

Physician Well-Being and Medical Ethics

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Not many people would feel comfortable boarding an airplane knowing that the pilot at the controls had been working for 24 hours straight, without a break. Excessive working hours, sleep deprivation, and the resulting fatigue and exhaustion can increase the potential for human error.¹ The link between excessive working hours and diminished ability is acknowledged by the aviation industry in that maximum working hours are strictly enforced for pilots in the interest of passenger safety. Physicians often are advised to learn from the aviation industry in their efforts to improve patient safety through the implementation of critical incident reporting systems, error management systems and safety checklists, to cite a few examples.²⁻⁴ Despite the fact that ensuring patient safety is the Golden Rule of medical practice, the healthcare sector lags behind the aviation industry when it comes to addressing the detrimental impact of excessive workloads. It is still the rule, rather than the exception, that physicians, on average, work many more hours compared with many other professions.⁵

The impact of exorbitant workloads and excessive working hours on physician well-being is well documented.^{6,7} It is a major cause of physician burnout and depression, the symptoms of which can range from physical, mental, and emotional exhaustion to psychosomatic disorders, feelings of diminished performance, and sleep disorders.^{8,9} Just as no one would want to be shuttled to their destination by a pilot with these symptoms, it is not surprising that these conditions create a less than ideal basis for the patient-physician relationship. Physician depression and burnout can lead to diminished professionalism, less capacity for empathy, a decline in patient satisfaction, and an increase in treatment errors and suboptimal care.^{1,6,10} In fact, one study showed that medication errors were more than six times more common among residents with depression than among those who did not have depression.¹¹

In turn, the impact of physician burnout on working hours creates a vicious cycle that can increase the burden on individual physicians. Burnout leads to more and longer sick leaves, a high turnover rate, and increased cases of early retirement.¹² It also prompts some physicians to leave the medical profession altogether.

In one study, 66% of physicians who have experienced at least one dimension of burnout plan to at least change jobs.¹³ Another study revealed that 44% of physicians with burnout plan to end their clinical work within 4 years.¹⁴ Physicians with burnout do not leave their troubles at work. In their private lives, burnout symptoms can lead to more car accidents, relationship problems, increased cases of substance addiction, and even suicide.¹⁵

Physician burnout is not only harmful for the individual physician and patient, but it also has an impact on the healthcare sector as a whole. The reduced productivity, increased treatment errors, and reduced number of overall working hours can have a detrimental impact on healthcare expenses. Recent publications specify that in the United States, \$4.6 billion in costs related to physician turnover and reduced clinical hours are attributable to burnout each year.¹⁶

Burnout in the medical profession is hardly a new phenomenon, but it does have an inordinate impact on newcomers to the profession. In a troubling trend, young doctors complain about burnout almost twice as often as older colleagues, with the transition from medical school to the first year of specialty training standing out as the most difficult.¹⁷

At the same time, physicians regrettably tend to put off seeking help or do not seek help at all. There are a variety of potential reasons for this, ranging from the perceived stigma of accepting help or taking on the patient role, to a fear of disciplinary measures and potential loss of license or performance-based pay. Some have concerns regarding confidentiality and others simply are unable to make the time.¹⁵

Even though a recent study revealed that physicians enjoy higher levels of resilience than the general working population in the United States, burnout rates among physicians are substantial, and even the most resilient physicians are at great risk of experiencing burnout.¹⁸ In documented national studies, the prevalence of at least one symptom of burnout among doctors in the United States has often hovered at $\geq 50\%$,¹⁹ although in a recurring study most recently published in 2017, the rate of US doctors who have experienced at least one symptom of burnout fell below 50% for the first time since 2011.¹⁹ This could at least partially be attributed to efforts made at the organizational level to mitigate physician burnout. Many studies suggest that physician burnout has reached global epidemic proportions with levels of prevalence similar to those found in the United States.²⁰⁻²⁴

Physicians also attribute burnout to physician and healthcare professional shortages and administrative burden, which exacerbate their excessive workloads and contribute to longer working hours.²⁵ Many physicians also cite digitalization as an additional stress factor and contributor to increased workloads.²⁵ This is an important point to consider, as digital tools and resources are frequently introduced with the intention of reducing bureaucracy and the workloads of doctors. This disparity must be dealt with carefully and in consultation with the physicians and healthcare professionals who stand to gain from efforts to streamline bureaucratic procedures through digital innovation.

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One thing is clear: physician burnout is a global problem that requires global attention. This becomes even more apparent in emergency and pandemic situations, when physicians are stretched to their physical and psychological limits. In addition to extreme workloads and a greater risk of exposure to illness, other stress factors that physicians face during pandemics can include the loss of colleagues to the disease, social isolation, moral dilemmas, and emergency situations for which they feel underprepared. These factors place them at an even greater risk for mental health problems.^{26–29}

Safeguarding physician health and well-being requires the commitment of local and national governments, health facilities, organizations of the medical profession, and individual physicians. At the political level, dismantling overregulation and strengthening professional autonomy are the key to relieving physicians from controlling bureaucracy. In countries where it is applicable, efforts should be made at the government level to increase the number of available positions for studying medicine to ensure that physicians are not saddled with the burden of compensating for personnel shortages and to prevent “brain drain” to other regions caused when physicians have incentives to migrate.

Around three-fourths of German physicians cite reducing bureaucracy³⁰ as the top action that would allow them to allocate more time for medical activities. To effectively combat physician burnout, health facilities must reduce bureaucracy, including by improving the usability of information technology systems, and implement measures to create balance between work and family life (eg, by offering flexible working-hours models). Most important, they should observe occupational working-hours regulations. Physicians should be relieved of administrative duties to give them the opportunity to spend more time at their patients’ bedsides. Furthermore, employers have a responsibility to implement a management culture that fosters recognition and appreciation, to ensure sufficient personnel, strengthen the sense of teamwork, and create legal and economic frameworks that foster healthy working conditions.

Physicians have a responsibility to attend to their own health. To ensure their own well-being, they can be encouraged to take advantage of training courses focused on resilience, self-care, and mindfulness-based stress reduction.⁶ For them to do so, organizations of the medical profession must do their part to make such programs available and to strengthen awareness in society about the correlation between work and health. By addressing the topic of physician health in their public relations work, providing or supporting continuing medical education activities focused on leadership, and strengthening resilience, prevention, and addiction intervention programs, representative organizations can reduce some of the stigma associated with soliciting help as a member of the medical profession. Individual actions are important, but a systematic approach is needed to accomplish a significantly more effective reduction in burnout.¹⁷

Physician well-being is an integral part of medical professionalism and central to patient care. It must become a quality indicator in health care as physician well-being is the key to

optimizing the performance of health systems.³¹ Further international research is needed to develop evidence-based strategies.

Recognizing the seriousness of this phenomenon, the World Medical Association (WMA), the global representation of doctors with members from more than 110 countries, has taken measures to prioritize the issue of physician well-being. Featuring a comprehensive list of recommendations, the WMA Statement on Physician Well-Being was adopted by the 66th WMA General Assembly in 2015.³² Furthermore, the addition of a clause focused on physician well-being to the Declaration of Geneva: “The Physician’s Pledge,” during the 2017 revision process highlighted individual physicians’ obligation to “attend to [their] own health, well-being and abilities in order to provide care of the highest standard.”³³ This amendment propelled the subject of physician well-being onto the international agenda of many national medical associations and served as a reminder that in addition to the structural changes needed to reduce physician burnout, physicians also have a responsibility to remain attentive to their own health.

The WMA is revising its International Code of Medical Ethics.³⁴ Following the incorporation of physician well-being into The Physician’s Pledge, and in light of the feedback received thus far in the context of preliminary international consultations, this important topic should certainly find its way into this fundamental compilation of the core ethical principles for physicians.

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