



President's Message

Stress and Burnout

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While coming back from a recent residency visit, I was catching up on some reading. I came across two articles back-to-back referencing surveys, which listed emergency medicine as the most stressful specialty. The next article detailed a survey where "burnout" was highest amongst emergency docs. It was surprising to me that ours was the most stressful specialty, but not at all surprising to see we had the highest rate of burnout.

We see the gamut of medical problems, most are not life-threatening. Many of us pride ourselves on being able to respond quickly and decisively to those situations where our expertise and training come into play to truly save a life. We find that a very rewarding experience; that is why we chose EM. I have heard many remark that they wish they had those kinds of cases more frequently, rather than the run of the mill belly pains and the like. Family and friends usually remark that our job must be stressful, but I think most of us would admit that, most days, it is fairly routine. The stressors are not what the lay public thinks they are.

Many of the things creating the most stress are extrinsic to the practice of medicine itself. One of the biggest stressors for younger physicians is the crushing debt many have. In my informal survey among the programs where I have spoken, the average resident has a debt of around \$225,000. Essentially, starting out with a mortgage. Because of this, many seek the highest paying job rather than a job that may start them out at a lower rate for a couple of years but offer an ownership opportunity. Some CMGs offer a stipend during the final year of training in exchange for a commitment post-grad. In many instances, the jobs are in understaffed facilities where it is unusually stressful. I know of other physicians who work extraordinary hours in order to get a jump on debt. Over time, this will definitely be stressful and contribute to burn out. I have talked with three physicians since the beginning of the year that have only been out of residency for four years or less and have already had a bad experience with such groups. Unfortunately, they have now soured on the specialty itself.

Other sources of "stress" are all of the extraneous issues we are all forced to deal with on a daily basis: social issues, drug seekers, lack of back up support, keeping satisfaction scores up, keeping wait times down. I often think that a rotation through social services should be a mandatory part of any training program, as it seems that is all I have been dealing with some days. Some expect the ED to handle all of society's ills. Those cases are definitely time consuming and take up considerable resources. Our volumes are forecasted to increase as the ACA takes effect. In most businesses, an increase in traffic would be a quality problem. In ours it can be a mixed blessing as many of these patients will pay at Medicaid rates that, in many states, do not cover the cost of seeing them. So, we will need to become more efficient, which can be stressful.

So, while we may not be able to control all of the "stressors," what can we do to prevent the high rate of burn out? I have a few suggestions.

First, live on less than you bring home. Maximize your retirement contributions and savings plans. I recently read an article by a physician who continued to live as he did while a student and squirreled away a considerable sum over a few years, enabling him to retire at age 40. Not so sure many of us would be willing to go to that extreme but he does make a good point: live on less and save as much as you can. That way, you have options in 10 or 20 years.

Next, understanding that our job entails working nights, holidays, and weekends; value your free time. Do things with your spouse, family, and friends. Get out there and enjoy your hobbies and those who are close to you. If it helps, schedule the time and do not cancel that "appointment." Be there for the important events in your child's life. They should not consider you a stranger. Make that day off count!

Do not work for those that will take advantage of or treat you as a "cog in the wheel." Ideally, you should be in a group where you have ownership in the practice or have an opportunity to be recognized for your contributions to the medical group or institution. Of course, this means that you have to be willing to contribute and help make that institution a better place. Avoid employment situations where they take all you have to give yet give nothing back.

Try to minimize the external stressors, be smart with your finances, contribute to your institution and/or make your specialty better, and make your days off count. Those are a few guidelines that have helped me during my career and kept me interested. I hope that many of you find them helpful so that you have long and fruitful careers and don't get too stressed or burnt out!

Coming to your ED ... a pediatrician?

As this goes to press, we have been made aware of the fact that there is a provision in the ACA that allows for a pediatrician who sees a child in the ED to be paid more than the EP who sees the same child. A few hospitals are now trying to capture those funds by hiring a pediatrician to work in the ED. We have been working with Williams and Jennings, our lobbyist, on a congressional fix for this issue. Since it is already written in the regulations, Congress will need to pass a law if we are to overturn this. I am also reaching out to the other organizations within our specialty. Stay tuned! ■

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