

# Letters

## Physician Burnout: Changing the Conversation

As a young ophthalmologist in my second year of fellowship, eagerly anticipating a long academic career ahead of me, I read with great interest and concern Dr. Ruth Williams' editorial "Is Burnout a Symptom of Moral Injury?" (Opinion, June).



I found myself nodding my head as I read along, pausing to reflect on Dr. Williams' concerns, and finishing the article with a sense of both hope and dread. The dichotomy I felt matches the two opposing sides of the hot topic of burnout. While we are inundated with tips and techniques to incorporate self-care—relaxation, yoga, meditation, green smoothies, and more—some physicians, including Dr. Williams, have come to realize that the system is the problem. And no amount of kale or massages will fix the increasing demands of electronic health records, insurance companies, and the moral and ethical battle that we as ophthalmologists face each day.

Like any good millennial, I took to Instagram and posted a short rant discussing my feelings about the term burnout. I truly detest that word and find myself tuning out whenever I see yet another post suggesting coping strategies. The term has become ubiquitous to young physicians, as a warning of sorts. I agree with Dr. Williams that burnout is likely the result of "moral injury." We simply cannot sustain the emotional, mental, and physical stress we endure daily as we fight against the system to do what we all sacrificed so much for: to care for patients. I received hundreds of messages in response to my post, some sending a simple applause emoji or an "amen!" while others sent long and thoughtful comments detailing what burnout means to them and what the solution might be. I would like to thank Dr. Williams for writing this piece: By bringing more awareness to the fact that "physician, heal thyself" may not be the answer, we come closer to a solution.

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## The Potential to Heal Moral Injury

Thank you, Dr. Williams, for discussing the role of moral injury in health care and for distinguishing moral injury from common perceptions of physician burnout (Opinion, June).

It is increasingly important in the rapidly changing health care environment to encourage a conversation in which moral injury is a major cause of physician discontent so that we might work toward an effective solution.

From my perspective as a medical student, it appears that many of the current wellness initiatives within medical schools are designed to target burnout, particularly by promoting techniques that reduce stress and encourage resilience. For example, a number of medical schools, such as Saint Louis University School of Medicine,<sup>1</sup> have wellness programs that have been shown to reduce symptoms of depression and anxiety. However, it is unlikely that the complex dynamic of moral injury—which students may not encounter until they begin practicing in the field—is extensively explored in many school programs.

Perhaps medical curriculums could incorporate opportunities to dissect the broader systemic issues in health care that ultimately cause moral injury, thus helping students to develop the skills to tackle some of these challenges. Such discussions within schools today may begin to reduce the moral injuries of tomorrow.

Schools might additionally consider expanding their programs to incorporate applicable features of other professional avenues. For example, Pathipati et al. suggest that medical schools may benefit from borrowing aspects of business programs that intentionally teach students to resolve conflict, as well as expand knowledge and skills in finance, income, and lifestyle to achieve personal and professional goals.<sup>2</sup>

Ultimately, if medical students today are equipped with the awareness and abilities to effect change in the health care system, then future physicians may be in a better position to provide more meaningful patient-doctor relationships in their practices.

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1 Slavin SJ et al. *Acad Med.* 2014;89(4):573-577.

2 Pathipati AS, Cassel CK. *Acad Med.* 2018;93(11):1607-1609.

**CORRECTION.** In "Clinics Continue to Promote Bogus Eye Treatments" (August, News in Review), the photo accompanying the article depicts neuroretinitis, not optic neuritis, as indicated in the caption. *EyeNet* regrets the error.