

# HEALTHCARE: A UNIVERSAL NEED

Antoine Abu-Musa

American University of Beirut

Beirut, Lebanon



# Disclaimer enduring materials

---

- The views expressed in the following presentations are those of the individual presenting speakers
- The presentations may discuss therapeutic products that have not been approved, or off-label use of certain products
- These presentations are for educational purposes only and should not be reproduced or distributed in any way
  - *If you wish to reproduce, store in a retrieval system, transmit in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, any part of the material presented, you will need to obtain all the necessary permissions by writing to the publisher, the original author, or any other current copyright owner*
- Ology Medical Education emphasizes that the content of these materials/this educational activity is provided for general educational purposes only, and should not in any way be considered as advisory. It is the responsibility of the health care professional to verify all information and data before treating patients or using any therapies described

# Disclosures

---

- No conflict of interest
- I do not have a financial interest in any product or service related to my presentation
- My participation at this congress is not supported in any way by a company or organization

# Educational objectives

---

- Appreciate that doctors' burnout is common and serious and understand the effect it has on patient care
- Recognize the impact doctors are experiencing in the loss of their ideal image and their empathy
- Relate the remaining need to restore empathy among doctors

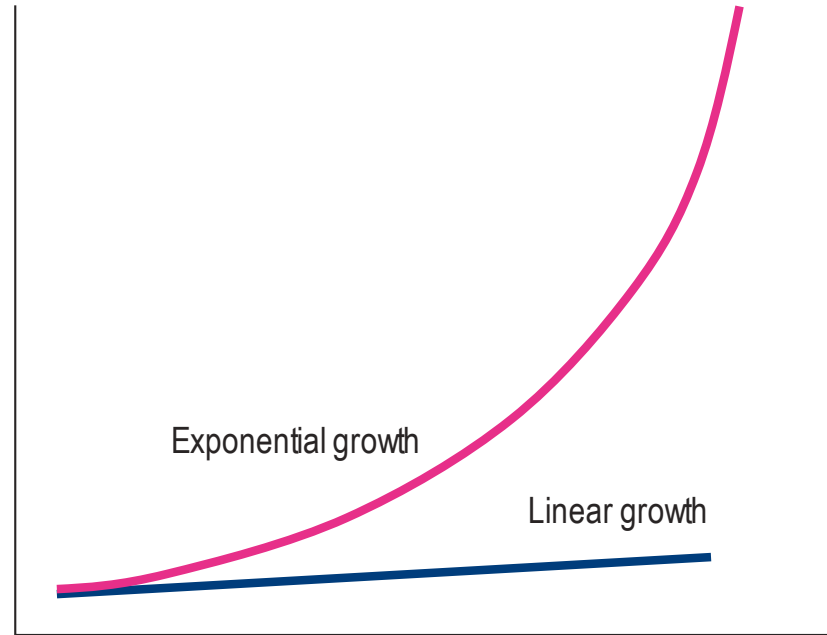
# Phenomenal changes in recent years

---

- Recent years have witnessed major changes in knowledge, understanding of disease, and treatments
- There is a need to adopt and adapt

# Type of change

---



# Exponential changes

---

- Leads to major changes, modifications, and even risk of extinction of some procedures and specialties
- Obstetrics is the ONLY everlasting specialty
- Resistant to any change

# Phenomenal changes

---

## Objectives

- How are exponential changes affecting the:
  - Image of the physician
  - Work of the physician



---

**IDEAL IMAGE**

# The Doctor



Care

Passion

Time

Devotion

# REAL IMAGE

---

Overwhelmed

Overbooked

No time

Rush

# The Doctor

---

- Who are we?
- Why do we do what we do?
- Why did we choose medicine?

# Why do we do what we do?

---

- Kaplan survey: MCAT students

“We wanted to get a better understanding of **why our students chose medicine**. We wanted to know what makes them tick.”

“The biggest reason is the **desire to help others and make a difference.**”

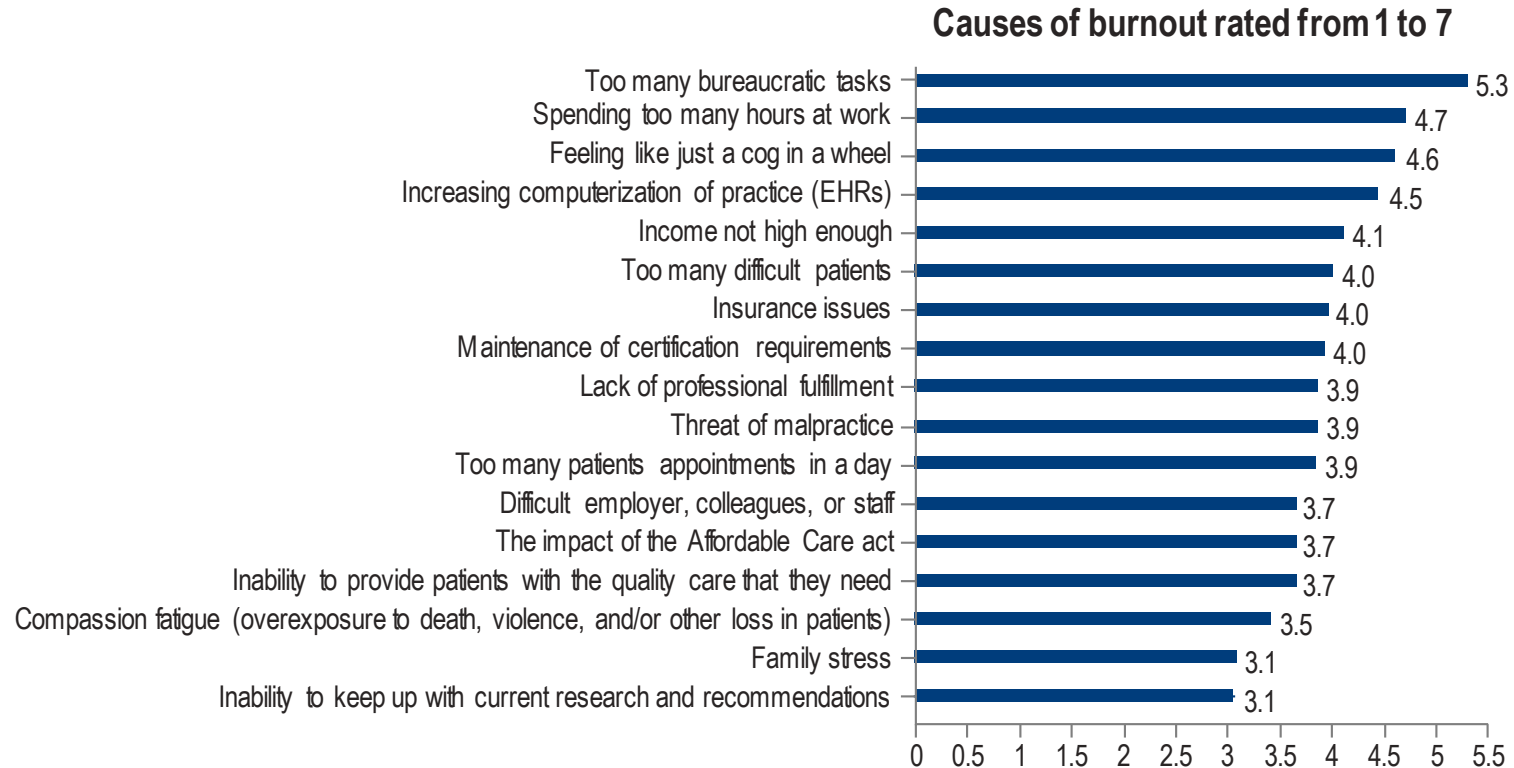
# Doctor's image

---

- A **calling**, committing one's life to work serving the sick
- In recent years, the professional “calling” identity is being eroded
- Physician everyday work is challenged



# What do we do?



# Too many bureaucratic tasks

---

- Trained in pathophysiology, diagnosis, and treatment...
- But, spending more time thinking about issues like management, improvement, finance, law, ethics, and communication



5.3





"The Doctor" by Luke Fildes, 1891. Available from: [https://en.wikipedia.org/wiki/The\\_Doctor\\_\(painting\)](https://en.wikipedia.org/wiki/The_Doctor_(painting)).

# Spending too many hours at work

---

- For every hour physicians provide direct clinical face time to patients, almost 2 more hours are spent in front of the computer or doing paperwork



---

“The single greatest problem in medicine today is the  
**disrespect of time.**”

“One cannot do anything in medicine well on the fly”

*Kenneth Ludmerer*  
*Physician and medical historian*

**Baby Boomers**  
**1946–1966**

Work  
centric

Achievement  
orientated

Career focused

Equate work and  
position with self-worth

**Live to work**

**Generation X**  
**1966–1980**

**Generation Y**  
**1981–2001**

Family  
centric

Work–lifestyle  
balance

Professional issues = personal issues

**Work to live**

# Increasing computerization of practice

---

- Rapid adoption of electronic health records



# Income not high enough

---

Kaplan survey

4.1

- 49% of pre-meds reported being primarily motivated by money
- 71% of pre-law students reported being primarily motivated by money

# Money, money, money...

---

- Persia
  - First-, second-, and third-class patients
- Babylonia
  - The Code of **Hammurabi**: first CPT code book
  - Upper, lower, and slave classes
- Ancient Greece
  - Amount was determined by an **agreement entered into before the treatment** was started
  - Public physicians were provided **fixed high salaries**
- Roman empire
  - **Annual salary**
  - Were allowed to accept something for their services

# Money, money, money...

---

Twentieth century

- Medicine became professionalized

“We should **welcome the introduction of good business practices** from the world of commerce into the organization and financing of health care”

*Cohen JJ  
President Association of  
American Medical Colleges  
2002*



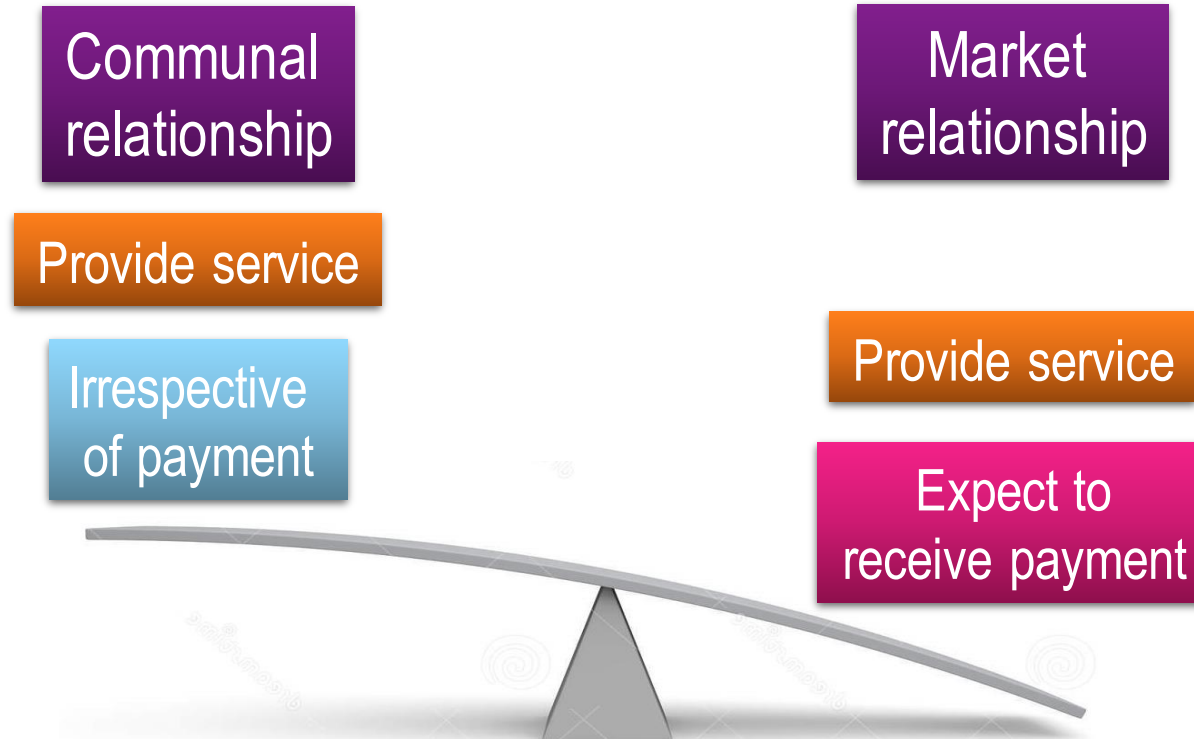
# Money, money, money...

- The new image of the doctor as ethical businessman whose financial incentives and professional calling mesh perfectly



# Money, money, money...

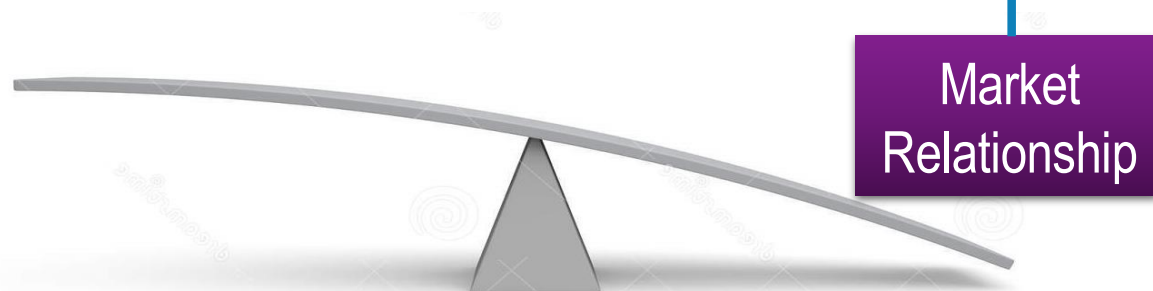
---



# Money, money, money...

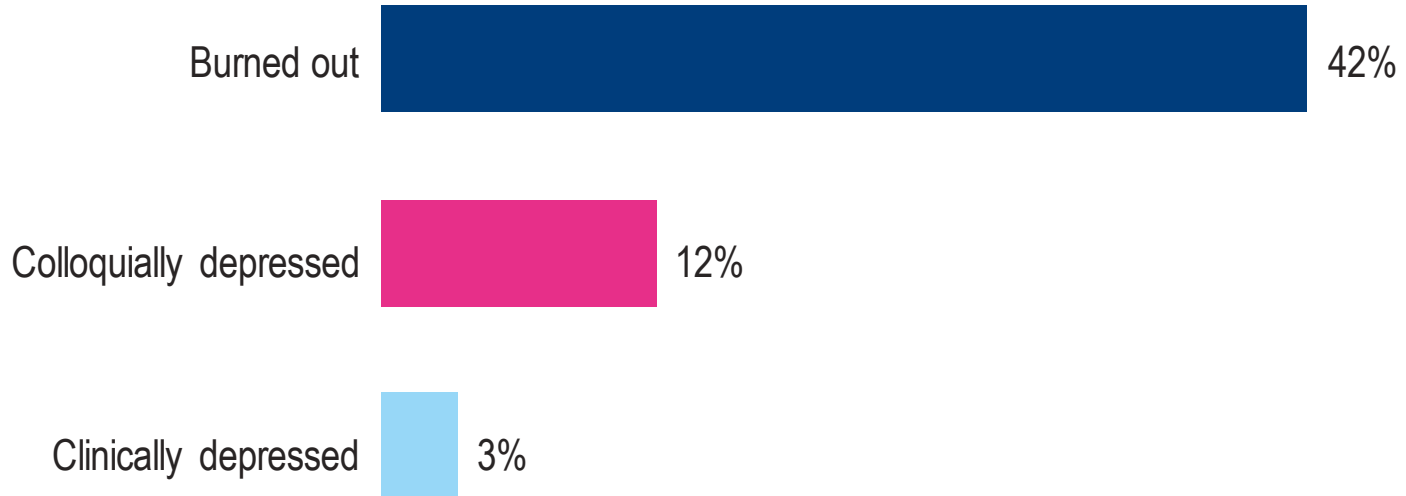
---

- Shift in the career choices
- Selecting specialties that are lucrative and can be practiced during regular, limited work hours
- Desire to **maximize income** and **minimize work time**



# Physician burnout and depression

---



NCBI Resources ▾ How To ▾ Sign in to NCBI

PubMed.gov  
US National Library of Medicine  
National Institutes of Health

PubMed ▾ physician burnout Search

Create RSS Create alert Advanced Help

Article types  
Clinical Trial  
Review  
Customize ...

Text availability  
Abstract  
Free full text  
Full text

Publication dates  
5 years  
10 years  
Custom range...

Species  
Humans  
Other Animals

[Clear all](#)  
[Show additional filters](#)

Format: Summary ▾ Sort by: Best Match ▾ Per page: 20 ▾ Send to ▾

**Search results**

Items: 1 to 20 of 3116 << First < Prev Page 1 of 156 Next > Last >>

⚠ Due to technical constraints, your results were generated using the standard [Best Match](#) algorithm.


☐ [Effects of gaps in priorities between ideal and real lives on \*\*psychological burnout\*\* among academic faculty members at a medical university in Japan: a cross-sectional study.](#)  
1. Chatani Y, Nomura K, Horie S, Takemoto K, Takeuchi M, Sasamori Y, Takenoshita S, Murakami M, Hiraike H, Okinaga H, Smith D.  
Environ Health Prev Med. 2017 Apr 4;22(1):32. doi: 10.1186/s12199-017-0626-7.  
PMID: 29165115 **Free PMC Article**  
[Similar articles](#)


☐ [Burnout and Psychological Distress Among Pediatric Critical Care \*\*Physicians\*\* in the United States.](#)  
2. Shenoi AN, Kalyanaraman M, Pillai A, Raghava PS, Day S.  
Crit Care Med. 2018 Jan;46(1):116-122. doi: 10.1097/CCM.0000000000002751.  
PMID: 29018364  
[Similar articles](#)

☐ [Preventing \*\*physician burnout\*\*: satisfaction or something more?](#)  
3. Slavin S.  
Isr J Health Policy Res. 2019 Mar 27;8(1):34. doi: 10.1186/s13584-019-0303-y.  
PMID: 30917870 **Free PMC Article**

Filter your results:  
All (3116)  
[about Arab countries \(29\)](#)  
[EBM diagnosis \(20\)](#)  
[by AUB Authors \(6\)](#)  
[EBM therapy/prevention \(80\)](#)  
[Manage Filters](#)

Sort by:  
[Best match](#) [Most recent](#)

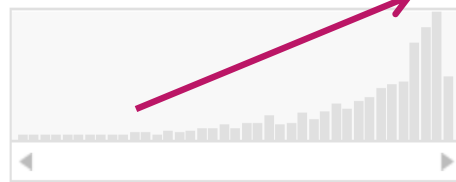
Results by year  
  
Download CSV

PMC Images search for *physician burnout*  


## Search results

Items: 1 to 20 of 3116

## Results by year



Download CSV

# Physician burnout is a global phenomenon

---

Physician Burnout in the United States: A Call to Action.

Burnout in Belgian physicians and nurses.

Risky alcohol use in Danish physicians: Associated with alexithymia and burnout?

Burnout in French physicians: A systematic review and meta-analysis.

Associations between confidentiality requirements, support seeking and burnout among university hospital physicians in Norway, Sweden, Iceland and Italy (the HOUPE study).

Rates of self-reported 'burnout' and causative factors amongst urologists in Ireland and the UK: a comparative cross-sectional study.

Psychological distress, burnout level and job satisfaction in emergency medicine: A cross-sectional study of physicians in China.

Effects of gaps in priorities between ideal and real lives on psychological burnout among academic faculty members at a medical university in Japan: a cross-sectional study.

Burnout and depression among medical residents in the United Arab Emirates: A Multicenter study.



## Prevalence of burnout syndrome among **medical residents**: experience of a developing country

Khalil Ashkar,<sup>1</sup> Maya Romani,<sup>1</sup> Umayya Musharrafieh,<sup>1</sup> Monique Chaaya<sup>2</sup>

### Proportion of residents with different burnout levels in three domains

Domain/ burnout level	Emotional exhaustion	Depersonalization	Personal accomplishment
Low	16 (10.3%)	47 (30.3%)	37 (23.9%)
Average	34 (21.9%)	35 (22.6%)	60 (38.7%)
High	105 ( <b>67.7%</b> )	73 ( <b>47.1%</b> )	58 (37.4%)

# Depression and burnout among residents in Lebanon

- 22% of residents qualified for major depressive symptomatology
- 13% of residents had suicidal ideation

Acad Psychiatry (2016) 40:38–45  
DOI 10.1007/s40596-015-0400-3



## EMPIRICAL REPORT

### **Correlates of Depression and Burnout Among Residents in a Lebanese Academic Medical Center: a Cross-Sectional Study**

Farid Talih<sup>1</sup> • Razmig Warakian<sup>1</sup> • Jean Ajaltouni<sup>1</sup> • Al Amira Safa Shehab<sup>1</sup> •  
Hani Tamim<sup>1</sup>



# Depression and suicidal ideation among medical students

---

- Depression or depressive symptom prevalence data were extracted from
  - 167 cross-sectional studies (n = 116,628)
  - 16 longitudinal studies (n = 5,728)
  - Data were collected from 43 countries

JAMA | Original Investigation

## Prevalence of Depression, Depressive Symptoms, and Suicidal Ideation Among Medical Students A Systematic Review and Meta-Analysis

Lisa S. Rotenstein, BA; Marco A. Ramos, MPhil; Matthew Torre, MD; J. Bradley Segal, BA, BS; Michael J. Peluso, MD, MPhil; Constance Guille, MD, MS; Srijan Sen, MD, PhD; Douglas A. Mata, MD, MPH

# Depression and suicidal ideation among medical students

---

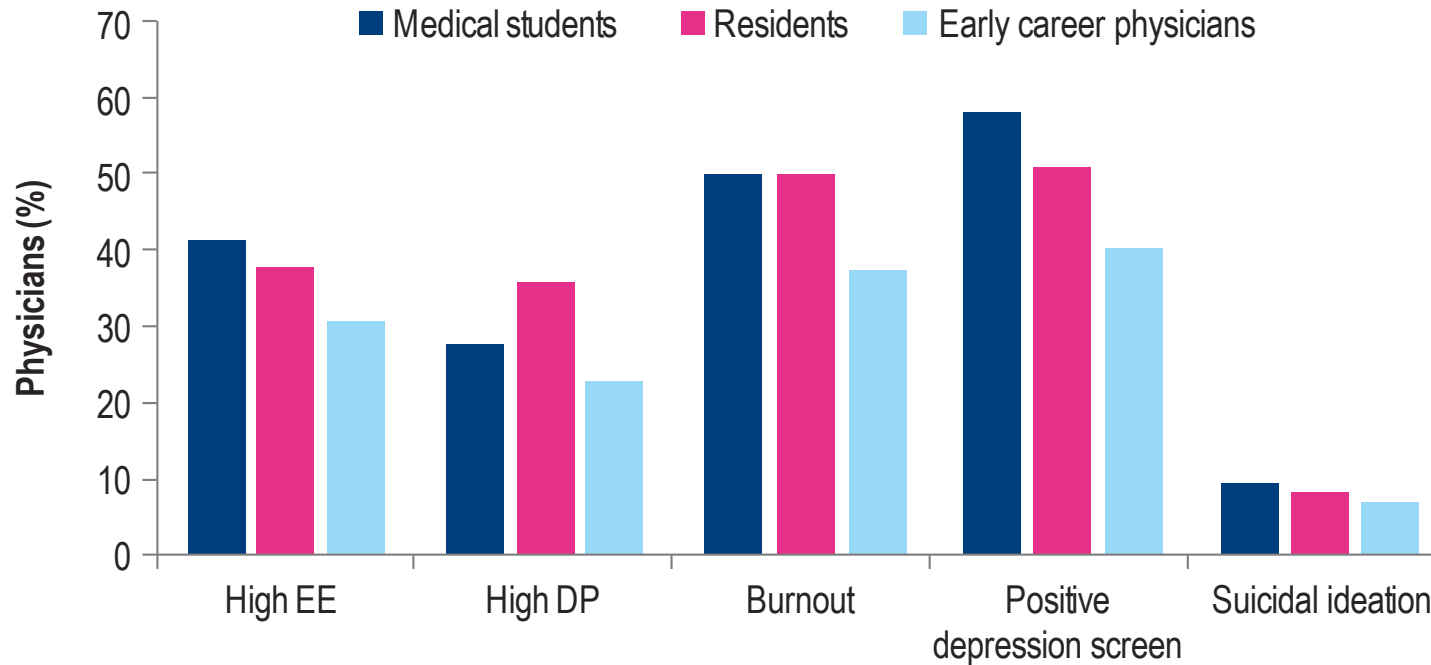
- Depression or depressive symptom prevalence data were extracted from
  - 167 cross-sectional studies (n = 116,628)
  - 16 longitudinal studies (n = 5,728)
  - Data were collected from 43 countries

**CONCLUSIONS AND RELEVANCE** In this systematic review, the summary estimate of the prevalence of depression or depressive symptoms among medical students was 27.2% and that of suicidal ideation was 11.1%. Further research is needed to identify strategies for preventing and treating these disorders in this population.

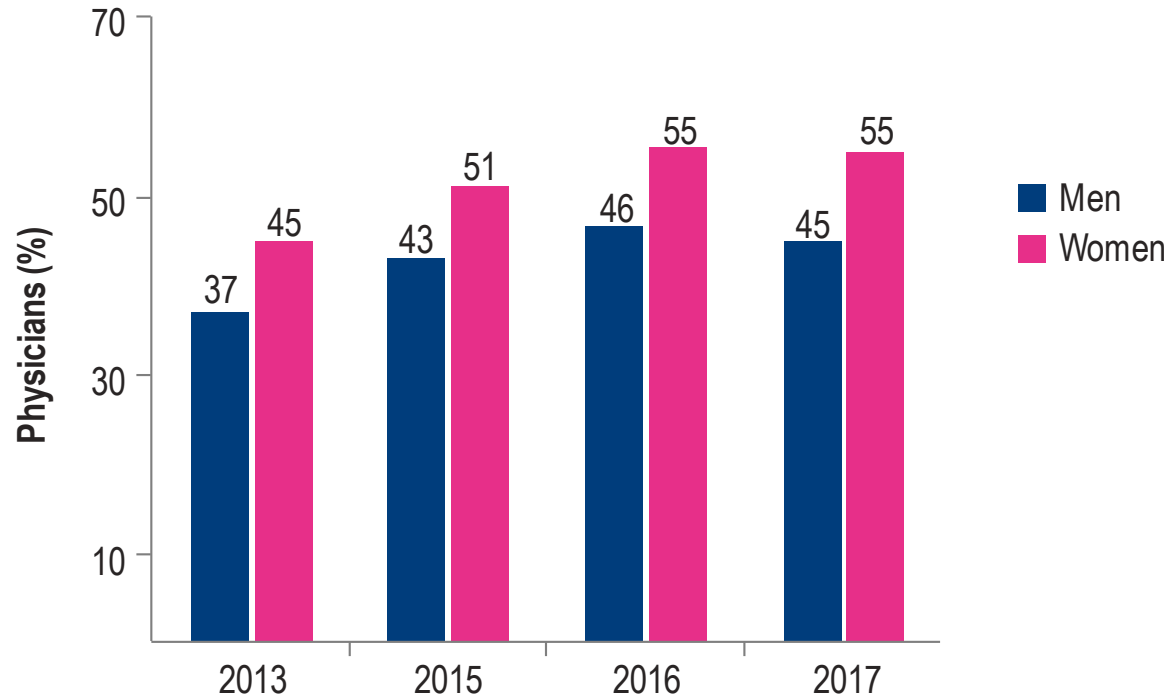
## **'Alarming' Rate of Burnout in Med Students**

- European Psychiatric Association (EPA) 2018 Congress
- Meta-analysis of more than 16,500 medical students
- 46% of the students were suffering from burnout

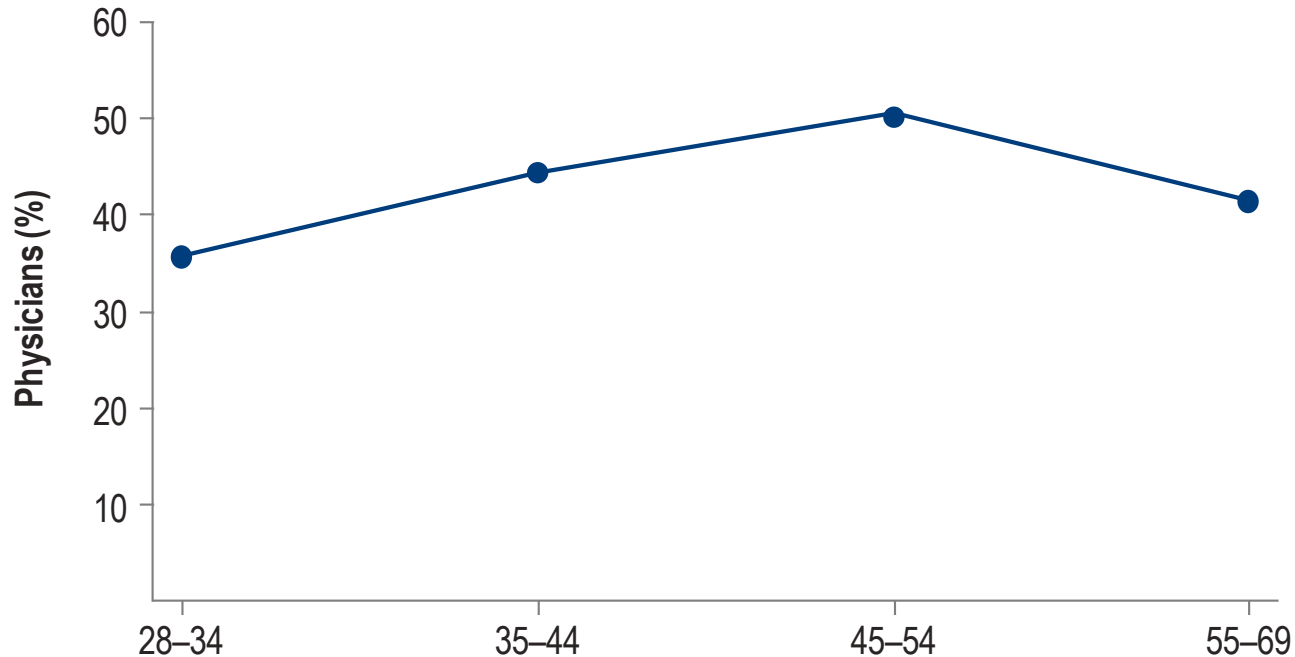
# Burnout index, depression, and suicidal ideation by career stage



# Burnout by gender



# Are older or younger physicians more burned out?



# Burnout and satisfaction with work-life balance: US physicians vs general population

Variable	Value (n = 7,288)
Emotional exhaustion	
Median score	21.0
Score level, number (%)	(n = 7,208)
Low	3,041 (42.2)
Intermediate	1,433 (19.9)
High	2,734 (37.9)
Depersonalization	
Median score	5.0
Score level, number (%)	(n = 7,193)
Low	3,601 (50.1)
Intermediate	1,476 (20.5)
High	2,116 (29.4)
Personal accomplishment	
Median score	42.0
Score level, number (%)	(n = 7,140)
High	4,758 (66.6)
Intermediate	1,495 (20.9)
Low	887 (12.4)
Burned out, number (%)	45% 3,310 (45.4)

# Burnout among US physicians vs general population

Variable	Physicians (n = 6,179)	Population control subjects (n = 3,442)	p value
Emotional exhaustion <sup>f</sup>			
Never	785 (12.7)	406 (11.8)	< 0.001
A few times a year	1,637 (26.5)	1,065 (30.9)	
≤ once a month	782 (12.7)	537 (15.6)	
A few times a month	958 (15.5)	610 (17.7)	
Once a week	614 (9.9)	239 (6.9)	
A few times a week	819 (13.3)	372 (10.8)	
Every day	536 (8.7)	193 (5.6)	
Missing	48 (0.8)	20 (0.6)	< 0.001
High score <sup>g</sup>	1,969 (31.9)	804 (23.4)	
Depersonalization <sup>h</sup>			
Never	2,020 (32.7)	1,357 (39.4)	< 0.001
A few times a year	1,537 (24.9)	824 (23.9)	
≤ once a month	679 (11.0)	348 (10.1)	
A few times a month	705 (11.4)	374 (10.9)	
Once a week	405 (6.6)	176 (5.1)	
A few times a week	541 (8.8)	202 (5.9)	
Every day	247 (4.0)	133 (3.9)	
Missing	45 (0.7)	28 (0.8)	< 0.001
High score <sup>g</sup>	1,193 (19.3)	511 (14.8)	
Burned out <sup>i</sup>	2,319 (37.5)	950 (27.6)	< 0.001



# Satisfaction among US physicians compared to the general population

Variable	Physicians (n = 6,179)	Population control subjects (n = 3,442)	p value
Satisfaction with work-life balance			
Work schedule leaves me enough time for my personal or family life			
Missing	13 (0.2)	8 (0.2)	< 0.001
Strongly agree	879 (14.2)	671 (19.5)	
Agree	1,898 (30.7)	1,291 (37.5)	
Neutral	909 (14.7)	677 (19.7)	
Disagree	1,621 (26.2)	605 (17.6)	
Strongly disagree	859 (13.9)	190 (5.5)	

# Burnout among US medical students, residents, and early career physicians relative to the general US population

Characteristic, Burnout index, no. (%)	Medical students, ages 22–32 (n = 4,032)	Population, college graduates, ages 22–32 (n = 736)	P value	Residents/ fellows, ages 27–40 (n = 1,489)	Population, college graduates, ages 27–40 (n = 992)	P value	Early career physicians, ages 31–47 (n = 806)	Population, employed, ages 31–47 (n = 1,832)	P value
<b>Burnout index, n (%)</b>									
Emotional exhaustion: high score	1,647 (41.1)	511 (31.8)	< 0.0001	557 (37.6)	260 (26.4)	< 0.0001	243 (30.5)	462 (25.3)	0.01
Depersonalization: high score	1,084 (27.2)	297 (18.5)	< 0.0001	528 (35.7)	164 (16.6)	< 0.0001	181 (22.6)	302 (16.6)	< 0.001
<b>Burned out</b>	1,976 (49.6)	573 (35.7)	<b>&lt; 0.00001</b>	739 (50.0)	310 (31.4)	<b>&lt; 0.0001</b>	297 (37.3)	545 (29.9)	<b>&lt; 0.001</b>

# Dissatisfaction with medical practice

---

- 46% would not do medicine again
- 40% of the doctors would not recommend the profession of medicine to a qualified college student
- > 50% would not encourage their children to pursue a medical career
- 60% are planning to retire earlier than expected

The NEW ENGLAND JOURNAL of MEDICINE

## SPECIAL REPORT

### Dissatisfaction with Medical Practice

Abigail Zuger, M.D.

# The Downward Spiral of Physician Satisfaction

*An Attempt to Avert a Crisis Within the Medical Profession*

*Louis Weinstein, MD, and Honor M. Wolfe, MD*

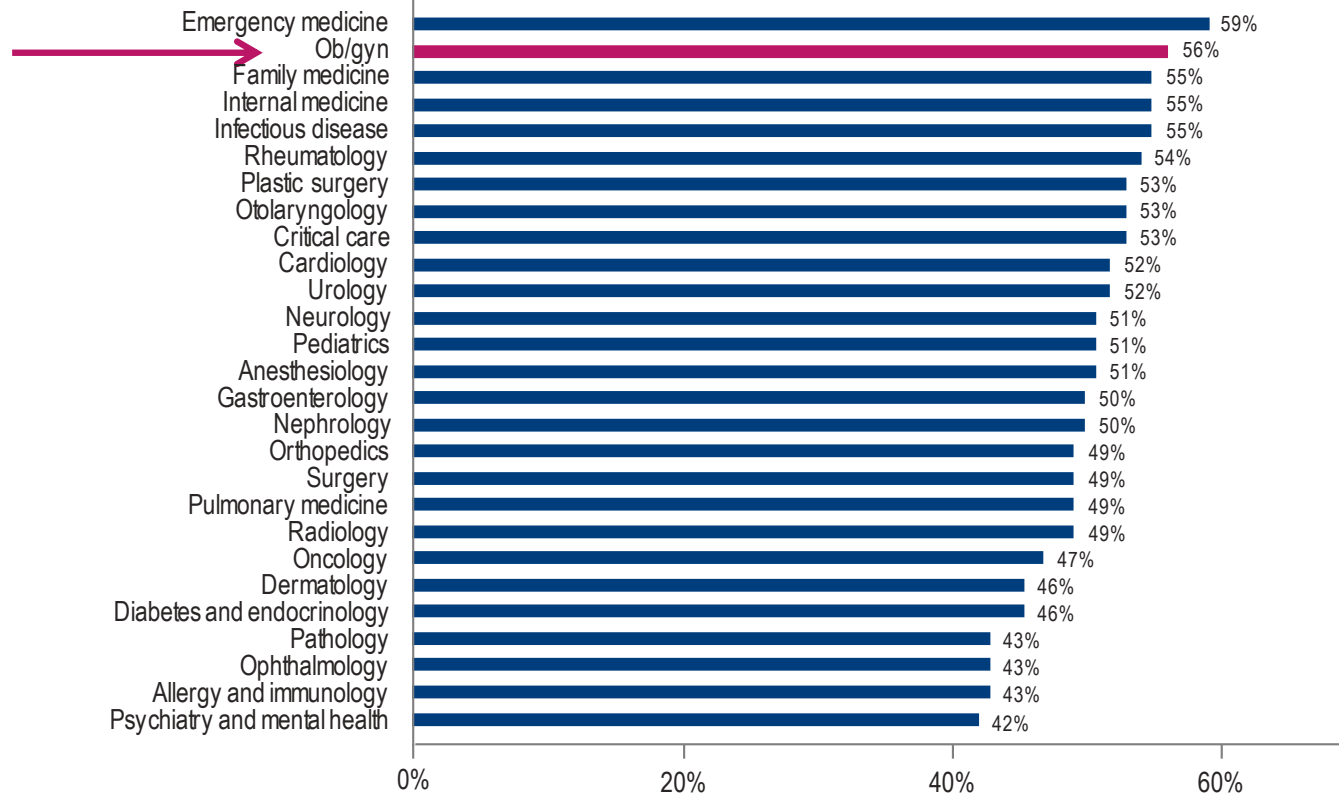
- Green Journal, 2007
- Growing dissatisfaction with the reality of being a doctor has reached a crisis level

# Crisis

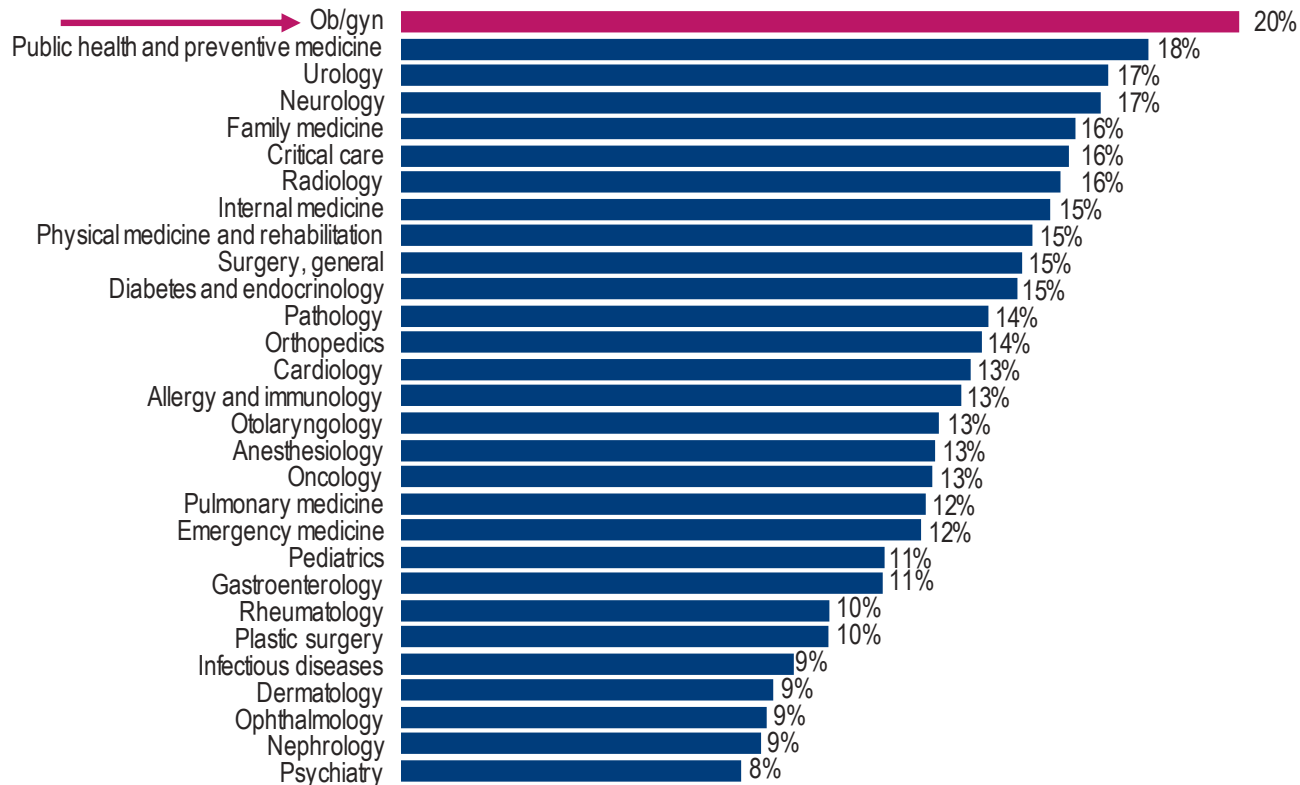
---

- The obstetrician-gynaecologist workforce is aging
  - 35% are now age > 50 years
- Obstetrician-gynaecologists consistently rank as in the top 5 of the most dissatisfied specialties in medicine
- Fewer US students are interested in specializing in obstetrics or gynaecology
- Match rates in the US are higher than ever

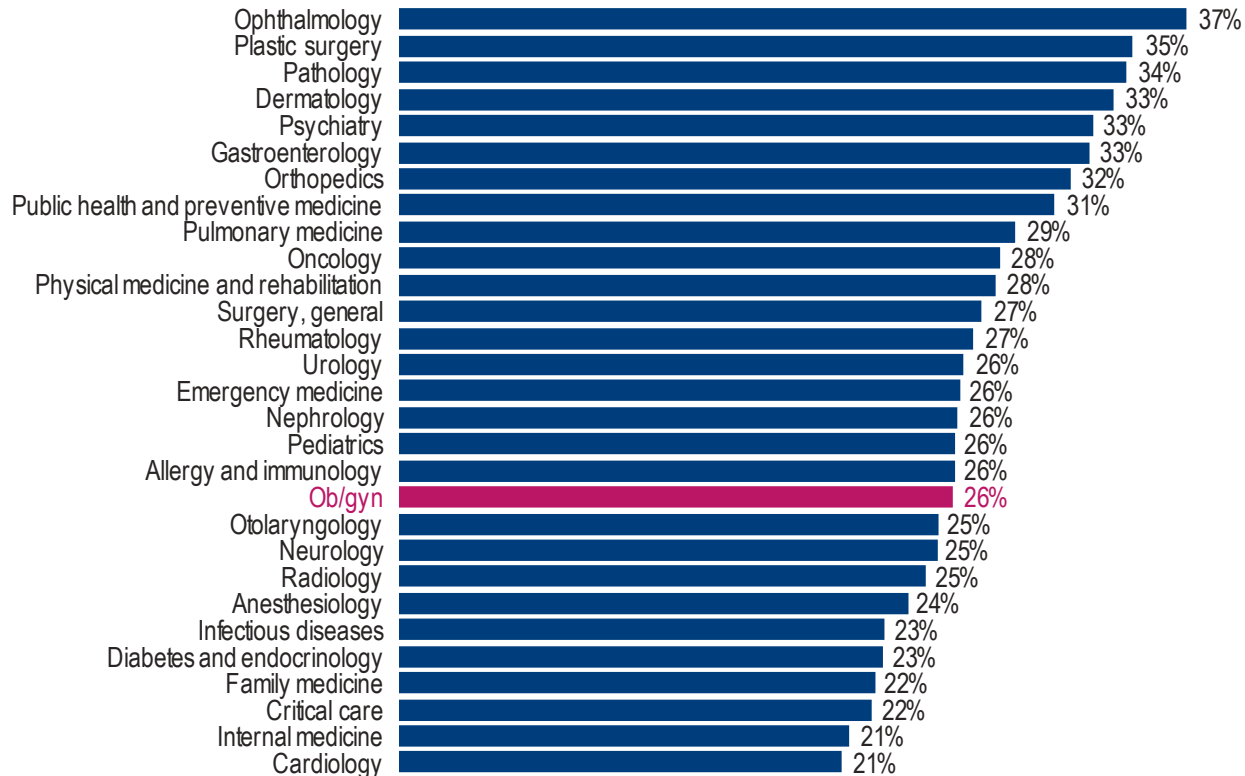
# Which physicians are most at risk of burnout?



# Which physicians experience both depression and burnout?



# Which physicians are happiest at work?





# Consequences of physician burnout

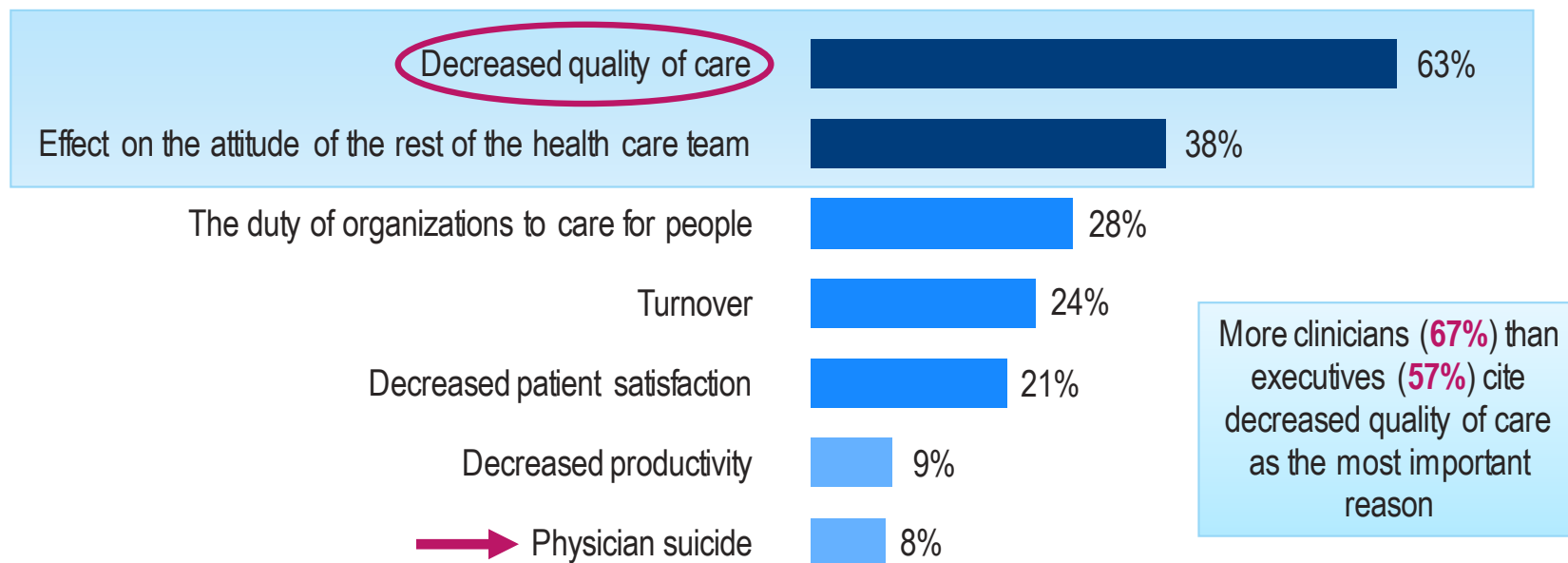
---

- Medical errors
- Impaired professionalism
- Impersonal attitude towards patients
- Reduced patient satisfaction
- Depression and suicidal ideation

**Burnout is a major threat to the health  
care delivery system**

# Decreased quality of care is the top reason to address physician burnout

What are the top two most important reasons to address physician burnout?

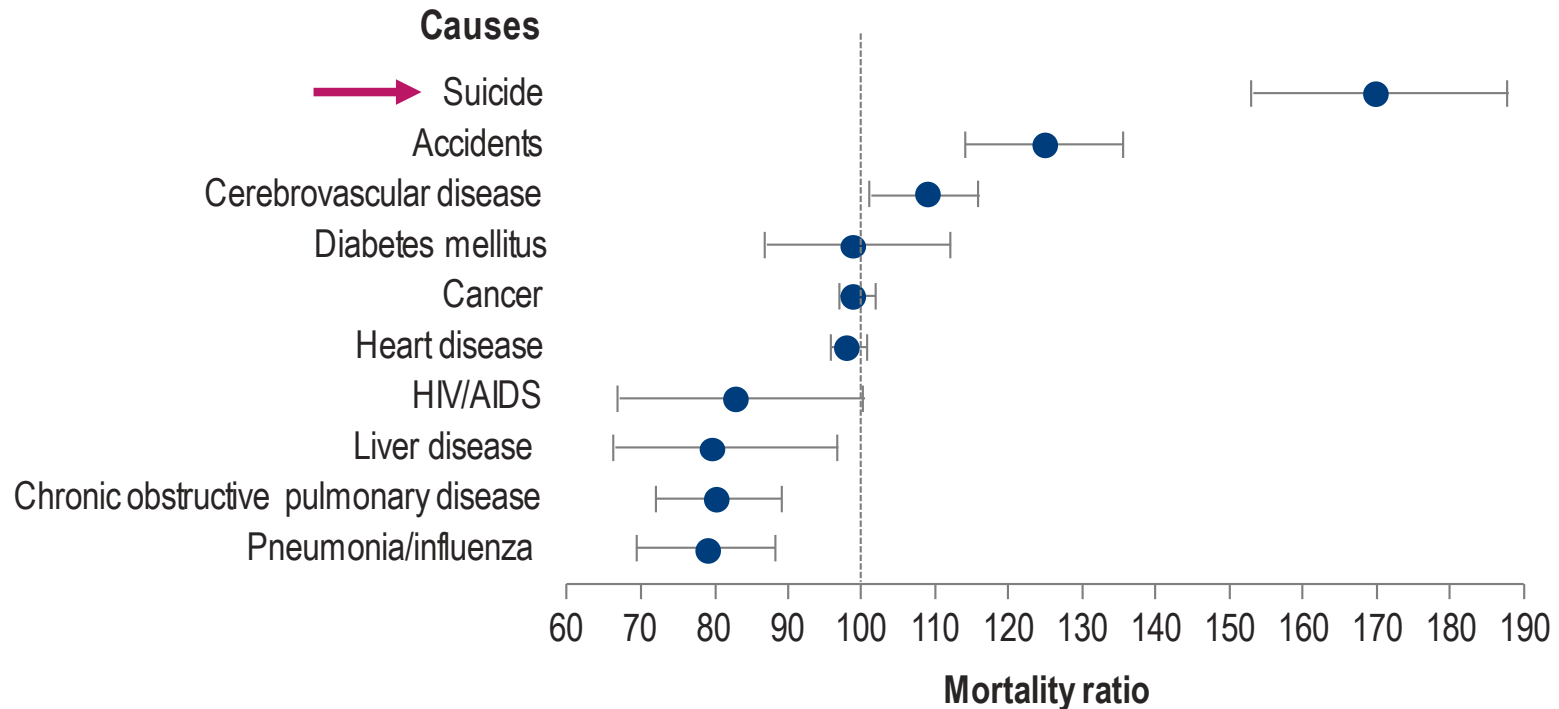


# Physician suicide

---

- Epidemic
- 400 per year, 1 per day
- Exceeding rates among peers in the general population
- The risk in females is higher
  - 2.3× more likely to commit suicide than females in the general population

# Proportionate mortality ratio for white, male physicians vs white, male professionals, 1984–1995

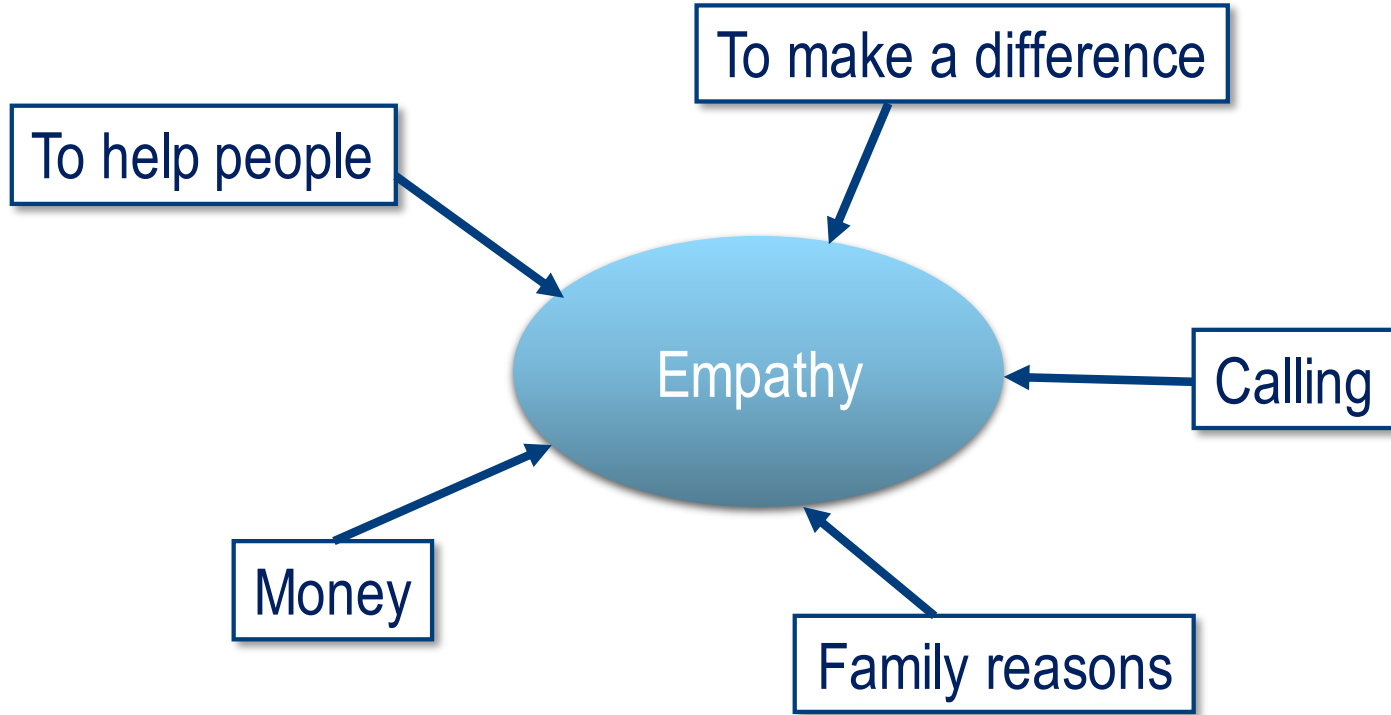


- 
- 75% of internal medicine residents report burnout
  - Many of them **do not have an emotional reaction to death of a patient**

# Empathy

- The core of the practice of medicine is human interactions, full of emotion
- We treat the patients with our medications and knowledge, but it is with our emotions that we heal them





# The Doctor

---

- Who are we?
- Why do we do what we do?
- Why we chose medicine?



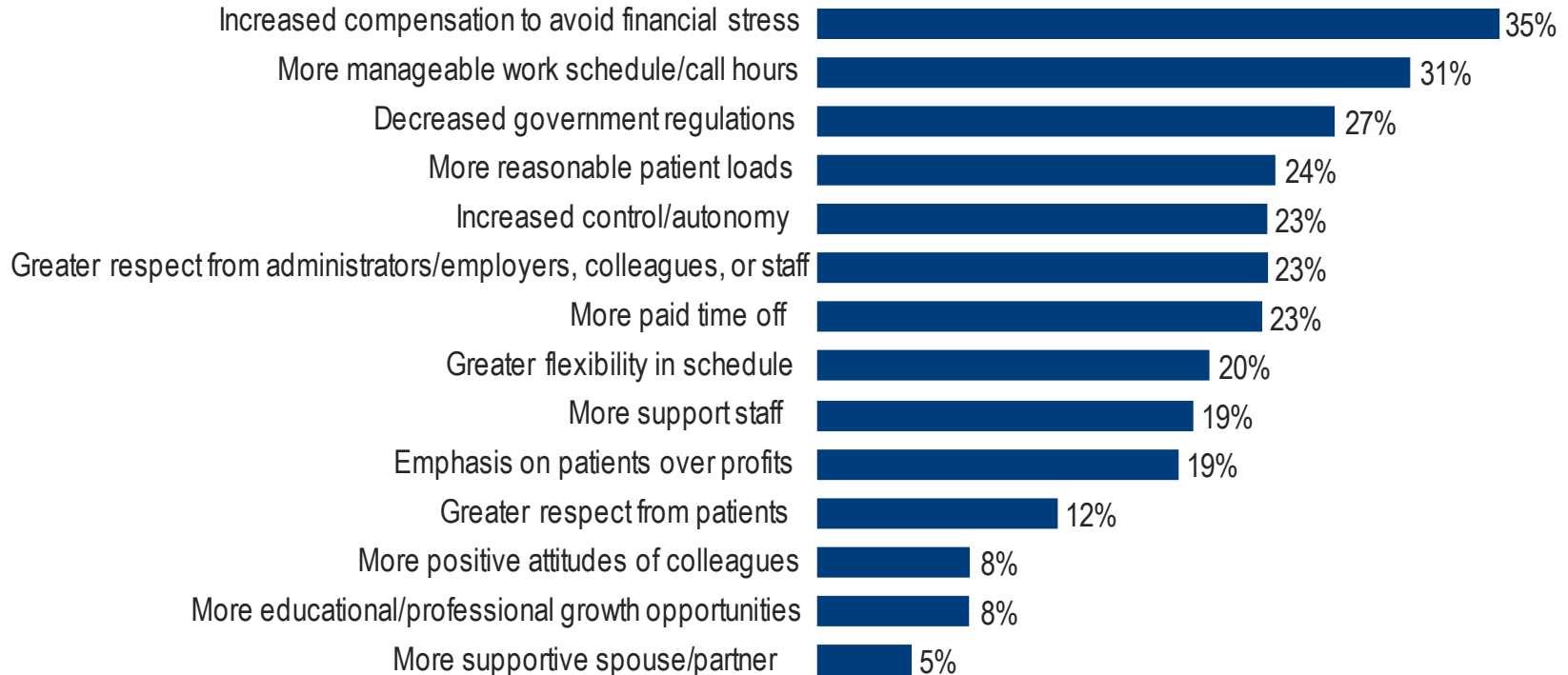
# The Doctor

---

- We are special breed of people
  - Most noble profession in the world
  - We all have one thing in common: EMPATHY
- 
- But, medicine is harsh
  - Dissatisfaction is high
  - Medical health culture is driving empathy out of us

# What would reduce your burnout?

---



# Time to change?

---

- Time to go back to the reason behind which we all ended up as doctors
- Need to restore empathy

