RECONSIDERATIONS

EXPLORING CHRISTIAN THOUGHT IN THE UNIVERSITY COMMUNITY

MAY 2020 VOLUME 20, NUMBER 2

BURNOUT IN THE MEDICAL PROFESSION: REFRAMING THE PROBLEM

by Jay Lynch

What sort of thing is burnout?

In his 1962 novel entitled, *A Burnt-Out Case*, Graham Greene tells the story of a world-class architect named Querry. As the tale unfolds, we learn that his successes, romantic entanglements, and fame have left him empty, hopeless, and alone. As a remedy, he disappears from public life and retreats to Africa traveling by river deep into the Congo. There he moves into a small hospital camp dedicated to caring for outcast lepers, poor souls with such advanced disease that it has deprived them of fingers and toes. They are called "burnt-out cases." Greene presents Querry as the emotional equivalent of the burnt-out lepers--as one more casualty of what we all know as burnout.

Characterized by depersonalization, emotional exhaustion, and the loss of meaning or purpose, burnout affects every vocation, but it has become one of the most discussed topics in the medical profession. Because of its rising incidence (between 40-60% of physicians meet the criteria) and its association with depression, drug use, alcoholism, and suicide, it has become a serious issue. Furthermore, health systems are attending more to the topic at least in part because of the financial liabilities stemming from the alarming rate of medical errors and disruptive behavior exhibited by burned-out physicians.

Physicians, scientists, and leaders in the field have typically approached the problem by thinking of burnout as a medical or healthcare production problem and by looking to the workplace environment to find causes and cures. This thinking has driven efforts by many influential organizations such as the American Medical Association (AMA) and the National Academy of Medicine (NAM) to address the problem. While there is value to this approach, I believe it fundamentally misunderstands the nature of burnout and therefore is unlikely to address the problem effectively or lead to genuine wellness within our health systems. The supposed cures misunderstand the nature of the problem, and as a result, our organizations are now structured and function in ways that both embody and promote the illness.

> *"... burnout finds its roots in the loss of our humanity, of our true purposes, and of our community."*

Perhaps we would be wiser not to think of burnout as a disease or a healthcare production problem. Perhaps burnout is a different sort of thing altogether. If so, we ought to search for alternative understandings that see the causes as metaphysical or spiritual and therefore not adequately addressed by the traditional methods of science. Specifically, I believe that there are three disordered areas that are undermining our understanding of ourselves and our patients, draining our sense of life-giving meaning and purpose, and drying up our sense of community, thus leading to burnout. In short, I would argue, burnout finds its roots in the loss of our humanity, of our true purposes, and of our community.

Loss of our Humanity

During our interview day for medical school, I commonly ask applicants what it means to be human. After a bit of coaxing, we piece together a list of characteristics such as reason, emotion, language,

"Burnout in the Medical Profession: Reframing the Problem", continued from page 1

relationships, creativity, autonomy, spirituality, etc. While we mostly agree on these features of our humanity, we live in an increasingly diverse society where people hold many conflicting views of the true nature of our humanity. The physician and novelist Walker Percy summarized our situation well when he observed, "You live in a deranged age - more deranged than usual because, despite great scientific and technological advances, man has not the faintest idea of who he is or what he is doing." Specifically, the traditional Judeo-Christian idea that human beings are made in the image of God giving them inherent dignity has faded away as both a foundational belief and a guide to the medical profession. In the vacuum created by this void, scientific materialism has assumed the most influential role. Unfortunately, this view tends to produce a truncated version of the nature of our humanity and hence what it means to be a healthy human being. Even the World Health Organization's description of health as, "… a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" offers an example of this tendency, failing even to acknowledge the spiritual or moral dimensions of human experience.

As a clinician investigator, I want to be quick to acknowledge medical science's remarkable therapeutic advances for many previously untreatable diseases. I am very grateful both in my academic position and as a patient for medical discoveries of which we are beneficiaries. I also believe science will ultimately lead to treatments and vaccines for the coronavirus. But I do not accept the reductionist view of scientism which asserts that all our knowledge, love, beauty, thought, emotions, spiritual experiences, and virtues are nothing more than material processes. Simply put, deciphering the mechanisms of human life, does not empty them of their spiritual or metaphysical significance. As Walker Percy notes, we are not just "organisms responding to an environment but human beings living in a world."

Let's consider just two of the many ways this truncated view of human beings plays a role in contributing to burnout. The physician-patient relationship remains the last stronghold of the profession's effort to maintain the humanity of both patients and physicians. As Dr. Edmund Pellegrino put it, "The central and irreducible concern of medicine is this patient, now, with this set of needs, arising out of this particular illness. Sadly, however, two forces of the modern medical-industrial complex are unwittingly conspiring to invade this sacred space. Lacking any coherent understanding of how to attend to the human dimension of patient care, the focus has turned to technological development and to the commodification of healthcare services.

Modern medical centers uncritically chase and embrace every technological innovation, rarely if ever considering questions of the cultural cost. What does this do to the humanity of our patients and staff? Does it draw patients and physicians closer or does it unintentionally separate and dehumanize them? The electronic health record (EHR) offers us just one tangible example. Touted as the solution to fragmented care, it was forced upon the medical community by linking payment for services to its adoption. While it has made certain aspects of patient care more efficient, it has also led physicians to spend increasing time attending to the computer screen rather than to the people in front of them. The time lost to the computer deprives patients and physicians of critical interactions needed to build trust that is so life-giving to both patients and physicians. Shortly after its adoption, the humane intentions of the EHR began melting away. As a result, the computer no longer serves those who are actively involved in patient care but has now become their dehumanizing master. The EHR has profoundly reshaped the way we practice medicine and is distorting the way young physicians learn to relate to patients.

Healthcare costs 3.5 trillion dollars annually and this vast sum of money has driven another pernicious change in the way we relate to our patients and dehumanize them; namely the commodification of medicine. By this I mean that our medical-industrial complex now sees itself as a vendor of healthcare services rather than as a community to care for the sick. In short, patient care moves from a relational interaction between two human beings to a transactional interaction between a provider and consumer. The language of commerce has replaced the language of caring so when leaders speak of physicians, nurses, pharmacists or any number of learned professionals with special knowledge and skills, they are all now generic "providers." Patients become customers and the sacred trust between a healthcare professional and her patient is reduced to customer satisfaction scores. Physicians are no longer seen as caring for patients, but instead, as participants in a healthcare system that simply provides services to consumers, thereby shrinking doctors to nothing more than "cogs" in the healthcare machine. Compassion, empathy, joy, sorrow,

kindness and genuine human relationships are seen as luxuries and in the name of "efficiency" are stripped away. Is it any wonder that these producers of "care" find themselves prone to burnout?

Purposes of the Profession

Physicians, nurses and other healthcare professionals enter their fields willingly ascribing to a mandate to place patient interest above self-interest when our patients' needs require it. We can see no better example of this dedication than the sacrifices made by those caring for patients in the COVID-19 pandemic unfolding before our eyes. These medical professionals believe their vocation to be a calling and it makes all the difference in dealing with burnout. Professor Ryan Duffy, who studies the psychology of vocation and co-authored a book entitled *Make Your Job a Calling*, observes that no matter what type of work a person performs, blue-collar or white-collar, labor or management, and regardless of demographics, around 40-50% of people see their job as a calling. As a group, these people are more likely to have joy, work-life balance, and zest--or the habit of approaching life with anticipation, energy, and excitement. These findings have also been confirmed within the medical profession, but so is the tendency for this sense of calling to erode in the face of various pressures.

"It should come as no surprise that the 'healthcare factory,' confused about the nature of healthy workplace relationships and the purpose of our profession, seldom functions as a community of care."

As medical educators, we teach physicians that medicine is a calling, but unfortunately, our students too often hear one thing and see quite another when they enter their clinical rotations. This point of tension and its contribution to burnout has been highlighted by Dr. Richard Gunderman in his essay published in *The Atlantic*,

> Burnout… is the sum total of hundreds and thousands of tiny betrayals of purpose, each one so minute that it hardly attracts notice. When a great ship steams across the ocean, even tiny ripples can accumulate over time, precipitating a dramatic shift in course.

What kind of betrayals does he mean? Among them are systems and decisions that seem designed to maximize revenue rather than good patient care. As a result, clinicians see patients become confused about their complex care and see themselves regarded by institutional leaders as interchangeable worker bees. They hear the language of commerce used to push "customers" through quickly and are confronted with patients who fall through the cracks because social factors play an outsized role in our patients' health. Such experiences can nurture a growing sense of helplessness creating the perfect soil for cynicism. Added to these systemic issues are our personal failures such as errors in judgment, calls we neglected to return, harried irritation with patients or colleagues, and a hundred similar small failures. Taken together, these betrayals of purpose can leave us discouraged and drained of joy in our practice.

The Collapse of the Community of Care

"Our goal is to create a beloved community, and this will require a qualitative change in our souls as well as a quantitative change in our lives." - Dr. Martin Luther King, Jr.

I have the privilege of working with the most dedicated nurses, pharmacists and other staff on the oncology floor at UF Health. These women and men feel a deep sense of calling to care for patients with cancer, and many settle there for the duration of their careers. This community of care has been nurtured and protected, yielding superb care for our patients who feel the difference when they find themselves in other surroundings. Our students and residents also notice the unique culture on our floor and routinely comment positively about it. Even acknowledging how emotionally draining caring for those suffering from cancer can be, they nonetheless find something beautiful in our patients and our staff. These professionals genuinely care for one another, and so they can care for their patients. But such a community of care is tragically atypical.

It should come as no surprise that the "healthcare factory," confused about the nature of healthy workplace relationships and the purpose of our profession, seldom functions as a community of care. Many

Continued on page 6

REORDERING OUR RELATIONSHIP TO TIME

by Michael Sacasas

As the COVID-19 pandemic swept across the globe and eventually forced the Study Center to move its work online, we had made most of our way through a Director's Class exploring the moral and spiritual dimensions of time. The premise of the class was straightforward: our relationship to time in the late modern world had become disordered with serious consequences for our ability to live faithfully and wisely. My sense was that most of us knew as much even if we had never quite articulated the point. We knew that we rarely had as much time as we needed to attend to the things that matter most to us. We knew that we were over-committed and, thus, in a state of perpetual busyness and that, given a moment of rest, we hardly knew what to do with ourselves. Along with the prevalence of burnout, these were symptoms of our disordered relationship to time. Then came the pandemic.

Suddenly, most of us were thrust into a new experience of time. This new experience varied greatly, of course. It might be coupled with economic precarity or a relatively secure if also anxious situation. Some now found themselves with an excess of time, others with far less time because the barrier between home and work was blurred even further. The passage of time itself seemed to warp unpredictably, speeding up and slowing down for reasons that were hard to pin down. Consequently, the effort to think deliberately about our experience of time seemed all the more urgent. During the course of the semester, I found a number resources that guided my thinking about time. I'll be drawing your attention to four of these works, which I found especially useful and insightful.

The first of these, the *Confessions of St. Augustine*, is likely already well known to you. *The Confessions* is a spiritual autobiography tracing Augustine's journey to conversion; as such it implicitly takes up the question of both time and memory. After all, the story of a life unfolds in time, and it can only be written by relying on memory. However, Augustine doesn't simply weave these themes implicitly into his narrative, he treats both of them explicitly in Books X and XI. It is here that we find Augustine's famous claim that he knows perfectly well what time is, until, that is, someone asks him define it.

Augustine's rich discussion of time is driven by his reflections on the nature of God and creation. Time, Augustine argued, is itself created with the universe, a view that is interestingly in accord with the findings of modern physics. This is why, in his view, it is misleading to ask about what God was doing before he created the world. Augustine's reflections on memory also help us to better understand the self as it arises from our capacity to inhabit not only the present but also the past and the future. We are time-stretched creatures, and we know ourselves best to the degree that we understand the self as a meeting point of past, present, and future. To this day, philosophers and theologians find that they must begin their reflections on time and the self by reckoning with Augustine. We also do well to start with him.

In *How Societies Remember*, Paul Connerton also explored how we access the past through memory, but, unlike Augustine, Connerton was chiefly interested in the work of collective remembering. "It is an implicit rule that participants in any social order must presuppose a shared memory," Connerton explains. "To the extent that their memories of a society's past diverge, to that extent its members can share neither experiences nor assumptions." Delving into the role of ritual and remembrance in religious traditions, especially the Jewish and Christian traditions, Connerton argues that what societies find it most important to remember they entrust to ritual forms of remembrance, which render the body itself a medium of memory. At a time when digital media has made possible a profound disembodying and fracturing of memory, Connerton's work reminds us of the critical role of memory in holding societies together.

Becoming Friends of Time: Disability, Timefullness, and Gentle Discipleship by theologian John Swinton is a more recent title that explores the question of time from the perspective of those whose experience of time and memory has been altered by profound disability. Swinton, who is both a theoretician and a practitioner, encourages us to re-examine our notion of what counts as a "normal" experience of time and the self. Theological reflections are accompanied by poignant anecdotes drawn from years of clinical and pastoral care of individuals suffering from dementia, Alzheimers, and severe cognitive

disability. Through their experience Swinton helps readers understand the disordered nature of western society's temporal demands. Chiefly, Swinton wants readers to rediscover time as a gift rather than relegate it to the status of a commodity. "We have become a people who think we have to fit God in rather than fit in with what God is doing," Swinton warns. "Time has ceased to be perceived as a gift in which we participate; now it seems to have a life of its own."

Throughout our discussions of time, whether we were talking about time past, present, or future, the Sabbath became a focal point. The practice of the Sabbath is our anchor in time. It relates us to creation, redemption, and consummation, thus initiating us into the story that frames our experience of time. Its weekly rhythm of labor and rest creates an alternative liturgical structure to the patterns of ceaseless production and consumption that structure our present experience. And by teaching us to rest, it fosters in us the stillness of spirit that is an essential condition for moral and spiritual growth.

Our fourth and final book, then, is *The Sabbath* by the late Jewish scholar, Abraham Heschel. Heschel's writing is wise and meditative. His work encourages readers to recognize the beauty and the holiness of the Sabbath as well as its crucial importance for the life of the spirit. "To the Bible it is holiness in time, the Sabbath, which comes first," Heschel observes. "When history began, there was only one holiness in the world, holiness in time." Like Swinton, Heschel would have us to understand time as the realm of the gift: "There is a realm of time where the goal is not to have but to be, not to own but to give, not to control but to share, not to subdue but to be in accord." Heschel's wise and eloquent meditations will go a long way toward enriching our understanding of Sabbath keeping, a practice which may be our most effective means of resisting the tyranny of modernity's disordered temporal regime.

We are creatures in time, and, if we are to flourish as the kind of creatures we are, it is imperative that we achieve a better ordered relation to time. In the midst of the health crisis that has disrupted our normal temporal patterns, we may have as good of an opportunity to do so as we're likely to get, and these four works will help us in the work of thinking more clearly about time.

REFLECTIONS ON TIME

"For what is time? Who can easily and briefly explain it? Who even in thought can comprehend it, even to the pronouncing of a word concerning it? But what in speaking do we refer to more familiarly and knowingly thantime? And certainly we understand when we speak of it; we understand also when we hear it spoken of by another. What, then, is time? If no one ask of me, I know; if I wish to explain to him who asks, I know not."
— St. Augustine, *Confessions*

"Nowhere is this theology of memory more pronounced than in Deuteronomy. For the Deuteronomist the test of showing that the new generation of Israel remains linked to the tradition of Moses, that present Israel has not been severed from its redemptive history, is to be met by a form of life in which to remember is to make the past actual, to form a solidarity with the fathers."
— Paul Connerton, *How Societies Remember*

"God's time is slow, patient, and kind and welcomes friendship; it is a way of being in the fullness of time that is not determined by productivity, success, or linear movements toward personal goals. It is a way of love, a way of the heart."
— John Swinton, *Becoming Friends of Time: Disability, Timefullness, and Gentle Discipleship*

"There is a realm of time where the goal is not to have but to be, not to own but to give, not to control but to share, not to subdue but to be in accord. Life goes wrong when the control of space, the acquisition of things of space, becomes our sole concern."
— Abraham Joshua Heschel, *The Sabbath*

"Burnout in the Medical Profession: Reframing the Problem", continued from page 3

practitioners today feel isolated and lonely even when they are part of working groups. Not all people working in the same space work together, not all people working together work as teams and not all teams develop a healthy culture. The evidence is ample that a healthy team culture enhances professional satisfaction and serves as a remedy for burnout. Phrased succinctly, people working as part of caring communities find and can reclaim the joy of patient care.

We could cite many examples of communities working together with a common purpose towards successful ends, but for this essay, I will focus on the work of Drs. Mike and Eileen Lauzardo. In the spring to 2003, the Lauzardo's lived through what is every parents' nightmare when both of their children were diagnosed with leukemia. The oldest son Ryan is a survivor and is now in college but his baby sister Keira Grace, despite the best care, died from her rare form of leukemia. After dealing with their grief and allowing their faith community to care for them, they decided death would not have the final word. Because of Mike's interest in global health, they discovered that the most common and curable leukemia in the first world claimed the lives of most children in the Dominican Republic because the treatments were inaccessible to them. As a vision emerged, a community of care formed leading to the Keira Grace Foundation established to "share the cure." Over these many years the foundation has provided chemotherapy, trained nurses, provided consultation and built facilities both for treatment and to house families while their children are being treated. The sense of purpose and joy in this community both here and in the Dominican Republic has transformed the care of children with leukemia so that the survival of children has increased from 20% to 80%. Make no mistake, this clinic suffers from supply shortages, long hours, low pay, and frustrating obstacles, but because they love one another and know their calling, these people care for one another, and the community thrives.

"Community or human connection rooted in grace, as Berry describes it, plays a central role in the flourishing of medical professionals ..."

I first read Wendell Berry, the Kentucky farmer, essayist, poet, and novelist some years ago through the influence of the Christian Study Center. Through his eighty-five plus years, Berry has developed a deep understanding of the true nature of community, and his fiction brings his insights to life in the most moving and compelling ways. Through the eyes of the title character in his novel entitled, *Jayber Crow*, Berry introduces the reader to his vision of true community:

> What I saw now was the community imperfect and irresolute but held together by the frayed and always fraying, incomplete and yet ever-holding bonds of the various sorts of affection… For the community must always be marred by members who are indifferent to it or against it, who are nonetheless its members and maybe nonetheless essential to it. And yet I saw them all as somehow perfected beyond time, by one another's love, compassion, forgiveness, as it is said we may be perfected by grace.

Understanding that community is rooted in place and inseparable from it, Berry continues:

> And so there we all were on a little wave of time lifting up to eternity, and none of us ever in time would know what to make of it. How could we? It was a mystery, for we are eternal beings living in time...What I had come to know…was that the place's true being, its presence you might say, was a sort of current, like an underground flow of water…When it rose into your heart and throat, you felt joy and sorrow at the same time, and the joining of times and lives. To come into the presence of the place was to know life and death, and to be near in all your thoughts to laughter and to tears. This would come over you and then pass away, as fragile as a moment of light.

Community or human connection rooted in grace, as Berry describes it, plays a central role in the flourishing of medical professionals, and I am happy to see that it has not been lost on the leaders of the medical community. Speaking about both the causes and the solutions for burnout the National Academy of Medicine has observed that, "Burnout comes from the loss of connection to our patients, to ourselves, and to those we love. Too often in healthcare today we focus on tasks—on doing the appropriate tests and making the right diagnosis, when what our patients want and what we truly crave is to feel connected."

Concluding Thoughts

It is worth observing that the Christian tradition offers remedies to the depreciated humanity, confused purposes, and loss of community underlying burnout. First, the Scripture reminds us that we are created in the image of God and assures us of the dignity of each and every colleague and patient we serve. Second, calling is not simply a good idea that has psychological benefits. God truly calls us. He calls us to love Him with our entire being and to love our neighbor as ourselves in all spheres of life and most certainly in our vocations. Furthermore, as those who know God's forgiveness, we can pursue his purposes while finding grace to deal with our own failures as well as with the failings of our colleagues and patients. We can forgive others as He has forgiven us. Finally, as those who have been blessed to be members of the kind of community of grace described so beautifully by Wendell Berry, we know that through our love and despite our failings, we and those around us can be bound together in joy and sorrow, life and death, laughter and tears.

A Burnt-Out Case does not conclude with a simplistic, happy ending. While Querry commits himself to a role within the medical facility caring for those with leprosy, it becomes painfully clear that both Queery and we serve in a world of brokenness and death, and that the choice to serve such a world does not deliver us from its brokenness. In fact, our service takes us deeper into it, but by caring for "burnt-out" cases deep in the heart of Africa, Queery does find that deeper place of service to be a place of healing for both body and mind. We, however, do not need to travel to Africa or even to the Dominican Republic to discover or offer such healing. We can cultivate this better way of thinking wherever we are, working in our own spheres of influence to honor our shared humanity, stay faithful to our God-given purposes, and build loving communities rooted in grace.

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FUNDAMENTAL CHALLENGES

Whether facing COVID-19 or any other challenge in life, the Christian Study Center is here to engage with questions that matter—what does it mean to be human? to be good? to be just?

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