



Can a humanities background prevent physician burnout?

These days, it seems impossible to talk with physicians without hearing about some aspect of discontent with the practice of medicine. There is even a “Physician Misery Index” (www.geneia.com), and the name says it all. These conversations cover a gamut of concerns including reimbursement, reduced time spent with patients, increased regulatory oversight, the need for preapproval for testing and prescriptions, maintenance of certification, and of course for those of us who have been doing this for a while, there are the challenges of the electronic medical record (EMR). In the old days, we used to bore our nonmedical friends and family with energetic, jargonized discussions of diagnostic and therapeutic enigmas. Now, we numb them with our complaints about what we increasingly view as a job.

At the extreme, this discontent sears our professional being and results in early retirement, change of profession, and, for many, searching for ways to limit clinical practice time—while often saying how much they wish they could “just practice medicine.” Such are some of the manifestations of burnout.

Studies indicate that contributors to burnout are many. And as in all observational studies, the establishment of cause, effect, and degree of codependency is difficult if not impossible to ascertain. Many major changes have temporally coincided with the rise in physician dissatisfaction. One is the increasing corporatization of medicine. In 2016, in some parts of the country, over 40% of physicians were employed by hospitals.¹ Surveys indicate that these employed physicians have a modestly higher degree of dissatisfaction than those in “independent” practices, often citing loss of control of their practice style and increased regulatory demands as contributors to their misery—which is ironic, since the reason many physicians join large hospital-employed groups is to minimize external financial and regulatory pressures.

Astute corporate medical leaders have recognized the burnout issue and are struggling to diminish its negative impact on the healthcare system, patient care, and individual physicians. But many initial approaches have been aimed at soothing the already singed. Health days, yoga sessions, mindfulness classes, and various ways to soften the impact of the EMR on our lives have all been offered up along with other creative and well-intentioned balms. It is not clear to me that any of these address the primary issues contributing to the growing challenge of professional and personal discontent. Some of these approaches may take root and improve a few physicians’ ability to cope. But will that be sufficient to save a generation of skilled and experienced but increasingly disconnected physicians and clinical faculty?

On this landscape, Mangione and Kahn in this issue of the *Journal* (page 232) argue for the humanities as part of the solution for what ails us. They cite Sir William Osler, the titan of internal medicine, who a century ago urged physicians to cultivate a strong background in the humanities as a counterweight to the objective science that he also so strongly endorsed and inculcated into the culture at Johns Hopkins. Mangione and Kahn present nascent data suggesting that students who choose to have

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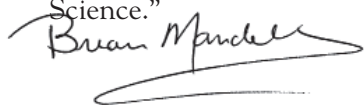
extra interactions with the arts and humanities exhibit greater resilience, tolerance of ambiguity, and more of the empathetic traits that we desire in physicians, and they posit that these traits will decrease the sense of professional burnout.

We don't know whether it is the impact of extra exposure to the humanities or the personality of those students who choose to partake of these programs that is the major contributor to the behavioral outcomes, though I suspect it is both. The real question is this: even if we can enhance through greater exposure to the humanities the desired attitudes in our medical students, residents, and young physicians, can we slow the rate of professional dissatisfaction and burnout in them?

To answer this, we need a deeper understanding of the burnout process and whether it will affect younger physicians and physicians currently in training the same way it has affected an older generation of physicians, many of whom have had to face the challenges of coping with the new digital world that our younger colleagues have grown up with. Many of us also have needed to change our practice patterns and expectations. Our younger colleagues may not be faced with the same contextual dissonance that we have had to adjust to in reconciling our (idealistic) image of clinical practice with the pragmatic business of medicine. Their expectations for both are, and will likely remain, quite different.

The next generation of physicians will undoubtedly have their own challenges. They are well familiarized with the digital and virtual world and will likely accept avatar medicine to a far greater degree than we have. But I think the study of the humanities will be of great value to them as well, not necessarily to imbue them with a greater sense of resilience in coping with the digital and science aspects of medicine, but to provide reminders of what Bruce Springsteen has called the “human touch.” Studying the humanities may provide the conceptual reminder of the value of *human-ness*—as we physicians evolve into the world of providing an increasing amount of care via advanced-care providers, shortened real visits, and telemedicine and other virtual consultative visits.

Hopefully, we can indeed find a way to nurture within us Osler's conceptual tree of medicine that harbors on the same stem the “twin berries” of “the Humanities and Science.”



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1. Haefner M. Hospitals employed 42% of physicians in 2016: 5 study findings. Becker's Hospital Review. March 15, 2018. <https://www.beckershospitalreview.com/hospital-physician-relationships/hospitals-employed-42-of-physicians-in-2016-5-study-findings.html>. Accessed March 19, 2018.