

Letters

Burnout

September 2018—As a pre-med student, I am shadowing a pathologist mentor at a major cancer hospital to gain insight into the life of physicians. She introduced me to CAP TODAY. I write in response to “Frontline dispatches from the burnout battle,” by Karen Titus (June 2018), to share the thoughts of a novice who now knows that becoming a physician means learning the skill of resiliency as early as possible.

Burnout, termed by Herbert Freudenberger in 1974,¹ affects the well-being of physicians to this day. According to a 2018 Medscape physician lifestyle report, 32 percent of all physicians were burned out or depressed or both. Physician fatigue has major consequences.² A new study published July 9 in *Mayo Clinic Proceedings*³ found that 54 percent of more than 6,500 physicians who responded to a survey reported symptoms of burnout. Almost 33 percent reported excessive fatigue, and 6.5 percent reported recent suicidal ideation. Of the 6,586 respondents, 10.5 percent reported a self-perceived major medical error in the prior three months. Those who reported errors were more likely to have burnout symptoms (77.6 percent vs. 51.5 percent), fatigue (46.6 percent vs. 31.2 percent), and recent suicidal ideation (12.7 percent vs. 5.8 percent).

Pathology is a highly stressful medical practice. Based on the 2018 Medscape report, 42 percent of pathologists report feeling burned out, depressed, or both. Pathologists are the primary diagnosing and tumor-characterizing source of diseases in patients, and the fear of misdiagnosis can lead to physical and mental exhaustion. Pathology is a field in which mistakes are more apparent, since the pathologist plays a vital role in the diagnostic process. The environment, too, plays an important part in burnout. Though interaction with patients in pathology is generally limited, interaction with colleagues on cases is frequent. If the medical group a pathologist is involved with is negative, burnout rates are harsher than when a pathologist works in a positive atmosphere. The institution in which a physician works therefore profoundly influences whether a physician experiences symptoms of burnout.

There are a few measures that can be taken to prevent burnout. One is to provide assistants for physicians who can complete regulatory-related work and other routine tasks. Another is to provide ergonomic improvements. If the pathologist’s microscope, chair, desk, and computer are ergonomically optimized,⁴ the pathologist will feel less strain. A nationwide online questionnaire in Switzerland⁴ surveyed pathologists on the effects of ergonomically optimized equipment; it found that the optimized microscope and chair alleviated their musculoskeletal problems. This can lead to a decrease in burnout symptoms. Other solutions would be to provide wellness clinics, self-improvement courses, and peer-support programs.

The burnout epidemic in medicine seems to be gaining attention but has been largely neglected, and many physicians deny or are unaware of the symptoms even when support and assistance are offered. To prevent burnout from progressing, symptoms should be brought to physicians’ attention and physicians should be allowed to speak openly about the experiences they have had. That the CAP is addressing this issue is encouraging and one more reason I want to become a pathologist.

1. Kahill S. Symptoms of professional burnout: a review of the empirical evidence. *Canadian Psychology*. 1988;29[3]:284-297.
2. West CP, Dyrbye LN, Shanafelt TD. Physician burnout: contributors, consequences and solutions. *J Intern Med*. 2018;283[6]:516-529.
3. Tawfik DS, Profit J, Morgenthaler TI, et al. Physician burnout, well-being, and work unit safety grades in relationship to reported medical errors. *Mayo Clinic Proc*. 2018. doi:10.1016/j.mayocp.2018.05.014.

4. Fritzsche FR, Ramach C, Soldini D, et al. Occupational health risks of pathologists—results from a nationwide online questionnaire in Switzerland. *BMC Public Health*. 2012;12[1]:1054-1066.

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