
LETTER TO THE EDITOR

Dear Editor,

The Canadian Journal of Urology has published several thoughtful editorials on burnout in urology.^{1,2} We would like to share our thoughts from what we feel is a very important perspective on this concept in urology.

Happiness, Work and Life. Balance or Burnout? Is this illusion, this pursuit of a certain harmony, achievable on an individual level? While we find ourselves reacting to suggestions that once we are in the field we ought to essentially just accept and yoga-forwards with it, at an educational and institutional level it is imperative that we work hard to attract the students and trainees that we wish to. The best and brightest will never flock to a field where life is defined by survival-through-meditation, and while stress is for many a necessary component of achievement it cannot define our field. We feel it critical to present this student-written assessment of this topic, and we argue that it may be the most valuable view there is of what we all face – it is how the future of urology sees our current challenge. Here are thoughts shared by our junior colleague Dr. Anessa Sax-Bolder.

“Self-care, team care, patient care. Without caring for yourself, you cannot succeed in what you came here to do.” As a freshly minted MS1, donning my short white coat and stethoscope for the first time, I had the privilege of listening to Dr. Kjell Lindgren, the guest speaker at our White Coat Ceremony, speak to us about his journey to becoming a NASA astronaut. “You can’t get to self-actualization if your basic needs aren’t met. You can’t help your team if you’re a mess. The team can’t help patients if you’re a mess.”

Four years later, as a new urology intern, Dr. Lindgren’s words, “self-care, team care, patient care” remain my guiding mantra. These past 4 years as a medical student, I have spent countless hours pondering the complex intersection between the individual and the institutional components that play into physician wellness and burnout. As medical students, we are taught from the very beginning that burnout is not only ‘a’ problem, but it is ‘our’ problem.

“Have you tried being more resilient?” In the world of today’s medical practice culture, centered on medical schools and training programs, phrases like these are unfortunately far too commonplace. And as physician burnout is on the rise, particularly among urologists (a recent study suggested nearly 40% of urologists currently meet burnout criteria),³ we must start shifting the way burnout is addressed – or else we risk not only physician well-being, but patient safety and satisfaction, as Dr. Lindgren pointed out.

However, when reading about commonly-proposed solutions to burnout, there is an evidentiary failure of the commonly proposed ideas. While ‘increasing personal resilience’, and ‘meditating more’, have a place in helping specific individuals, they are inherently missing the point. We are already resilient when compared to our age-matched population!⁴ If we weren’t, we wouldn’t have made it through the challenging selection process for medical school and residency. Even though these solutions might have logical appeal, we find a broad lack of evidence for the common approaches that are to solve or mitigate burnout. Burnout is not a failure of the individual, but rather a failure of the system and it must be spoken about as such. Further, framing burnout as something an individual can independently fix is actively harmful, as it perpetuates one’s feelings of failure, and fosters complacency in a system that needs fixing.

Watching an hour of your busy day go by while sitting at a required wellness lecture is not going to mitigate the fact that you spend excessive amounts of time interfacing with a user-unfriendly electronic health record (EHR). ‘Finding your breath’ is not going to take away an internal feeling of shame after making a medical error – and especially if you don’t feel safe talking to anyone about it. While these common fixes might help in the moment and are certainly desirable from the standpoint of a productivity-based institution that desires to see the problem go away as easily as possible, they are at best a band-aid for the defects in our system.

We believe that the roots of physician burnout can be tied to the disconnect between the values of physicians versus those of the medical system they are forced to exist in. We practice in an environment that is dominated by rewards, punishments, and pay-for-performance.⁵ What happened to the noble profession that makes it easy to prioritize patient-centered care? For every hour a physician spends with a patient, they spend 2 hours writing notes and checking boxes dictated to us by insurers and hospital systems.⁶ It is no wonder physicians feel depersonalized and emotionally exhausted – they are busy doing the wrong work. Yet, when asked how to overcome burnout, all of the prevailing solutions revolve around surmounting a personal shortcoming (resilience, mindfulness, efficiency). If there is one thing you take away from this article, let it be this: Burnout is not because you're weak, it is because the system is broken.

Change is necessary. And we get it – individual skills for managing a personal case of burnout are easier to teach compared to implementing changes that affect the system. However, we argue that laying the responsibility for burnout management at the feet of practitioners has been aptly compared to telling drivers to wear seatbelts instead of repairing dangerous roads and broken stoplights.⁵ It is time we focus interventions and strategies on repairing our broken roads and stoplights. Let's start to chip away at the organizational complexity of burnout, and on our way, provide strategies to make one's career happier – now – even in the current landscape. It is time we reexamine burnout with a more systemic lens if we truly want to create a better workplace for not only ourselves but for those that come after us. While not evidence-based (although we are 100% certain of it), part of what makes urology such an incredible specialty is the people we get to work with. We must work to ensure that we are supported in a fashion that allows us to take care of our patients as well as possible, and also to take care of each other in a way that assures that we continue to attract the best and brightest minds to our wonderful field.

Sincerely,

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