

This is my physician wellness

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Over the past 10 years there has been considerable research in the area of physician wellness and physician burnout. In the United States, Dr Tait Shanafelt has been at the forefront of this area of research and has published numerous articles on the prevalence of physician burnout and the need to address it, not only to improve physician health, but also to improve patient outcomes.¹⁻³ In 2017, Shanafelt and colleagues advocated for “investing in physician well-being” to reduce overall costs to the health care system.² Other researchers have advocated for using physician wellness as a quality indicator for the overall performance and efficiency of health care systems.⁴ In October 2018, the Canadian Medical Association released its preliminary report on physician health through a National Survey that demonstrated high rates of physician burnout in Canada.⁵

In October 2018, the International Conference on Physician Health was held in Toronto, Ont. One thing was clear at this conference: physician burnout is not confined to one city, province, or country. It is a worldwide issue that can have effects not only on the physician but also on the patient and the entire health care system.

What does *physician wellness* really mean? I first became aware of the term *physician wellness* in 2016 at an academic day presentation during residency about mindfulness. At the time, physician wellness seemed like a set of superficial, overused ideas: Be mindful. Work out. Eat right. Sleep better. I had heard it all before. The truth is, I had no idea what physician wellness meant because I was just finishing residency. I was working 90 to 100 hours a week and I had forgotten what *being well* actually felt like. I would soon learn that physician wellness was a much larger issue than I could have imagined. Today, I am in my third year of practice and have a somewhat clearer understanding about the meaning of *physician wellness*. Let me bring you on my journey toward clarity, a journey not unlike that of many other medical students, residents, and attending physicians who have faced some of the challenges that I have.

My story

My name is Stéphane Lenoski. I was born and raised in Winnipeg, Man. I am a husband, a son, a brother, an uncle, a grandson, a friend, and a colleague. I love to be outdoors, meet new people, explore, travel, learn, read, and grow as a person. Most of all, I love my family and my friends. When I was 8, my father visited his GP—a well respected family doctor who had served time as a navigator on a bomber in

World War II in Southeast Asia and the North Atlantic—for a general checkup. At the end of the visit, my father asked his doctor if he could take a quick look at a mole on his upper left shoulder, explaining that his wife was concerned about it. Without hesitation, his GP replied, “It looks like nothing, Danny, but just in case, let’s take a biopsy.” That split-second decision made by my dad’s GP saved his life and changed my family forever. The small black, lumpy mole was in fact a stage 3 melanoma. The following week, my dad had plastic surgery to resect part of his shoulder. He was lucky and made a full recovery. I am not sure I ever told my father’s doctor how grateful I was to him.

As physicians, we have the potential to affect every patient and family we encounter. It is a job like no other. This is why I decided to become a doctor. I wanted to help people. That is why physician wellness is so important. Unfortunately, with the rigours of medical training and professional obligations, we can forget this.

I entered the medical profession in 2010. Like many other medical students, I was naïve, ambitious, and curious, and I wanted to become the best doctor I could possibly be. Also like my fellow medical students, I became swamped by textbooks, information, and learning as much as I could to pass my examinations and to become a better doctor. I slowly lost touch with my social network. I began to forget the qualities that I had developed before medical school, which had been so vital to my success and had helped me reach that point. Only medicine mattered. After all, this seemed normal. Everyone else in my medical class seemed to be doing the same thing. Medicine became my new identity, my only identity.

As I entered clerkship, things only got worse. My previous sense of self was even more abolished. As a third-year medical student, you quickly realize that you are at the bottom of the medical hierarchy. You are not treated as John, Sylvia, or Katherine. You are treated like a third-year medical student. Things might be different one day, if you are lucky, after you have completed medical school and residency, have had articles published, have worked on-call, and have experienced teaching. But at this point, civility seems nonexistent. The only thing that seems to matter is how effective you are at retrieving, managing, and applying medical knowledge. Today I know that this mindset leads to burnout and poor patient outcomes, and it is not sustainable.⁶ In these situations, personalization of care suffers.⁶ You no longer connect with your patients on a personal level. And you might dismiss something like a small mole as clinically insignificant.

Being a physician is not easy. Being responsible for people's health includes making life-and-death decisions and dealing with family members. Patient care requires using complex, ever more advanced interventions and technologies, as well as treating an aging population with multiple comorbidities. In addition, using electronic medical records leads to more work, not less, when schedules and time are scarce. In such circumstances, avoiding burnout is challenging. The life of a doctor might now be a far cry from the life that he or she set out to have! *Where did the gratification of helping people go?*

Physician wellness is influenced by many factors, some of which are out of one's immediate control such as legislation, economic or administrative issues, and infrastructure limitations, to name a few. However, it is important to remind governments, bureaucracies, and medical schools that physician health and wellness do matter, as they might directly affect the quality of care patients receive.^{5,7,8} In addition, the economic cost of physician burnout is measurable and also needs to be considered.⁴ There is evidence that individual and organizational interventions are effective at reducing burnout.¹⁻³ While change at an organizational, health authority, or system level is crucial, it is not enough. While medical competency and excellence are of course important, more emphasis could be placed in medical school on teaching civility, collaboration, and leadership.^{7,8} Individual growth and development in resiliency, personal well-being, civility, and awareness are key. These key topics need to be implemented in medical school curricula across the country. The culture in our hospital wards, surgical units, and primary care clinics should be, and could be, more collegial, supportive, collaborative, and civil. Where there is a will, there is a way!


Person first, doctor second

As I have mentioned, I am now in my third year of practice. I have weathered the storms of medical school, residency, and starting a practice. I am tremendously lucky to work in a very supportive, collegial environment. I have rebuilt my social network. I play in 2 hockey leagues, one with friends, the other with colleagues. I am blessed and enjoy my professional and personal life immensely. I continue to work on myself as a person and have taken courses in civility and leadership,

including the high-performance physician course offered by the University of Manitoba. I am a person first, a doctor second. I cannot be one without the other. I feel like I am making a difference in the life of my patients and that I am truly blessed to help people and positively affect their lives daily. When I interact with medical students or residents, I know to treat them as people and provide the collegiality and support they need.

As the revised Declaration of Geneva, adopted by the World Medical Association, states:

I will give to my teachers, colleagues, and students the respect and gratitude that is their due ... I will attend to my own health, well-being, and abilities in order to provide care of the highest standards.⁹

It is time that we all retake this version of the Hippocratic oath, to do no harm to our patients, to ourselves, or to our colleagues. While system change is paramount, let's do our part in our local workplaces, communities, hospital wards and surgical units, and primary care clinics. As physicians, we are leaders. We are resilient. We can lead and advocate for change. 

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Competing interests

None declared

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La traduction en français de cet article se trouve à www.cfp.ca dans la table des matières du numéro de février 2019 à la page e76.

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