
Afterword

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The contributions to this book together comprise a nuanced and thorough analysis of an evolving public health crisis. It may seem intuitive that in order to nurture health and wellness in their patients, physicians must themselves be able to maintain adequate mental health. The reality is that they suffer at staggering rates from burnout, psychological distress, and untreated mental illness. This may lead to decreased empathy and an increase in medical errors which can impact patient safety. Furthermore, the elevated rates of suicide indicate that physicians themselves are an at-risk population. It is a dire statistic to consider the loss of the equivalent of two medical school classes to suicide each year (see Chap. 4 on Suicidal Behaviors). This is not only a tragedy of human life and potential, it is an economic concern in the face of growing medical workforce shortages, which is further stressed by physicians prematurely leaving the field, cutting back hours, or experiencing decreased productivity due to burnout or untreated mental illness. These concerns are both urgent and relevant to the providers and recipients of healthcare across the USA as well as other countries.

A salient theme of this book is the complexity with which these issues play out at both the level of the individual and the system in which they train and work. Both will require intervention to effect meaningful change. Physician burnout and mental illness are multifactorial problems that involve individual factors common to many who enter medicine (including a “Type A” personality and indefinitely delayed gratification), as well as the culture or “hidden curriculum” of self-sacrifice. There are also organizational factors that contribute to the problem and provide barriers to treatment. Several chapters discussed a further complication in that physicians are less likely to seek treatment due to issues such as stigma and fears about whether it will affect medical licensure. This book examines the research to better understand

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these factors, an essential first step in order to be able to address this problem effectively.

There is a mandate from society to figure out the path forward with growing urgency. Just recently, the Accreditation Council for Graduate Medical Education (ACGME) responded by proposing guidelines for training programs to monitor and cultivate well-being in their trainees. The ACGME outlines residency requirements for all US postgraduate medical trainees and is a crucible through which all those physicians pass. They are therefore uniquely positioned to make upstream changes to the culture of medicine. The following is an excerpt from the ACGME's newly approved section in the Common Program Requirements (as of February 2017), which will take effect for the 2017–2018 academic year (Accreditation Council for Graduate Medical Education 2017):

“In the current health care environment, residents and faculty members are at increased risk for burnout and depression. Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician. Self-care is an important component of professionalism; it is also a skill that must be learned and nurtured in the context of other aspects of residency training. Programs and Sponsoring Institutions have the same responsibility to address well-being as they do to ensure other aspects of resident competence.”

In addition to the statement above, the ACGME proposes novel requirements for training programs to do the following: (a) foster the development of meaning that residents find in their training and work as a physician; (b) help them to manage administrative tasks; (c) screen for well-being; and (d) facilitate personal time for self-care and medical visits. The latter is also important for easing fatigue and restoring energy, and for attending to family matters and emergencies. If accepted into the 2017 program requirements, this change may lead to increased consideration of the well-being of residents and physicians in general at the institutional level. However, it is not clear that program directors and hospital administrators have the knowledge or means to make effective changes in response to this decree, which will be the biggest barrier to its success.

This book therefore comes at a key time, and its thoughtful analysis of these issues may serve as a guide for both the healthcare system and the physician or medical trainee. It is by fully understanding the scope and nature of these problems, across disciplines, that we can build forward momentum for both physicians and their patients.

Reference

Accreditation Council for Graduate Medical Education (ACGME). Common program requirements section VI with background and intent; 2017. http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/CPRs_Section%20VI_with-Background-and-Intent_2017-01.pdf.