

Care Redesign New Marketplace Patient Engagement **Leadership**

Leadership

Clip

The Dangers of Physician Burnout (01:11)

Tait Shanafelt, Director of the Department of Medicine Program on Physician Well-Being at Mayo Clinic, discusses the dangers of physician burnout. His daughter had to endure a three-week stay in the ICU as well as a series of brain surgeries. The medical care was exceptional, he says, but one of the physicians stood out — spending extra time with her, admiring her classmates' artwork, and providing support and guidance to the family through a frightening journey. “As a physician, I can say that he embodied the best and most noble ideals of our profession,” Shanafelt says. But recently, that same physician almost left medicine due to burnout. He was under 45 years old. It's a similar story across the profession, says Shanafelt. “Today's medical practice environment is destroying the altruism and commitment of our physicians.”

From the NEJM Catalyst event [Leadership: Translating Challenge to Success at Mayo Clinic, June 2, 2016](#). Watch [Shanafelt's full talk here](#).



Tait Shanafelt, MD

Stanford Medicine

Dr. Shanafelt is the Chief Wellness Officer for Stanford Medicine, Director for the Stanford WellMD Center, and Associate Dean of the Stanford School of Medicine. He previously served as Director of the Mayo Clinic Department of Medicine Program on Physician Well-Being. Learn more about Tait Shanafelt...

DISCUSS

HIDE 14 RESPONSES

+ ADD A RESPONSE



Anthony

I feel like everyone dances around how big of a factor technology plays into this. I am all for the benefits of technology in medicine, because it's capabilities are amazing. But the rush for government rebates, design, poor implementation and lack of interoperability of EHRs are gasoline on the fire. Unless you're a radiologist, you did not go into medicine to sit in front of a computer screen all day. What's it up to these days? 50% of a physician's time is now spent on EHR related tasks? It's not the amount of "clicks" either like EHRs want you to believe because that's just misdirection from their absolute lack of functionality in a clinical workflow. The mass implementation of EHRs saw the steep decline of independent physicians. Change requires a drop in productivity for a period of time to truly see the benefits. But the poor design and implementation of that change is why 10 years later, we haven't moved towards the productivity that was promised with it.

November 22, 2017 at 12:14 pm

REPLY



Donald Milligan

When physicians give up control of their practices to administrators, no matter how attractive the idea of not having to do administration, they have the same importance to that administrator as the groundskeepers. For primary care, I think the best route to avoiding burnout is direct primary care. Keep the government, insurers and hospital or group administrators out of the process and respond only to doing the best medical care you know how for the patients who contract with you. No physician is going to feel valued as long as he is on a hospital's assembly line.

June 30, 2016 at 2:17 pm

REPLY



Rudyard L. Dimson, MD

The Practice of Medicine

An art and a science
One cannot do without the other.

Science is knowing.
You only see what you know.
It is a never ending quest
For knowledge
For acquisition of necessary skills

It is about being able.

Art is caring and communicating
It is poetry.
All poetry is efficient.
It compresses the human experience
To its essence

It is about the soul

The Practice of Medicine
An art and a science
One cannot be without the other.

June 29, 2016 at 11:38 am

REPLY



mary

Of course doctors are burned out. Society has shifted so much that doctors cannot even doctor anymore. We are not respected, everybody has an opinion, patients don't want to be accountable and then we have to be the secretary, accountant, and spiritual and legal advisor all at once. People get angry when the doctor may have to give an extra ten minutes to a very sick patient. Societal expectations are outlandish. We used to have to care for the human being, now we have to care for the human being plus all their existential issues. It is unrealistic.

June 28, 2016 at 2:21 pm

REPLY



Enrique Guadiana

A few years ago, I read a Daily Beast article, titled “How Being a Doctor Became the Most Miserable Profession,” by Daniela Drake. The teaser at the top declares, “Nine of 10 doctors discourage others from joining the profession...” That is an unsettling fact. Are the leaders in our profession burned out, and are most of us too tired to care anymore?

As far as I can tell, we have taken many steps to enhance the quality of our profession, but almost every idea has been either hijacked or twisted. We develop guidelines to improve our practice, but now lawyers and insurance companies use them to justify suing us and denying payments to our patients. We decided to develop electronic health records in good faith, and now they want us to spend a lot of time filling in useless information and limiting our time to interact with patients. Also, many hospitals use practice guidelines for the unintended purpose of measuring physicians’ productivity. Many doctors now accept less compensation for their work, but the insurance companies, hospitals, and even the government don’t pass these savings on to patients.

The worst thing is that, for many different reasons, we doctors no longer have good standing in society. I always wonder why everybody is so worried about fraud, overspending, overtesting, and excessive referrals. Any profession can have a few bad apples, but to my eye ours isn’t particularly plagued by this wasteful behavior. Meanwhile, the system asks for perfection from members of our profession: no mistakes, long working hours, continuous availability, permanent training, and often inadequate compensation. These expectations, in the aggregate, are a fantasy. I don’t know of any other profession that has to accept such unrealistic terms.

Many people think that the new horizon for us will be “corporatization” and business consolidation, recognizing all the while that these features are fundamental to the problem. Shouldn’t we be concerned about the possibility of actually limiting free and true competition? We know what happens after that: Quality declines and prices rise. Remember, once you eliminate competition, it’s gone for good — so I think it is crucial to preserve competition at any cost.

A new analysis from Stanford University found that prices were most likely to increase when hospitals bought physician practices, rather than forming looser contractual relationships with physicians. Hospitals have increasingly bought physician practices during the past decade, arguing that it helps them to coordinate care and control costs. However, insurers and many economists say that the hospitals’ primary motivation is to negotiate higher prices with insurers and build referrals to increase admissions.

Excellent arguments abound on all sides, but the reality is that the system is not working overall. Sometimes people do the right thing for the wrong reasons and sometimes the wrong thing for the right reasons. What are we doing in this case? Is choosing the least of many evils our only option? If being a doctor has become a bad idea, what kind of talent is the profession is going to recruit? I see a very cloudy future ahead.

June 28, 2016 at 12:06 pm

REPLY



Burcu Ozdemir

It is even worse for females

June 28, 2016 at 10:43 am

REPLY



Subu

First and foremost I appreciate your thoughtfulness and kindness to 'notice' and appreciate exceptional care. Which is what all of us have to give, and the reason we became physicians and nurses. I look at medicine today as a failing marriage, the govt with their monetary agenda and physicians still trying to be the idealists. The patients are the in-laws, 'some' terribly misbehaving and have you question why you are on this journey.

I am so glad all is well worth your child, thank you for sharing and caring.

June 25, 2016 at 9:43 am

REPLY



Francis M Lobo, M.D.

The critical issue is the "managing" of physician schedules and lives by hospital administrators and other business managers who have no idea about what is required to fulfill the mission of healing. The managerial class in medicine is behaving like a cancer, draining resources and burning out the people who really do the work, while proliferating beyond control.

It is tragic but telling to see some of the brightest students in our medical school classes pursuing the "MD/MBA" degree. They seem to know already that managing physicians is a much better life than actually being a physician in the current climate. The standards of productivity set by the managers of practices, especially academic practices, which have additional obligations of teaching, are wildly unrealistic. In the era of electronic medical records, which forces the doctor to be "provider," stenographer, and biller, how can one really give good care in a 15 or 20 minute appointment? It is impossible. No doctor who actually sees patients, and does it well, would agree with such schedules.

The system is coming to a breaking point. We must push for longer appointments and higher physician reimbursements. And far, far fewer managers.

June 24, 2016 at 2:13 pm

REPLY



John

Just look at these two comments:

"The managerial class in medicine is behaving like a cancer, draining resources and burning out the people who really do the work, while proliferating beyond control."

and

"I loved practicing medicine, when physicians could truly be in charge of providing care to their patients without interference. That is, in my opinion, when medical care in America was at its best. I fear it may be lost forever. "

Both of these from experienced physicians.

I think our assignment is clear: Expel insurance companies, management professionals and the government from the practice of medicine entirely.

I wonder if the medical profession has the chutzpah to do it.

That is my challenge to my medical colleagues.

John

June 28, 2016 at 9:46 am



Jacqueline Livingston DO

I often told people that practicing medicine was the perfect profession for me. It was a privilege given me by my patients and a privilege that I took seriously. I owed them 100% of my effort to provide them the very best care possible. I left practice in 2010 after 25 years because the legislated business requirements of my practice robbed me of sufficient time to give my patients what they absolutely deserved: time to listen to what they had to say, time to do a thorough evaluation, develop a reasonable treatment plan, and the time for questions from the patient. When I was told that all documentation had to be entered into a computer, I tried it. I lost the valuable eye-to-eye contact with my patients which often gave non-verbal clues to what issues he/she might be dealing with, as well as giving them the courtesy of my attention. The time it took to do the documentation online in Family Practice was unreasonable. I had less time, so saw fewer patients daily, making it more difficult for my patients to get an appointment. Then add having to ask permission from insurance companies to order medical studies or prescribe a brand name medication, it became too much. Also, having to keep up with the changing regulations affecting medicine, became a real challenge. My role became more about being an administrator than a care giver.

When I left practice, I worked a 12-hour day, doing charts during lunch and documentation from 5:00 to 7:30 - 8:00pm before heading home. So I elected to leave practice. The fatigue and frustration became too much to handle. Such a shame, I loved practicing medicine, when physicians could truly be in charge of providing care to their patients without interference. That is, in my opinion, when medical care in America was at its best. I fear it may be lost forever. What a shame.

June 25, 2016 at 12:08 pm



Eileen Mullard

It happens in nursing too globally. As an expat in UK, I experienced burnout and it was not nice. I was in oncology. The worse thing is your colleagues don't care, they just want you to get on do the work and work... We need better systems in place. That was my last nursing post! Now I teach mindful meditation and pray it helps others!

June 24, 2016 at 12:32 pm

REPLY



Ratnam

If you love your work You need not have to work.

Since you love meditation you never feel the stress.

What you have done gives you lot of happiness which you can't buy with money.

June 24, 2016 at 11:25 pm



Majida

You are right. I hope this changes and the doctor has to get his/her right as a human being.

June 24, 2016 at 8:56 am

REPLY



Marcela

I had an episode of Burnout few years ago. I decided to leave Internal Medicine and start another specialty. But that is not the solution. It is necessary for health systems and government to understand our role in society and stop saturating the professional with senseless shifts, so limited in time for consultations and wages so pitiful.

June 24, 2016 at 11:13 am

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