

Rebuttal: Do we overdramatize family physician burnout?

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NO

Dr Kay stimulates an interesting debate,¹ arguing that we overdramatize family physician burnout. She notes the reported prevalence of burnout in many studies is alarmingly high, and the relationships among work stress, burnout, and patient care are not necessarily causal. Dr Kay contends that high prevalence rates combined with methodologic fuzziness can have “serious consequences both for the individual doctor and for the profession.”¹

Yet I argue that if we dismiss or trivialize the 25 years of research on burnout, we risk a far more serious consequence—the denial of physician burnout. During my medical training nearly 30 years ago, the culture of medicine fostered an image of the physician as invulnerable, immune to the stresses of medical practice. At one point in my second year, I felt overwhelmed yet I said nothing about my distress. In some obscure way, I had received an unspoken message that I would be “letting the side down” if I revealed my vulnerability.

An important culture shift has taken place. At McMaster University in Hamilton, Ont, for example, “self-care and self-awareness” is formally recognized as part of the professional competencies curriculum for undergraduate medical students. We encourage dialogue about the stresses inherent to our profession, and encourage students to reflect about self-care in their professional formation.

Dr Kay suggests that the discourse about physician burnout can lead to stigma. Yet I argue that an open dialogue about burnout reduces stigma, giving students permission to seek help when needed. Support for students at our institution is available through the Student

Affairs Office, through a senior student mentoring program, and from faculty advisors. For physicians, the Ontario Medical Association offers confidential assistance through the Physician Health Program (<http://php.oma.org>).

Dr Kay points out that there is little research on appropriate interventions for distressed physicians or on factors that promote the health of physicians. The study² my colleagues and I conducted on physician resilience was developed for exactly this reason. Our purposive sample of highly resilient physicians (identified by their peers) yielded a wealth of strategies and concepts that promote well-being. The emergence of “resilience” and “physician wellness” rather than “burnout” as a focus for research is a healthy trend.

As physicians, are we being “mesmerized by the unfolding drama [of burnout],” as Dr Kay contends? My position is that the burnout discourse has helped us acknowledge our own vulnerability and embrace healthier ways of living.

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Competing interests
None declared

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These rebuttals are responses from the authors of the debates in the July issue (*Can Fam Physician* 2012;58:730-3 [Eng], 734-7 [Fr]).

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