

Not Until We Lose Our Sanity or Anymore Lives

To the Editor: A few years ago, I contemplated the decision to shift my career path from a practicing physician to a full-time academic researcher. I reflected on the things I knew I would miss: the daily-interactions with patients; and the immense joy of healing and/or improving the quality of their lives. Among the main reasons leading to this early career-changing decision were my compromised sense of joy in practicing medicine, and burnout resulting from challenging healthcare system structure. I could not find the motivation to be part of these seemingly-flawed systems, in my humble opinion, leaving me feeling ambivalent. After reflective prayers and conversations with my family, colleagues-friends, and mentors, I decided to support the collective mission-of-caring for our patients through an equally significant path—research. My mission is to help in transforming health care to an evidence-based, expert-guided, minimally disruptive, and careful and thoughtful system where the goals of the patients, indeed, come first.¹ Concurrently, not at the expense of those who willingly and selflessly support those goals of caring; clinician burnout should not be the yield of this mission.²

Clinicians encounter multidimensional, long-past, and well-documented challenges while

delivering health care, making burnout a prevalent syndrome, which may lead patients to experience lower quality of care and less favorable outcomes.^{2,3} The impact does not just stop there; it affects clinicians personally as well as their milieu—family, friends and other aspects of their lives.³ Friends and peers in healthcare from across the globe experience burnout. While each has unique challenges, there is consensus that the mission of medicine has been dramatically and sadly compromised by clinician burnout.

So, when did we veer off the noble path of care? How do we get back on it? While the evidence suggests that burnout is mainly a system-driven challenges, I believe that all of us, as individuals, may contribute to finding solutions to minimizing burnout and increasing well-being.^{4,5} Despite these challenges, there is still a concurrent clinician-led movement of hope; a change shall come. This poses the need to advocate shifting health care towards a minimally disruptive care that accounts for the capacity and workload encompassed by all stakeholders: patients, caregivers, clinicians, and health care systems.¹ This is a sincere invitation to all of us to pause, to think, reassess, mobilize, collaborate, and move forward together. I am privileged to work within a supportive and enjoyable work environment that empowers me and my colleagues to lift each other up through personal and professional growth, as we continue exploring solutions to better health

care delivery⁵; yet as a physician-researcher, I experience my own challenges, including, sometimes, burnout. I admire the strength and resilience fellow clinicians, researchers, and health care allies muster while facing daily challenges in an overly-regulated environment as they serve our patients. Recently, I was profoundly saddened by the news of losing a past colleague who had struggled silently, and sadly found no escape but through suicide. Enough is enough. We need to find the way-forward; we ought to speak up; to kindly and thoughtfully work together; soon, now, and *not until we lose our sanity or anymore lives.*

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