

Wellness Committee

Late Career Resiliency: Is it Time to Make a Change?

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I always considered myself one who was born to be an “ER” physician. Throughout my career I would routinely go home energized at the end of the day rather than run down. There was something almost invigorating about the chaos. Not that there weren’t some difficult days, but I loved what I did. Then about five or six years ago, I rather suddenly realized that I somehow had gotten to be the old guy in my group — by at least eight to 10 years. I wasn’t quite able to bounce back from the shift changes. I was getting physically and mentally tired. I had helped start our democratic independent group and happily held the banner for all that AAEM stands for. That meant doing my fair share of all the shifts and nights. And I didn’t know how to comfortably say no.



I was very tired the morning I was heading into a shift. For the first time in my career I had become a little apprehensive about drinking from the fire hose onslaught of patients that was the daily experience in the ED. As I pulled into the parking lot my phone rang. I let it go

to message as I didn’t immediately recognize the number. Then I heard the voice of the son of my dearest lifelong friend who, simply said, “Call Mom, please. Something has happened to Dad.”

My friend and old college roommate, Rick, had died suddenly from complications of a surgery that I didn’t even know he was going in to have.

I am quite sure that I frightened my bright young superstar female colleague a little while later after picking up a chart, turning towards her, and breaking down in tears saying, “I don’t think I can do this today.” Like those of us who were born to do emergency medicine, I did indeed finish my shift. But that day was a turning point.

Physical fatigue and depression began to take a toll. Burnout had unexpectedly become very real for me.

I chose to embark on a journey of recovery. Here is what I did and it has made all the difference for me.

1. I took a break from work. This seems like an obvious choice. But in talking with many of my colleagues during and since this time it is not a choice that can easily be made for many. I never thought I would experience burnout — ever! Thus, I never really thought or planned for the possibility of NEEDING to take a break. How do you do that in EM? It does take a bit of preplanning — especially financial planning. For me, I was lucky to be able to consider being able to take off for two, three, or even six months without significant financial stress. Also fortunately for me, I was a partner in an exceptionally great independent group and could have the legitimate discussion about taking a break or sabbatical of sorts. They were very

understanding and supportive. The sabbatical concept should be incorporated into every business model of ED practice these days.

2. I visited my personal doctor. I had a routine upcoming physical exam so I looked forward to talking with my physician as a patient. At the end of our office visit I asked him if there was someone I could talk to professionally in psychiatry or psychology to help me sort through my feelings, grief, depression, burnout, whatever you want to call it. This was perhaps the best single decision I made. I would strongly encourage anyone experiencing some burnout to take the advice you often give to others — seek professional help.
3. I spent more time with good friends and good people.
4. When I felt like I wanted to test the waters of getting back into the ED environment, I eased into it. Rather than go back on the shifts at our big busy hospital, I opted to start to pick up some shifts at a small critical access hospital. I found out three things quickly. **First** I still love what I do. **Second**, decades of experience and training allowed me to provide great and needed care to a very underserved population which gave me more meaning in my work. **Third**, I enjoyed more time to be able to spend with my patients, the nurses, and everyone else who worked in the hospital.
5. I learned how to become more comfortable saying “no” in order to protect my time.
6. I quickly realized that even though my income was notably less than when I was working at the big busy community hospital ED, I was still making a good income and able to enjoy life much more.
7. Finally, my wife and I decided to take an adventure and experience more of this life while we still can. I chose to take a completely new job in a part of the world I had never spent time. It had to be beautiful. It had to be a slower pace. And it had to bring inspiration daily through doing something meaningful with my skills. My wife and I decided to commit to a three year adventure. We ended up in a very rural part of northern Idaho where I now provide care in small critical access hospital.

I definitely feel as if I have renewed my interest and found more meaning in what I do in medicine. I feel more appreciated than ever in my career in this small town. Life in general is much more fun than it was a few years ago. I recognize that not everyone experiencing fatigue or burnout is in a position **to make the choices I did**. I believe, **however**, that you can choose a pathway to extend your career. **I believe you can bring meaning and joy back into the practice of emergency medicine**, but you **might have to have the courage to embrace change.** ●

“What the caterpillar calls the end of the world, the master calls a butterfly.”

Richard David Bach