

The politics of self-care: Why meditation and work-life balance won't fix physician burnout

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Between 1983 and 2005, I worked as a full-time board-certified ER physician. Since leaving the intense pace and camaraderie of the emergency department, I've worked for the past 11 years as a physician practicing psychotherapy, primarily as a somatic trauma therapist. So, I've been around trauma—whether physical or psychological, or often both—for quite some time.

Every physician works with trauma; it becomes a question of degree. Our patients bring their trauma to us in the background of their chronic illnesses, their addiction, their violence and their victimization. Our healthcare system itself is increasingly traumatized and traumatogenic. Many of us carry the trauma of generations within us, and our efforts to help and heal others is partly driven by this equivocal heritage.

Working directly with trauma is a challenging proposition, one that has both taken from and given a great deal back to me. Looking back, I appreciate that this could have been a much easier path. Had the acknowledgement of trauma, with its challenging physiological and psychological toll, been more openly discussed in my training and along the length of my career, I would most likely have spent less time and effort struggling to make sense of my internal responses.

I recall early in my second career starting to read "Transforming the Pain: A Workbook on Vicarious Traumatization" by Karen Saakvitne and Laurie Anne Pearlman, two American psychologists who remain powerful figures in the field of traumatic stress. A surge of outrage and then regret rose in me. I realized that important lessons about adapting to the work stresses that many of my colleagues and I endure had never been shared with us—not in medical school, nor in residency programs; not in continuing education or in articles by those entrusted with promoting physician well-being.

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Five years ago, I began to run a small series on physician self-care. By this point, I was quite familiar with stress physiology and the [effects](#) of working with unremitting moderate to high levels of stress. The effects strongly resembled those of trauma, affecting the same parts of the nervous system and neuro-endocrine axes.

What is not always clear to individuals working outside the fields of trauma and stress is that the effect is primarily on subcortical systems and on physiology. The psychological effects are profound, but they are not what drives the process of traumatic stress and burnout. When I started to run Caring for Self While Caring for Others, my

emphasis was on making this clear, and pointing out the ascendancy of irrational, survival-based subcortical processes in areas where these processes were endemic.

A year after the establishment of the program, the now well-known 2012 Archives of Internal Medicine [article](#) was published, referencing an "alarming" physician burnout rate of roughly 50%, with those working in the front lines of medicine most severely affected. Much research and commentary has followed and we now know that rates of burnout continue, disturbingly, to rise.

Despite this, discussion about burnout continues to be avoided, or attempts are made to minimize its devastating impact on work performance and the health of physicians. Why is this? Talking about burnout is politically unappealing: Research invariably demonstrates that reducing the incidence and severity of burnout demands a change in methods of leadership and in work environment. Secondly, there's a high correlation between degree of stress/burnout and medical errors, something not a lot of people want to talk about. Finally, depression sounds easier: it can seemingly be treated with medications and CBT, neither of which are effective with burnout and secondary traumatic stress. The physiologic consequences of burnout and unremitting stress are, well, terrifying. It's much easier to look the other way.

We do so at our own peril.

Fortunately there is already a significant body of information on approaches that can effectively address burnout and the effects of traumatic stress levels and work environments. I know now that if I had been taught from the outset the importance of learning to regulate my autonomic nervous system, and to become more fully embodied, I would have been far better prepared to face the challenges that would lie before me.

This is a dangerous time for both physicians and patients. Political changes are going to significantly exacerbate physician depression and burnout, while complex and seemingly inevitable systemic issues will lead to higher rates of compassion fatigue and secondary traumatic stress.

I don't believe our institutions possess the desire and incentive to fight for definitive solutions to these growing problems. Not naming them and addressing them on a sincere and creative level (loss of creative problem-solving is a core symptom of burnout and high stress levels) will not diminish their effect on our relationships, our sense of meaning, our HPA-G Axes and our gene expression. And we cannot afford to deceive ourselves: All these aspects of our well-being are already being affected by current high levels of stress and moral injury, which some authorities are requesting we accept as the "new normal."

The longer we wait to break the cycle, the more difficult it will be to do so. The more burned out we become, the more we appear uncaring and indifferent (rather than physiologically dissociated and numb). The sicker we become as a profession, the more we appear to not care, as if the problems of the world don't touch us. The truth is, we've been touched so deeply and so many times, we have turned off in order to survive. Unless we can articulate this in a way the world can understand, we will become less respected and sympathy for us will erode, leading to a vicious spiral where everyone loses.

The thing I've learned after decades in medicine, is that the work can really alienate and disconnect us from our identity. And losing that connection is often the beginning of the end, a road that leads to burnout, depression, family break-up and addiction.

As I become more deeply aware of these threats to our well-being, what surprises me most is the lack of support for addressing them. Most of the programming and finances for wellness are in the hands of large bodies, who by nature are quite conservative and resistant to new knowledge. This can lead to many new and innovative ideas being suppressed—ultimately healthcare providers like you and me (and our families and patients) pay the price.

No amount of talks about work-life balance, nutrition, yoga and meditation are going to get us where we need to go. The core of the problem is that nobody is prepared to fully discuss the problem itself. And looking more deeply at tools that address and regulate the autonomic nervous system first seems to go against the grain of a system that likes to live in the world of the cognitive and reasonable.

The African-American lesbian poet Audre Lorde wrote as a call-to-arms against oppression: "Caring for myself is not self-indulgence, it is self-preservation, and that is an act of political warfare." We would do well, for our collective future, and the well-being of medicine, to demand more of ourselves, and our institutions, in the realm of facing our current onslaught of burnout and traumatic stress.

Dr. Harry Zeit currently works full-time practising trauma therapy and psychotherapy. He is certified in sensorimotor psychotherapy, and previously worked as an American board-certified emergency physician in Cambridge and Toronto. He is also the education chairman of the Ontario Medical Association Section in Primary Mental Health Care/GP Psychotherapy.

