Johns Hopkins University.

I had dinner with my uncle, a non-medical professional, the night before attending the International Conference on Physician Health™ (ICPH) in Boston, Massachusetts. My uncle, with a look of disbelief, blurted out “But why would there be a conference on physician wellness? Don’t doctors know how to care for themselves—they tell others how to care for themselves!” He felt this was the ultimate irony, and remarked to me how physicians already had the secret to wellness. From his perspective, physicians were trusted by people with their lives, witness to their most vulnerable moments, and privy to secrets to which even their closest friends and family were unaware.

How could they not know how to be well?

If only it was this simple.

I remember starting medical school with an overwhelming sense of excitement clouded by an additional emotion that I came to realize was fear. I asked my assigned advisor that day “How do I avoid becoming jaded?” and he replied “The fact that that you are already asking is how.” I was already fearful. Something about the physicians I had been around, including my own primary care doctor, scared me into feeling that I was giving up a part of myself and that this was expected. I pledged to myself that I would never lose sight of the humanity of medicine.

But, it was hard at times. Life happens at the same time as the practice of medicine, and it is easy to perceive that there is no time left for self-care.

It is now increasingly clear that there is a problem. We know that physician burnout is reaching epidemic levels with prevalence near 50%.¹ Physicians who experience burnout are more likely to report making recent medical errors, score lower on tests that measure empathy, and leave medicine altogether.² Burnout in physicians is characterized by emotional exhaustion, feelings of depersonalization, and reduced feelings of personal accomplishment due to chronic stress.³ Evidence has linked even small increases in burnout scores to large changes in self-perceived major medical errors and increased suicidal ideation.⁴

Data show that medical students enter medical school as psychologically healthy as their peers who are not in medical school.⁵ However, after training, rates of depression and burnout increase compared to their peers. In one study of seven medical schools in the US, approximately 50% of medical students met criteria for experiencing burnout and 10% had experienced suicidal ideation during medical school. Burnout was associated with increased likelihood of subsequent suicidal ideation and recovery from burnout with less suicidal ideation.⁶ A national survey of internal medicine residents revealed that more than half met criteria for burnout. High rates of burnout are cited across medical specialties and internationally.^{5,7,8}

I feel hopeful as I see the national conversation turned to improving wellness and focused on understanding, implementing and

evaluating programs that not only work on reducing burnout but improving resiliency and self-care. These programs at the individual and organization levels do make a difference.⁹ National organizations such as SGIM are making this a priority and I look forward to taking part in the annual meeting, “Resilience & Grit: Pursuing Organizational Change & Preventing Burnout in GIM.” Medical institutions, organizations, and individual physicians share in this responsibility and opportunity to create change.

As we look toward the future of physician wellness as a priority, I believe we can realize that my uncle may be right. Maybe we do know how to be well. And maybe we need to consider adding the practice of physician wellness to the practice of medicine.

References

1. West CP, Dyrbye LN, Erwin PJ, Shanafelt TD. Interventions to prevent and reduce physician burnout: a systematic review and meta-analysis. *Lancet*. 2016;6736(16). doi:10.1016/S0140-6736(16)31279-X.
2. Wallace JE, Lemaire JB, Ghali WA. Physician wellness: a missing quality indicator. *Lancet*. 2009;374(9702):1714-1721. doi: 10.1016/S0140-6736(09)61424-0.
3. Maslach C, Schaufeli WB, Leiter MP. Job burnout. *Annu Rev Psychol*. 2001;52:397-422. doi: 10.1146/annurev.psych.52.1.397.
4. Shanafelt T, Balch C, Dyrbye L, et al. Special report: suicidal ideation among American surgeons. *Arch*.

continued on page 2

PERSPECTIVE: PART II

continued from page 1

- Surg.* 2017;146(1):54-62.
5. Dyrbye LN, West CP, Satele D, et al. Burnout among U.S. medical students, residents, and early career physicians relative to the general U.S. population. *Acad Med.* 2014;89(3):443-451. doi:10.1097/ACM.000000000000134.
 6. Dyrbye L, Thomas M, Massie F, et al. Burnout and suicidal ideation among U.S. medical students. *Ann Intern Med.* 2001;151(4):1-12.
 7. Dyrbye L, Shanafelt T. A narrative review on burnout experienced by medical students and residents. *Med Educ.* 2016;50(1):132-149. doi:10.1111/medu.12927.
 8. Jackson ER, Shanafelt TD, Hasan O, Satele D V., Dyrbye LN. Burnout and alcohol abuse/dependence among U.S. medical students. *Acad Med.* 2016;XX(X):1. doi:10.1097/ACM.00000000000001138.
 9. Shanafelt TD, Dyrbye LN, West CP. Addressing physician burnout: the way forward. 2017;55902:1-9. doi:10.1001/jama.2017.0076. **SGIM**