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EDITORIAL

Do we need to step off and slow down?

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I grew up during my residency days constantly being reminded of the sanctity of hard work and diligence required to make a cardiac surgeon. Often we were admonished by our teachers with adages like 'we worked endless hours', 'slept on the floor of the intensive care unit (ICU)' and 'did 48–72 h duty continuously'. Do we really need to work to death to make a cardiac surgeon? In fact, Japanese call this death due to overwork 'Karoshi'. No wonder then, there is a clamour across the world for a right mix of work and relaxation, and for exclusive moments just for self. Even the venerable Mohandas K. Gandhi once posited, 'There is more to life than increasing its speed'. The sweetness of doing nothing is captured in Bengal in what they call 'Lyadh', it is 'Dolce far niente' for the Italians, 'Lagom' for Swedes, 'Wu-wei' for a Taoist, and 'Hygge' for the Danes and the Nordic communities. 'If you want to be happy', says the stoic 'Laughing' Greek philosopher, Democritus, 'do little' (Marcus Aurelius, Meditations, Book 4, Chapter 24, Penguin Books, 2006:28).

'Work is worship' may have been applicable during the 'Great Depression' and during the 'Industrial Revolution' to pull us out of the mess of the two world wars, but it has lost relevance in contemporary times; yet the ethos flourishes unabated worldwide. Nowhere is it better exemplified than in Japan where 9000 companies breached overtime laws last year with employees working more than 80 h of overtime a month. 'Inemuri' (Japanese) — meaning sleeping on the work desk, due to overwork — has become a norm. This has led to a clamour for cutting down working hours and Nordic countries have taken a lead in this experiment. In a trial of 6-h work-days for nurses, instead of the conventional 8 h, in Sweden's Gothenburg district, nurses working shorter hours had better perceived satisfaction with personal health and better physiological health data and logged less sickness absence, albeit with a flip side — higher costs and doubtful economic sustainability [1]. It is quite intuitive, as also borne out of the above study, that reduction of work hours alone does not translate into good health, unless complemented by other health enhancing life-style interventions.

The epidemic of overwork is especially rampant in surgical specialities. 'Surgeons are at great risk for developing burnout symptoms because of long work hours, delayed career gratification, and what is admittedly not the best work-life balance', quipped Thomas K. Varghese Jr., head of General Thoracic Surgery, at University of Utah in Salt Lake City [2]. An additional factor making matters worse in Cardiothoracic and Vascular Surgery (CTVS) is the cutthroat competition in the speciality and most of us making a beeline for that numero-uno status in the number games, thereby inculcating type 'A' personality traits by default. No wonder 38.5% of thoracic surgery residents reported experiencing burnout, 44.4% feeling depressed, and 25.9% vouching not to take to the speciality, given a chance [3]. This phenomenon of overwork and burnout is contributing to loss of personal health of physicians and to strained inter-personal and family relationships. A testament to the extent and acuteness of the problem is that the 56th Annual Society of Thoracic Surgery (STS) meet felt obliged to arrange a special educational session on burnout!

The blurring of boundaries between 'work' and 'family' and the ill-bodings of the consequent burnout in medical professionals do not stay confined to them, but also adversely reflect in their care of the patients. In a major survey of 7905 members of the American College of Surgeons, 700 (8.9%) self-reported a major medical error in the previous 3 months [4]. Over 70% attributed the error to individual rather than systemic factors, with an adverse relationship with depression and burnout in all its 3 domains — emotional exhaustion, depersonalization, and personal accomplishment. 'Each one point increase in depersonalization (scale range, 0–33) was associated with an 11% increase in the likelihood of reporting an error while each one point increase in emotional exhaustion (scale range, 0–54) was associated with a

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5% increase. Burnout and depression remained independent predictors of reporting a recent major medical error on multivariate analysis…..' [4]. All this ultimately boomerangs into strained doctor-patient relationship and erodes the much needed trust between the two.

Shouldn't a doctor have a right to relax and enjoy, to spend time with his family and be a part of the society in all its endeavours, besides being a professional? This is an issue which needs serious deliberation and deep speculation. We should refrain from extolling the virtues of sweating blood and be nuanced in our demands of diligence and perfection from our trainees. Some degree of failings and weaknesses should be accepted and it's time that we learn and teach our students to have that right work-pleasure mix and not become the proverbial 'workaholics'. Even the fundamental conundrums of 'own good' versus 'societal good' and the concept of 'altruism' in medical profession need to be revisited. 'Nature leads every organism to prefer its own good to any other good', an Epicurean thought of antiquity is as relevant today as it was when first propounded by the Greek Philosopher-sage Epicurus (341–270 BC). Blind industriousness, to the peril of personal health, sanity, and well-being, should not be construed a moral attribute, as it would lead to creating not humane and competent doctors, but 'zombies' — archetypical robotic physicians. Some may contend that artificial intelligence and robots in any case are going to be the future of 'Medicine', whether we like it or not. I shall refrain from picking cudgels with them, as long as it does not happen in my lifetime. I truly dread that day!

'I fear the day that technology will surpass our human interaction. The world will have a generation of idiots.'
Albert Einstein

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