

EDITORIAL

PRACTICING PHYSICIAN'S BURNOUT IN PAKISTAN

Those in medical field understand the concept of circadian rhythm and pituitary adrenal axis and the resultant alterations in the cortisol and ACTH levels during the day and night time. On a similar analogy in the life of a medical practitioner, there is an axis between the efficient performance and the ability of the body to reconcile with the physical toll incurred thereof in the delivery of this service. We all feel fresh and even have a cringe for moving the mountains early in the morning but even a small ruffle and hassle from a child at night make us uncomfortable after a day-long ritual of ward round, OPD, administrative jigsaw and of course the unending saga of institutional or private practice. The performance metrics of the physician can be judged on a similar scale. Immediately after post-graduation, a budding physician or surgeon is ever inclined to put into practice whatever was published even yesterday in the latest NEJM/ BMJ/Lancet edition, but as the practical journey schmoozes one realizes the hitches and limitations towards that end. Gradually this Revolutionary Messiah is now transformed into what we call a Practitioner in Medicine and Surgery to quote the PM& DC terminology. The pertinent tribulations during the course of this transformation are enough to make an eager practitioner to look upon even trivial medical dilemma as something overwhelming. Working in this environment desensitizes the physician to the need of modern practice and approach to a problem and the prescription other than obvious credentials for different presentations becomes more of a stereotype. He is now taking the daily work more as a routine breathing or cardiac cycle. The worst part of this scenario is precipitated by the even agonizing workload. Where in the world a medical officer in casualty or a consultant in OPD is managing patients at a rate of more than twenty per hour? and to cap it with further insult is the daily public vitriol as to the inefficiency of doctors by the public and authority posts and personalities!!!. Everybody knows that the modus operandi for a tertiary referral hospital is by referral but in our setup in casualty/OPD, a patient with conversion disorder and feigning coma will be lying next to a real comatose patient with metabolic or intoxication cause. As this is not sufficient, the jugglery by administration to open the named complaints in the so called Citizen Portal or the reformist suggestion for sending senior faculty for "REFRESHER COURSES" is really a spit on the moon in not realizing the different and difficult situations in which our physicians are made to work and perform. At NHA in UK, there is a norm that any physician reporting handling more than twenty patients per month is given a show-cause as it

is deemed unethical and every physician is required to submit in a transcript 100 minutes proof of contact with the patient and as I elaborated we are MADE TO MANAGE 20 patients per hour!!! This and much more is enough to put any living soul to stress making you to feel stranded, dissatisfied and completely exhausted leaving you on the journey to a phenomenon called "BURNOUT". Quiet expectedly even the trivial problems now become overwhelming, everything looks depressing and seems as if your job, relationship and health are attacked three prong emotionally, physically and mentally. At a personal level, it leads to emotional exhaustion, depersonalization and a sense of reduced accomplishment.

The early detection and diagnosis of this burnout cannot be overemphasized. Just like managing any problem, the first part of the solution is to recognize this phenomenon as a depressive condition as it not only reduces productivity and qualifies to be called a Depressive Disorder for the Medical community in its own. A physician working under this condition is at risk of committing medical errors to the detriment of his professional career and the lives of the patients itself. The negativity associated with burnout also affects the social life. One should be alarmed as daily work seems to be a burden, exhausting, looking like a waste of time and energy and lastly disillusionment at nothing to be going to good or better.

The relationship between stress and burnout is complimentary. Stress can be overcome and there is still a ray of hope. But sustained stress just like in our setup leaves you with no hope, energy, interest and enthusiasm in dealing with the problem and it ultimately evolves in burnout phenomenon. The question of identifying who is at risk of burnout, is over worked or undervalued assumes more importance as this involves a highly professional class in the society which cannot be replaced by design given its novel status and character.

Broadly burnout can be dealt with "Three R" approach, i.e. Recognition, Reversal and Resilience. The effective combat however is more complicated and needs pragmatic approach and steps at reversing whatever the tip of iceberg has been mentioned in its causation. The need for effective health care delivery system with practical steps aimed at ensuring the work place environment, personal dignity and social and societal measures aimed at safe guarding the community is all the more essential given the increased social awareness and demands of the society. On a

personal level, one should reach out to those closest to you, more socializing, decrease contact with negativity, finding new friends and connecting with support groups. Moreover, one should reevaluate the priorities, boost the ability to handle your work more effectively and indulge in physical exercise besides leaving sedentary life styles. Type A personality traits should be discouraged in the approach to the solution.

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