This incident poignantly captured the extremes of emotion and devotion that characterize medical life in the trenches. What it couldn't convey was that emotion juxtaposed against an ever-expanding list of functions that today's physicians are called on to perform that make timeouts like the one in the photo increasingly rare: paperwork to fill out, forms to sign, electronic health records to update, administrative tasks to complete. One result of these ever-increasing demands on professionals whose daily work brings them face to face with life's most extreme moments is an epidemic of burnout.

The incidence of burnout in practicing physicians ranges from 38% to 88%. This is not an imaginary threat to our business; it is here now and it heavily impacts patient safety, patient experience, and ultimately, claim frequency and loss.

Those of us in the medical and healthcare professional liability (MPL/HPL) insurance industry must lead the charge in advocating for and lending a helping hand to our insured physicians and partners, as well as other healthcare providers who are struggling with the systemic demands that lead to burnout.

In Jonathan Safran Foer's novel *Extremely Loud and Incredibly Close*, a young boy named Oskar searches for an elusive connection to his father who perished in the 9-11 attacks. Oskar often refers to his wearing "heavy boots" as he trudges through the challenges of his radically-altered life.

**Heavy boots**

It's an apt description of the emotional and soul-wearying weight that some of us carry as a part of our daily lives. It comes to mind as I think about the responsibilities and burdens that those who choose medicine come to accept as part of their professional mantle. There are "things we carry"—a result of the commitment and sacrifices we make to learn medicine, as well as the suffering and trauma to which we are witnesses or participants—that cause many of us to wear heavy boots.

I'm also reminded of a much older, more iconic image: a camel staggering under the weight of the straw its hurried and demanding master has loaded on it. One final straw and the camel collapses, no longer able to serve its master in any fashion.

I wonder, should there be any surprise or confusion about what is occurring in the "house of medicine" today when it comes to burnout? I would propose that at baseline, physicians wear "heavy boots," and that...
health systems, by adding straw after straw of additional tasks and demands, are breaking the camels’ collective backs to the point where healing the healers must be addressed, before it’s too late.

One cannot go more than a few days without seeing a piece in either the mainstream media (see, for example Time Magazine, “Life Support,” September 7-14, 2015) or the medical press about the crisis of burnout in our physician population and the predicted imminent shortage of physicians (90,000 by 2025, according to the American Medical Association).

Definitions
For starters, let’s review the definition of burnout and some of the epidemiology when it comes to physicians. The psychological term “burnout,” which refers to mental and physical exhaustion caused by one’s profession, was coined by psychologist Herbert Freudenberger in 1974. The Maslach Burnout Inventory (MBI) was developed by Christina Maslach and Susan Jackson, industrial psychologists, more than 25 years ago. It is the most widely used tool to assess individual burnout and measures three essential components of burnout: depersonalization, emotional exhaustion, and sense of low personal accomplishment, all of which contribute to decreased effectiveness at work.

By reviewing just a handful of studies on the problem of burnout in healthcare, it’s easy to see why it is crucial that the MPL/HPL insurance industry engage on this issue. A leading researcher on burnout, Mayo Clinic physician Tait Shanafelt, found that nearly 60% of 7,288 surveyed MDs screened positively for emotional exhaustion, 50% for depersonalization (seeing patients as medical problems or body parts and not as people) and 38% for depression; 6.4% had considered suicide during the past year.

Shanafelt found a direct link between burnout and the potential consequences that patients may suffer when being cared for by burned-out healthcare professionals; his findings affirmed his theory that behaviors linked with suboptimal care are common in burned-out resident physicians. In another study of almost 8,000 surgeons, Shanafelt and colleagues found that the presence of depression or burnout was among the strongest predictors of a surgeon’s reporting a serious medical error. We know that being involved in a medical error creates a significant emotional impact, including concerns about one’s reputation, decreased job satisfaction, insomnia, loss of confidence, and anxiety. The additive influences of burnout, medical error, and MPL claims increase the risk of subsequent claims.

Given that the proportion of a physician’s career spent with an open MPL claim is 11% on average, we can see that these dynamics and effects are widespread. So, caring for our providers is our business!

MDs’ health is vital to MPL/HPL
Approximately 400 physicians die by suicide each year, according to the American Foundation for Suicide Prevention, and the risk of depression and suicide is much higher for physicians than for those in other professions. Contributing factors include lack of autonomy, increased demands on the profession, and lack of work-home boundaries.

According to Shanafelt’s findings, almost half of U.S. physicians have symptoms of burnout, leading experts in the field to conclude that the causes of this problem are to be found in our educational programs and healthcare systems, rather than in the individuals who chose medicine as a profession. We, as MPL/HPL insurance professionals, must add our voices to the growing chorus of those who feel compelled to help our nation’s healthcare workforce.

We know that the incidence of burnout and depression increases steeply between the beginning of medical school and the first year of residency, as does suicidal ideation. We also know that hospitals that implement programs to identify and address stress can reduce the errors, risks, and ultimately, the liability.
claims associated with it.

Medicine’s “Triple Aim” program advocates for the admirable goals of better health outcomes, better patient experiences, and reduced costs. More recently, stakeholders have sought to add provider well-being to this mix, creating a “Quadruple Aim,” which I think is essential.

Although exact answers to the problem of burnout remain elusive, this problem, along with its untoward effects, needs to be addressed post-haste. Until we, as a healthcare system, and that includes all of us in the MPL/HPL insurance industry, embrace the goal of healing our healers, we will continue to see workforce problems and patient care that is adversely affected.

What we can do
The first step in solving any problem is to acknowledge its existence. Physician burnout rates documented at 38% to 88% must serve as a wake-up call for our nation.

Then, there must be sufficient motivation to address it. Given the adverse impact of burnout, not only on patient safety, but also on the physician workforce supply, this should be a jolting call-to-action for our industry.

Next, we need to support research efforts and ideas for attacking this problem, such as those proposed by Mark Linzer, MD, division director of General Internal Medicine at Hennepin County Medical Center in Minneapolis. Linzer supports the creation of more sustainable workplaces for clinicians using strategies such as better resource allocation, hiring physician floats to cover predictable life events, promoting physician control of the work environment and maintaining manageable practice sizes and enhanced staffing ratios.

Finally, we must measure the ongoing impacts of burnout and assess how our attempts to address them affect our claims and loss experience.

I wrote earlier of heavy boots and overburdened camels. Let all of us in the MPL/HPL insurance industry be the ones to step forward to lighten the load of our nation’s doctors, to help them bear up under the multiple demands placed on them, and enable them to move more agilely, confidently, and unencumberedly as they continue to serve all of us.

References
3. Oaklander M. Life support: Inside the movement to save the mental health of America’s doctors, Time, September 7-14, 2015.