



From the
frontline:
an RMO
perspective

Physician burnout—is it real?

By Dr Rathi Rajasekaran

For many years, I have wondered if there was such a thing as physician burnout. Was it a term coined up just to describe being tired? If so then, wouldn't the solution be simple: rest?

Many of us have felt tired and drained due to the chaos of medicine. I remember I have had times where I didn't have time to eat, use the toilet or even drink water. Been tired enough, to doze off in any random spot you find and then wake up looking at your phone to see how many missed calls you have. And feel guilty about it.

But is that not part and parcel of being a doctor? Was that not what you signed up for?

It was only when I started reading more into physician burnout that I realised it was more than just feeling tired. It was more than the solution of sleeping for a longer period or getting in some sunshine or exercise.

There are three defining symptoms of physician burnout: emotional exhaustion, depersonalisation and lack of personal accomplishment. Some suffer from all three, while others just have one of these symptoms.



Emotional exhaustion is where the physician feels overstretched by his or her responsibilities and absolutely no reserve left. I call it the 'zombie mode', where your body and mind is over exhausted, you have no more energy to deal with the daily stuff, to be present for your family or friends—or even for yourself. Everything becomes a burden.

This is further compounded by night calls, crazy shifts and weekend rosters. I remember working when I had one day off in a month. And thought that was the norm, because that's what I had signed up for. To add to this, was making sure you kept yourself up to date with the recent articles and papers, while studying for your speciality exams.

Depersonalisation is a process of detachment from the others. Your patients become cases, numbers or lists rather than people. With time, you become cynical and feel jaded, with the lack of empathy becoming more evident.

Initially there is a feeling of guilt but, as time progress, depersonalisation becomes the coping mechanism for dealing with the challenges faced in the medical field.

Lack of personal accomplishment is emptiness, where no personal joy or appreciation is derived from the job. Getting to work is a chore, seeing patients is a chore. This is like being in survival mode. Ensure the relevant boxes have been ticked off on paper or in the system. The quality of care provided is even doubted by the physician and his or her belief that the work lacks meaning. The initial joy of working in medicine has been lost.





Recognising these symptoms is not easy. They may creep in early while in medical school or—over time—creep in a steady but slow rate. Many times, I have told people that medical school was like a marathon as opposed to a sprint, a 6-year marathon.

Our self-image as doctors frequently prevents us from showing signs of weakness or suffering. We tend to justify the emotions we have, we brush them aside or just label it as being tired.

Physician burnout affects our patients, the health care system and us as doctors.

I think we should speak out more about

physician burnout, have more support—from the organisations we work for and from our peers. Be made more aware of the reality of physician burnout and how, in the long run, nobody wins if it is not addressed.

The recent update to the Deceleration of Geneva, proposed by Dr Sam Hazledine and adopted by the World Medical Association, is a step forward: “I will attend to my own health, well-being, and abilities in order to provide care of the highest standard.”

These are not just words added on but rather a promise made by the physician when he or she starts her career. It is a priority to be able

to care for our patients to the best of our abilities in a safe manner.

So it is more than just feeling tired.

About Rathi Rajasekaran



Rathi is an Urgent Care Trainee in Hawke's Bay, and is a member of the DiTC.