

## **Physician Burnout and Mindful Practice: Some Reflections on Meditation**

A primary component of the Complementary and Alternative Medicine elective at OHSU is physician self care. We are to spend some portion of our time reflecting on what restores us and exploring activities that foster well-being. “Fantastic!” is what I thought coming in. And I still think that. What I’ve learned in this process, however, is just how entrenched I am in values that do just the opposite. So, for example, despite the fact that I have “researched” for this essay, I am self-conscious writing in the first person primarily about my experience. As if the voice of a paper –personal, therefore not objective-- undermined any valuable content. As if reading research taught me more than articulating my own experience. I devoted a fair portion of these past weeks to deepening the practice most meaningful to me – meditation—and, consistent with my allopathic training, I’ve felt vaguely guilty about it. Because, you know, if I’m just sitting, I’m not working hard enough to be a physician. Such is the slippery ground an allopathic medical student enters as she investigates alternatives that emphasize well-being over pathology. It is an emotional, almost unconscious ground that embodies our deepest values about identity, work and medicine, and, in the current allopathic model, it appears barren. So I’m going to work this ground a bit in the context of physician burnout and the restorative contribution of meditation practice. We’ll see what comes up.

The allopathic medical profession as it is currently practiced is fraught with dissatisfaction. *The Physician Burnout Project*<sup>1</sup> found that of 454 clinicians in the Sacramento area, 40% were clinically depressed, many had thought about leaving the profession at some point within the preceding 12 months, and many would neither choose the profession again, nor would wish that their children choose to become physicians. A survey of Canadian physicians found that over half considered their profession to have

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<sup>1</sup> Snider M., Svenko D. *The Physician Burnout Project*. Sacramento, CA: El Dorado-Sacramento Medical Society; January 1997. Cited in Remen, R. Recapturing the Soul of Medicine. *West J Med*. 2001; 174: 4-5.  
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caused their personal and family lives to suffer.<sup>2</sup> What's happening here? Are managed care and socialized medicine to blame? Surely in part, but there's more at stake here. Consider this description by Maimonides, one of the founders of our Western medical tradition, of his typical workday:

My duties to the Sultan are very heavy. . . every day, early in the morning, I go to Cairo and, even if nothing unusual happens there, I do not return to Fostat, my home, until the afternoon. Then I am famished but I find the antechambers [waiting room] so filled with people . . . a mixed multitude who await the time of my return.

I dismount from my animal, wash my hands, go forth to my patients, and entreat them to bear with me while I partake of some light refreshment, the only meal I eat in twenty-four hours. Then I go to attend to my patients and write prescriptions and directions for their ailments . . . I converse with them and prescribe for them even while lying down from sheer fatigue. When night falls, I am so exhausted I hardly can speak . . .<sup>3</sup>

Does this read like a recipe for burnout? (And this was not physician taking care of the kids when he got home.) So the ethos of work and self-sacrifice that pervade medicine take their roots from some of the earliest examples we have in the Western medical tradition. Yet the same figure provides us with insights about the relationship between body and spirit, prescribing for his patients regimens of healthy diet and exercise and emphasizing “healthy mind in a healthy body” and observing that “rejoicing, happiness, and heightened spirit made illness milder and contributed to healing.”<sup>4</sup> More important, he insisted that the practice of medicine required the work of the spirit:

medical practice is no knitting, weaving, and labor of the hands, but is must be inspired with soul, filled with understanding, and equipped with the gift of keen observation and compassion.<sup>5</sup>

Given that it's required legislation to limit resident schedules to eighty hours per week, I think it's fair to assert that we carried forward the work ethos of Western medicine. I'm also convinced that we've failed to maintain its spirit.

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<sup>2</sup> Sullivan, P., Buske, L. Results for CMA's huge 1998 physician survey point to a dispirited profession. *CMAJ*. 1998;159:525-528. Cited in Spickard, A., Gabbe, S. and Christensen, J. Mid-Career Burnout in Generalist and Specialist Physicians. *JAMA*. 2002; 288:1447-50.

<sup>3</sup> Simon, S. Moses Maimonides: medieval physician and scholar. *Arch Intern Med*. 1999; 154: 1841-45.

<sup>4</sup> Simon, p. 1844.

<sup>5</sup> Simon, p. 1845.

Much more than fatigue, burnout is a “deterioration of values, dignity, spirit and will.”<sup>6</sup> As Maslach and Leither in *The Truth About Burnout* so aptly phrase it, burnout is “an erosion of the soul.”<sup>7</sup> And although Spickard in “Mid-Career Burnout in Generalist and Specialist Physicians” focuses on physicians well into their careers, he very correctly notes that the seeds for burnout begin long before that, in medical school and residency, reinforced by long work hours, likely geographic isolation from family and friends and a relentless evaluative process.<sup>8</sup> The seeds also exist within ourselves. We are a compulsive group, we physicians, filled with doubt, guilt and an exaggerated sense of responsibility.<sup>9</sup> We often don’t like our colleagues, nor, on many days, ourselves. We note the isolation that sickness causes our patients but fail to recognize our own profound loneliness. I am reminded at this moment of a joke a professor for one of our first-years classes put in his exam. Like all of our exams, this test had a multiple-choice answer format. As possible answers to one question mid-exam the professor offered: A) Where am I? B) What’s going on here? C) Who are all these people? D) What am I doing here? My only regret was that he didn’t include an “All of the above.”

So what are we doing in medicine today? Well, it’s not all bad news. The role of spirituality in medical practice is of much interest, and research has documented the benefits of “religious activity” for both physician and patients.<sup>10</sup> Religious activities are considered extrinsic, such as attending church, or intrinsic, such as prayer. Another less Judeo-Christian consideration of these activities might label them as social or individual. Over the last several decades, medical provider settings have developed activities that foster spiritual engagement primarily in the form of groups that encourage self-reflection: support groups, Balint groups, Family of Origin Group Discussion, Meaningful Experiences Discussions, Personal

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<sup>6</sup> Spickard, p. 1447.

<sup>7</sup> Maslach D., Leither MP. *The Truth about Burnout*. San Francisco, CA: Josey-Bass Publishers; 1997:13-15. Cited in Spickard, p. 1447.

<sup>8</sup> Rabow, M. Doctoring to heal. *West J Med*. 2001; 174: 66-69.

<sup>9</sup> Gabbard, GO. The role of compulsiveness in the normal physician. *JAMA*. 1985; 254:2926-2929. Cited in Spickard, p. 1448.

<sup>10</sup> Ayele, H.D. et. al. Religious activity improves life satisfaction for some physician and older patients. *J Am Geriatr Soc*. 1999; 47: 453-55.

Awareness Groups, and Literature in Medicine Discussion Groups.<sup>11</sup> Some medical schools and resident programs include behavioral science/interpersonal skills curricula, which, as in The Healer's Art course at OHSU, function as groups but also encourage individual (intrinsic) reflective activities such as journaling or reading poetry.

The integration of these different activities contributes to what Ronald Epstein describes as "mindful practice," the "logical extension . . . of reflective practice" that includes the following goals:

. . . to become more aware of one's own mental processes, listen more attentively, become flexible, and recognize bias and judgements, and thereby act with principles and compassion.<sup>12</sup>

Mindfulness, Epstein asserts, arises from philosophical and religious traditions but is fundamentally pragmatic, and as such terribly useful for cultivating meaning in our work. Yet, something about this presentation of mindfulness makes me uneasy. As an "extension" of self-reflective practice, mindfulness appears to me more like a refined tool that is easily severed from its power source. That source for me is meditation. And though I agree that the fruits of meditation are of great pragmatic value, meditation remains for me a fundamentally spiritual activity; mindful practice the daily embodiment of my spiritual practice. To view meditation and the mindfulness that derives from it in any other way risks a materialization of the practice such that its fruits are preferred to the practice itself. So, for example, principles of mindful practice are discussed in the context of "Calibrating the Physician,"<sup>13</sup> as if "presence" were a measurable outcome.

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<sup>11</sup> Novack, D. et. Al. Calibrating the physician: personal awareness and effective patient care. *JAMA*. 1997; 278: 502-509.

<sup>12</sup> Epstein, R. Mindful practice. *JAMA*. 1999; 282: 833-839.

<sup>13</sup> Novack.

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Meditation as spiritual practice . . . what is it? I've been meditating for nine years, slightly less than half as long as I've been running. I draw the parallel because they have a fundamental similarity: I experience each again and again as one of the best things I can do for myself, yet each is one of the first things to go when the schedule gets crunched. Here's another distinct similarity: when I am extremely anxious over one thing or another, I can neither run nor sit. At least, not without some very sustained intention. At some point in my long history of running – about half my life now—I recognized that barring any significant injury, it would never leave me. Even if I seemed to have abandoned it for periods, I ultimately came back to it, no different than returning home from a trip. Only within the last few years have I begun to experience meditation in the same way, as an activity slowly braiding itself into the pattern of my life, its thread at times more or less distinct. This is one of the reasons I am profoundly grateful to have had the time in this rotation to devote to meditation—these weeks I've experienced a deepening commitment arising simply out of the practice itself.

Epstein quite correctly points out the “inherent paradox in teaching or writing about mindfulness,” noting that the “teacher’s task is to invoke a state of mindfulness in the learner, and, thus, the teacher can only act as a guide, not as a transmitter of knowledge.”<sup>14</sup> I feel clumsy and garbling when I try to articulate my experience of meditation and how it pervades daily experience. “Pervades” is a good start, suggesting the seamlessness with which practice intertwines with “the rest of my day.” The comparison of mindfulness to the activity of a musician, “whose take is to perform and listen at the same time,”<sup>15</sup> is also quite helpful. But for me personally the only word that seems to work is “flexibility” in its most physical sense. When I meditate regularly, my mind is more limber; I experience the shifting of each moment slightly more rapidly, the emotion of each moment slightly less tightly. And somehow that agility brings me a greater sense of contentedness – of feeling full without feeling heavy. Sharon Salzberg describes this as “as sense of possibility, no matter how faint,” that “drives a wedge between the suffering we may wake

up with each day and the hopelessness that can try to move in with us on a permanent basis.”<sup>16</sup>

Interestingly enough, she describes this experience as a kind of faith.

So does meditation practice improve medical practice and help to prevent burnout? Absolutely, I believe it does. I even agree that one can extract specific forms of self-awareness that are grounded in meditation practice to develop one’s medical practice. But even a very refined medical practice can be spiritually empty. For me, the relationship between meditation and medical practice may not be anything other than incidental. Meditation will aid my medical practice first and foremost by helping me become the best person I can be. This is a person grounded in her body (and its limits) who has talents and failings, hopes and fears, joy and disappointments like anyone else. When I interact with a patient, it is always as a person who has had the benefit of a specific medical training. I also have the benefit of meditation, which makes me, I think a slightly lighter and pleasanter person to engage in conversation. This is lucky for both me and the patient, because even if it didn’t, I still would meditate. I do not meditate to become a better physician. I meditate to nourish myself as a person while I am becoming a physician anyway.

In this regard, meditation is completely consistent with the fundamental principles of complementary alternative medicine: rather than focus on pathology, complementary alternative medicine works to augment the body’s own natural resilience, i.e., assisting the body in becoming the best body it can be. In the same way, rather than using meditation as a means of curing physician burnout, we’re better to explore meditation as spiritual practice. I’m hopeful that in working to become the best people

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<sup>14</sup> Epstein, p. 838.

<sup>15</sup> Epstein, p. 835.

<sup>16</sup> Salzberg, S. *Faith: Trusting Your Own Deepest Experience*. New York: Riverhead Books, 2002.  
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we can be, all kinds of decisions naturally will flow to prevent a person's ever suffering physician burnout in the first place.

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