

Burnout – a Burning Issue

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Burnout – a Burning Issue

The frequent answer to the question “Why do you want to study Medicine” at the medical school interview is “I want to save lives”. A scientist colleague used to greet me with the line “How many lives have you saved today?” The truth is that whilst we can easily kill a patient if we are not careful, rarely can we intervene to turn the tide and save a life. As a clinical pharmacologist with an interest in medication errors, I know that a careful and alert doctor is better for the patient than a caring but tired doctor. Older doctors may recall with some fondness and pride that they used to be on call every other night and still came through. In the UK and EU at least, it is now recognised that doctors, like airline pilots, must not overwork. Why, then, is burnout a growing problem in the medical profession?

Can it be that we are not recruiting people with the “right stuff” into the profession? In most countries, getting into medical school is extremely competitive. Only secondary school students with the highest grades and scores will be given a place. Graduate entry is also highly competitive and usually a First Class Honours degree is expected. Candidates with the right aptitude and attitude may be cast aside if they do not achieve perfect grades in the required subjects, while candidates who have less aptitude for the profession are offered places because of their impressive examination results. While “saving lives” is the ostensible reason for wanting to read Medicine, the real reason often turns out to be parental pressure. Those of us who teach at medical schools can think of parents writing in or turning up to explain why their child failed an examination.

Is the training too tough? Compared to the military, undergraduate and postgraduate medical training is perhaps not as physically-demanding but probably equally ‘character-forming’. Nevertheless, the training from first year at university to completion of generalist or specialist

training takes more than a decade during the best years of one's life. This is quite a sacrifice for young people, who may well have regrets later on in life.

Are the rewards too meagre? On the whole, unemployment rates are very low in the medical profession. Part-time and locum opportunities abound for those who do not have a regular job. However, it must be said that doctors' income has been overshadowed by the rising costs of other things such as expensive drugs, expensive devices and expensive technology, so that clinical skill is no longer an expensive commodity. A scan is superior to a careful physical examination; targeted therapy or immunotherapy gives painless if not better results than careful surgical dissection of advanced malignancies. In the world of technology, the skills of doctors are devalued, which would be reflected in remuneration.

Much has been said about the increasing complexity of Medicine. There are two sides to this. On one hand, there are many more investigations and treatments contemporary doctors have to know about. On the other hand, they have less to do because many of these are highly specialised. As said before, instead of a careful physical examination, a scan would be ordered. The doctor who orders the scan will not be operating the scan and will not be reporting on the images. Everyone is becoming increasingly specialised and compartmentalised. Doctors are no longer omnipotent masters of everything medical. Indeed, they are not even allowed to be the jack of all trades.

This diminution of the medical practitioner is nothing short of a crisis. The doctor who was top of the class at school is nowadays just a skilled worker, who is managed by managers, governed by a board and regulated by colleges and councils. At the same time, he or she has given up the best years in their youth, cannot count on taking Christmas off and cannot drink

if there is a chance of being called to see a patient. It is too painful to give up Medicine in mid-life and retrain in another occupation; the job for life may be a curse in disguise.

There is no easy solution to the problem of burnout. Doctors are only human. Whilst they are often angels and may occasionally be saviours, they are not gods. They need to be remunerated in proportion to their sacrifices, rewarded for their loyalty to their patients and given enough spare time to rest, recover and re-equip. They should be encouraged to seek help if they are not coping. There should be mechanisms for them to take a break, the equivalent of an elective or a gap year. Doctors should not forget that they are professionals, and therefore a certain amount of autonomy and independence is necessary. Many doctors dislike administrative duties and paperwork, but they do not like to be administrated by managers either. Instead of resisting technology and management, they should embrace and master these, so that the doctor is the central person and the trusted advisor managing a patient's health.

This is a special issue of the Postgraduate Medical Journal that focusses on burnout. The rest of the articles give fuller insights into the problem of burnout in doctors. It is a poignant indication of the scale of the problem that, apart from this editorial, none of the articles were specially commissioned for the issue.