VIEWPOINT

Physician Well-being and the Regenerative Power of Caring

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Viewpoint page 1541

In 1948, *Life* magazine published what has become an iconic and, for many, nostalgic photograph essay depicting the life and work of Dr Ernest Ceriani, a Colorado general practitioner.[1] Among the 38 photographs is one of Dr Ceriani attempting to save the eye of a 2-year-old girl who was kicked by a horse, another of him carrying an 85-year-old man to the operating room to amputate a gangrenous leg, and another showing him holding a newly delivered infant. His expressive face shows anguish, anxiety, uncertainty, and exhaustion—and triumph. Nowhere in the article does the word "burnout" appear.

The photographs of Dr Ceriani document the seemingly unimaginable and unmanageable stress and loneliness of his job, but there is no evidence of the depersonalization, loss of job satisfaction, or inability to care that characterizes the current reports of physician burnout. On the contrary, Dr Ceriani's face shows the compassion, dedication, and engagement that physicians have traditionally associated with the practice of medicine. He appears to be certain about both the obligations and rewards of his covenant with his community and patients. Physicians could do little for patients in 1948 compared with in the modern day, but what they could do provided a deep sense of professional obligation and satisfaction.

> What is missing is an examination of the root cause of much of this dissatisfaction and misery: the loss of the opportunity and ability for physicians to care in the current health care system.

Seventy years later, that obligation and satisfaction appear to be in peril, based on a crescendo of reports of the high level of burnout, discouragement, and career dissatisfaction experienced by today's physicians.[2,3] The rates of medical student and resident depression have increased to epidemic levels.[4,5] The reduction of clinical activity by practicing physicians, through early retirement, a switch to nonclinical jobs, and "concierge" practice, is increasing.[6] A high level of stigma precludes appropriate access to mental health care, and the high risk of suicide among students, residents, and physicians casts a pall over the entire profession.[7]

How have the well-being, the morale, the very core of physician professionalism deteriorated to such a low point among so many physicians? While one of the defining features of burnout is the loss of the ability to care, it might be better to examine the opposite logic: are the barriers to the ability to care a fundamental cause of physician burnout?

Numerous essays, commission reports, and workshops have focused on physician well-being, the need for appropriate mental health care, new approaches to rediscovering the joys of practice, and ways to enhance resilience, including a Viewpoint in this issue of *JAMA*.[8] The framework for nearly all of these reports is a call for physicians to be happier, to have their psychological and physical needs better met, and to have a higher level of satisfaction in their work. All of that is fine and appropriate. Physicians are a precious resource, and they deserve the support that will allow the highest level of professional function. It is somewhat self-evident that healthy and happy physicians will naturally provide better medical care than would physicians who are discouraged, disengaged, and hopeless.

This focus on physician well-being is reasonable and necessary. What is missing is an examination of the root cause of much of this dissatisfaction and misery: the loss of the opportunity and ability for physicians to care in the current health care system.

In earlier days, perhaps 1948, physicians better understood their caring role and coped with the stresses of that role through a deeply personal, reciprocal relationship with their patients. That caring relationship has been lost for many physicians in the current system of fragmented, rushed, dysfunctional, digitized, corporatized, and costly medical care—a system that prizes efficiency over relationships, profits over common good, and volume over value. Physicians have an obligation to restore balance in the system that also causes them hardship; it is part of the responsibility of a profession. The practice of medicine has always been demanding and exhausting, and it always will be. It is the loss of the ability to care and the buffering of stress and exhaustion that comes from caring deeply for and improving the quality of life of patients that have led to the current crisis of dissatisfaction and lack of well-being among many physicians. It is the ability to engage in reciprocal relationships, in which the fundamental act of caring is regenerative, affirming, and deeply soul satisfying, that was present in 1948 and is increasingly missing in 2018.

Work life, professional satisfaction, well-being, and mental health will naturally improve with a health care system that embodies the same professional values that bring physicians to the profession in the first place. A systemwide commitment to caring will inevitably energize the practice of medicine, renew the profession, and restore the commitment that physicians pledged when they recited a professional oath at medical school graduation. System change will restore the amazement, awe,

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and humility of entering, in a professionally intimate, deeply satisfying way, into the lives of patients. This deep engagement is the "return on investment" by which reciprocal energy will buffer the frequently draining days experienced by all physicians.

Focusing on the sources of the discontent, rather than the actual discontent, will also reduce the status of physicians as helpless. One of the most frequent exhortations in the current literature is for medical students, residents, and physicians to learn to be more resilient. If dissatisfaction and lack of well-being are the primary symptoms of this disease, then a lack of toughness and resilience must be part of the cause. While appropriate in moderation—resilience is a worthy trait in all careers and lives—it is a fine line between promoting resilience and blaming physicians for being too weak to cope in the face of unrelenting pressures.

The energy of reform would, therefore, be better directed to the many known flaws in the US health care system that prevent physicians from caring for and entering into deeply satisfying relationships with patients. The US health care system is often said to be the best in the world. Health care professionals in the United States do indeed provide some of the most extraordinary medical care, bordering on miraculous at times, but they also function in one of the worst systems compared with other developed countries. The US system is characterized by highly variable quality and access, wasteful and expensive tests and treatments, poor communication and coordination, dissatisfied patients, and high costs that often bankrupt families.[9] Such a system also causes a deep level of dissatisfaction and misery in one of the main sectors of its workforce because it markedly inhibits and impairs the ability of physicians to care.

The biotechnological explosion of the last few decades is at one and the same time the source of health care miracles and the cause of the inability of physicians to care. It is not the extraordinary technology that is the cause of this loss but its commercialization and monetization that have wreaked havoc on the health care system's fundamental values. The current system is the consequence of the (mistaken) belief that health care is most appropriately managed like other parts of the US economy, as a market-driven, competitive enterprise. In addition, a major consequence of a market-driven system is the loss of the system's ability to provide coordinated, comprehensive, patient-centered care, with declining opportunities for physicians to engage in reciprocal, caring relationships with patients. This type of relationship is the fundamental motivation that inspires most physicians to pursue careers in medicine, the primary criterion emphasized in the selection of medical students, and an attribute of the most admired physicians. To restore this relationship requires the transformation of health care from a free market service to a common good that is a fundamental feature of a thriving society.

The literature on physician burnout lists many potential causes, all of which detract from the ability to care. The list is long, including risk- and productivity-based reimbursement strategies, the frustrations and time demands of electronic medical records, nonclinical clerical duties, demanding patients influenced by direct-to-consumer advertising, work-hour restrictions that are not accompanied by new approaches to teamwork, and a lack of mentoring and support for trainees from academic and teaching physicians. What all of these features of the current health care system have in common (and the list could be much longer) is their detraction from and disruption of nurturing, satisfying, supportive, and caring relationships with patients.

Physicians have a deep professional obligation to contribute to the resolution of these fundamental flaws that detract from clinical quality and patient satisfaction. A modified modern corollary of Dr Francis W. Peabody's well-known insight might suggest that "the secret of physician well-being is in caring for the patient."[10] Physicians in 2018 are the proverbial "canary in the coal mine." While the canary may be sick, it is the mine that is toxic. Caring for the sick canary is compassionate, but likely futile until there is more fresh air in the mine. The current system has made it nearly impossible for most physicians to care as deeply and to give of themselves as they wish. Only by restoring their ability to care will physicians restore their health and their professional soul.

ARTICLE INFORMATION

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