

WHO RECOGNIZES WORKPLACE BURNOUT

Workplace burnout is now classified by the WHO as an occupational phenomenon. This term was coined in the 1970s by Dr Herbert Freudenberger. He took the analogy of a burned out house. The outer shell may look intact., but if you look inside “you will be struck by the full force of the desolation.” A burnt-out person may look intact externally but “their inner resources are consumed as if by fire, leaving a great emptiness inside.”

Workplace burnout has three key features: feeling of exhaustion, feeling of negativity related to one’s job, and reduced professional efficiency. The burnout prevalence is estimated to be 40-55% across medical specialties. It may result in more medical errors, rapid job changes and poorly managed personal life issues. The problem is global and across all professions. The Japanese call it *Karoshi*, which means, death by overwork. In India, recently resident doctors in many states have started a campaign “I am Overworked” to sensitize the government to regulate working hours.

However, burnout is not just overwork. It occurs when the demands, deadlines and duties outstrip rewards, recognition and relaxation. The survey of over 15,000 physicians in the US reported the top causes of burnout to be an excess of bureaucratic tasks (56%), too many hours at work (39%), lack of respect from administrators or staff (26%), and the electronic health record (24%). Sleep deprivation is also a well-recognized cause of burnout.

Interventions include minimizing mindless tasks that can be done by less qualified personnel, improving workflows, and institutional support to make physicians feel more valued. Finally, doctors must eat well, sleep well and exercise regularly to keep healthy and centered. Recently, a research platform called The Pediatric Residency Burnout–Resilience Study Consortium has been formed to address burnout in Pediatric Residents in 41 US programs. Indian doctors also need to introspect and take pre-emptive action at all stages of their career. (https://www.who.int/mental_health/evidence/burn-out/en/28 May 2019; *The Print 5 June 2019*)

ICMR WARNS ABOUT VAPING

Vaping – a process where the user inhales the vapor of an aerosolized liquid containing variable degrees of nicotine and other flavoring agents – is now fashionable among the millennials. And pediatricians need to be in the know. It hit headlines recently when a surprise checks in an East Delhi school unearthed several vaping pens or e-cigarettes. E-cigarettes or Electronic Nicotine Dispensing Systems (ENDS) are manufactured to resemble cigarettes or digital devices like pen drives. There are more than 460 different brands available in the country.

On 31st May which was No Tobacco Day, the ICMR released a white paper strongly condemning its use and warned that if strong action is not immediately taken it will end in a public health disaster. They have clearly said that it has significant

medical risks, including cardiovascular and respiratory diseases at every stage of life including the unborn fetus. The two big myths about e-cigarettes are that they are safe and are useful in attempts to quit smoking. E-cigarettes increase the chance of trying out smoking and even passive vaping is harmful to bystanders. The devices cost anything between Rs 3,000 and Rs 30,000 besides refill costs.

Pediatricians need to send a strong message that nicotine is harmful even when it is disguised in fruity flavors or cute containers. (https://www.icmr.nic.in/sites/default/files/press_release_files/Press_Release_2.pdf; *The Times of India 26 May 2019*)

PREDICTING REBOUND HYPERBILIRUBINEMIA

A new study published in the journal ‘Pediatrics’ has given a simple prediction model to predict rebound hyperbilirubinemia in neonates receiving phototherapy. Rebound was defined as bilirubin levels reaching phototherapy threshold within 72 hours of stopping phototherapy. In neonates >38 weeks when phototherapy was stopped with the bilirubin falling 2 mg/dL below threshold, the rebound rate was 2.5%. In sharp contrast for babies <38 weeks, when phototherapy was stopped with the bilirubin level 2 mg/dL below threshold, the rebound rate was 10.2%. The study seems to suggest that we continue phototherapy for a little longer in babies born below 38 weeks. (*Pediatrics. 2019 Jun 13. pii: e20183712*)

KARDASHIAN INDEX

Kim Kardashian is famous for being famous. Her inexplicable celebrity status is compounded by her 140 million followers on Instagram. In 2015, when she posted about the benefits of Diclegis (doxylamine succinate – pyridoxine) for morning sickness, there was a 21% hike in drug sales over the next few months.

Neil Hall, a scientist in the University of Liverpool, was concerned that a similar phenomenon existed even in the scientific community. To quantify this discrepancy between a scientist’s social media profile and publication record, he created the Kardashian Index. This is a ratio of the number of citations of a scientist and the number of twitter followers. Scientist with a K-index more than 5 can be considered ‘Science Kardashians.’ As Hall says “Social media makes it very easy for people to build a seemingly impressive persona by essentially ‘shouting louder’ than others. Having an opinion on something does not make one an expert.”

Social media influencers command considerable clout due to their millions of followers, especially among the young. This is being monetized and possibly utilized by the pharmaceutical and even more by the wellness industry. Is the loud noise of social media drowning out truth?

(*BMJ 31 May 2019; Genome Biology 2014;15:424; http://genomebiology.com/2014/15/*)

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