

Sawbones 372: Physician Burnout

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[theme music plays]

Justin: Hello everybody, and welcome to *Sawbones*: a marital tour of misguided medicine. I'm your cohost, Justin McElroy.

Sydnee: And I'm Sydnee McElroy.

Justin: What a pleasure it is to be back with you again.

Sydnee: Oh, thank you, Justin. It's been some busy weeks.

Justin: You know, I—last week we weren't here, and honestly folks we just... needed a break, you know? It's a stressful gig, podcasting. Um, probably one of the most stressful that there is, and it's really important that you take the time that you need for yourself. As a podcaster, I really believe that. Um, and taking that time is so important and undervalued.

Sydnee: Now Justin, I agree with you, and that's true for everyone, not just—

Justin: That's why—that's—

Sydnee: —podcasters, I suppose. But—

Justin: People wonder why Roman Mars hired that second Roman Mars to do 99% *Invisible* so the first Roman Mars, or Ro Prime, as he's known, could spend more time with his family, and that is why. I mean, it's just a very stressful gig.

Sydnee: Um, I don't—while I agree with you and everything you're saying, except for I don't—

Justin: Everything!

Sydnee: —except for I don't think that Roman Mars hired a second Roman Mars.

Justin: Ro Prime is what—

Sydnee: I don't—I don't think that that's accurate.

Justin: Okay.

Sydnee: But I—honestly I haven't researched it, so I'm not gonna say definitively. I try not to—you know, I try to stay in my lane. But we didn't do an episode, I would say not so much because podcasting [laughs quietly] had become overwhelming. Um, I think my other—like, my side gig, I guess, at this point...

Justin: Side gig?

Sydnee: Is it my side gig?

Justin: That's a weird way of putting it, but sure, yeah, I'll allow it.

Sydnee: Well... [sighs] it's very—I don't know if everyone knows this, just I assume everyone does, but maybe this is, like, a doctor thing. A lot of doctors have side gigs these days.

Justin: Hmm.

Sydnee: A lot of phys—and that's what they call them. Like, I do medicine, but my side gig is...

Justin: Etsy.

Sydnee: Etsy, or, like, I sell—

Justin: Etsy charms. MLMs?

Sydnee: I'm an MLM. [laughs] I'm in an M—[laughs] I got—I fell into an MLM. There are a lot of doctors with side gigs, uh, who are—I don't know if they're trying to off-ramp. Some of them are. Some of them are trying to find a way to off-ramp from medicine. Not all of them, obviously, they're just trying to make a

little extra dough, pay back those student loans. But I guess in my case, is medicine my side gig?

Justin: I guess. I mean, I don't know.

Sydnee: It doesn't feel that way, because I identify—and this is all playing into what we're gonna talk about. I identify so strongly as a doctor, not just as, like, my job, but as, like...

Justin: Who you are.

Sydnee: Who I am. And I wouldn't say that I identify with the title "podcaster" in that same deep, emotional way.

Justin: Well, that's only because it feels terrible to say, and I've never said it to anyone with a straight face. You know what I've gone—you know what I've recently been doing and trying to get away with? I'm an entertai—[wheezes] I'm a—

Sydnee: I'm—entertainer.

Justin: —I'm an entertainer.

Sydnee: I know.

Justin: Like, that's what I put on forms and stuff. It's like, "What's your job?" I don't know. I make boner ghosts jokes. Boner ghost jokes, and horses and stuff.

Sydnee: That's what I have to tell people. When they're like, "What does your husband do?" Actually, and if you're in medicine you might know this, the question I get is not "What does your husband do?" The question I get is, "Is your husband a doctor as well?" That is always the way the question is phrased.

Justin: I am, uh, honorary doctor.

Sydnee: Uh, and then I say, "No, he's an entertainer."

[both laugh]

Justin: "He's a clown! He's a clown for money, thank you for asking. I'm very ashamed of my clown husband. He's not a doctor."

Sydnee: I'm not ashamed of my clown husband. I love my clown husband.

Justin: There's a bumper sticker. "I'm not ashamed of my clown husband."
[laughs quietly]

Sydnee: So I was—[laughs] it was a lot, and I couldn't get it—I just couldn't get it done. I couldn't get it all done last week, and—

Justin: We can't talk—it's funny, you can't talk about any of it, very little, honestly, with me, because of all the different hi—hi—hippo stuff. But, um, the... it's been a stressful one, I could tell.

Sydnee: Mm-hmm. Um—

Justin: Stressful couple weeks.

Sydnee: So I started thinking, you know, I should do a podcast about physician burnout, because we talk about that a lot, and I just want to get out in front of this. I put this all together before the Vox article about physician mental health and wellness just came out.

Justin: That—that's very—that, to me, whenever I see something like that start to happen where, like, a lot of different sources are coming to the same idea at the same time, like, I think that you are often at the cusp of some actual, actual change or recognition or whatever, because people are trying to talk more about it.

Sydnee: Well, I hope so, because the—I wanted to get into, like, where did this term come from, and where did the idea—I mean, I think we all know about the idea of burnout in general. But, like, as it applies to physicians, it's very buzzy. And I think it was reaching sort of a fever pitch right before the pandemic, but it all got put on hold because... pandemic. And we needed all of our healthcare providers to be well because they had to do this work, so I think we all just simultaneously decided, "They're fine." [laughs] And put this concern on the back burner.

But now that things are starting, hopefully, to... at least we can see the end. We know how this should play out. We're starting to see a light.

Justin: I mean... [knocks]

Sydnee: Knock on wood. Um, then I think this idea is resurfacing. Like, "Hey, by the way, we were all super, um... burnt out and not in a good place before this started, and can you imagine how a lot of us are feeling now?" I think is the conversation.

So the concept of workplace burnout is generally a pretty new concept. Like, this is not—I mean, historically yes, everybody needs to work and play. I mean, that's not—you know, that's a—it would be weird to say, "No, everybody always enjoyed toiling away for hours and hours with no—with no fun."

But no. Like, everybody's always needed to find a balance but the idea of, like, specifically burnout, and especially for physicians or—you know, a lot of the work was done with physicians, but healthcare providers in general you could say for a lot of this. Um, the word sort of describes what it is, right? Burnout.

Justin: It's burnout, yeah.

Sydnee: Yeah. You lose energy, you have no more power, you cease to function. Um, you can't do your jobs, whatever your roles are in society, whatever your things are in life, be a happy human, you can't do any of it. It's—you're burnt out.

The term itself, the way we use it now, in common use, probably dates back to 1974. A psychologist named Dr. Herbert Freudenberger who came to the US, he immigrated here from Germany in 1933 to escape the Nazis, and he worked his way through school and college. He was a hard worker. He always had to—he was—I think he was, um—I think he experienced homelessness for a while. You know, he worked really hard to get through school and college, and then finally while he was studying he ran into Maslow, Dr. Maslow, who created—you've probably heard of—

Justin: The hierarchy of needs.

Sydnee: Exactly, a psychologist. Um, and from him was directed into the study of psychology, was very interested in that and wanted to kind of—was a protege of his, wanted to follow in those footsteps. And he became a leader in his field, and one of the first people to really address and work with addiction as a disease.

So, he began this work and he decided, you know—this was also as we're moving into, like, the 70's, we're getting into the free clinic movement, the idea that—the

revolutionary idea that [laughs quietly] everybody should have access to healthcare, which we've always wanted, but I think we all know is not true.

But, um, he started working at these free clinics so that he could have more hands on, one-on-one experience with people who have addiction, who have substance use disorders and, you know, volunteer there and work with them directly and sort of grow that body of knowledge, you know, our understanding.

And this is where he kind of started coming up with this idea, this concept of the word burnout. There was an interview with his daughter where she said that his explanation for it is that sometimes he would see people who had long term addiction who just seemed to sort of, like, fade away, sort of be vacant from themselves, from their person. And he would watch them stand against a wall holding a lit cigarette and not moving and not smoking it until the thing just burnt out in their hand.

Justin: Huh.

Sydnee: Burnout.

Justin: Burnout, huh.

Sydnee: And this was sort of the inspiration for this word, and the reason that he probably recognized it so readily is that Dr. Freudenberger would go on to experience burnout and talk about it, um, quite intensely.

He was working all day in his hospital job, and all night in his free clinic volunteering work—or vice versa, all day in the volunteering, all night at the hospital. So he was pulling long, hard days. He was exhausted. He was unhappy. And a day came where there was a family vacation, and he could not get out of bed. That is the way it is described. He literally could not lift his body out of bed.

And the way he described it was that, "I don't know how to be readily joyful."

Justin: Now, you can tell that he wasn't at Disney, because Disney has several services for parents who can't get out of bed—

Sydnee: [laughs]

Justin: —and take—get Mickey's Magical Lift, and for \$69.99 Mickey will come to your room and put you in a sedan carried by four Chips, of *Chip and Dale* fame, and just carry you about. There's no need to get out of bed when you're at the—

Sydnee: Which Chippendale?

Justin: What?

Sydnee: [laughs] Which Chippendale fame?

Justin: There's four Chip and Dale. There's four Chips.

Sydnee: Okay.

Justin: It's like, they're—

Sydnee: But *Chip and Dale*, not Chippendale.

Justin: Dale is not—Dale is above this work. He's not gonna he's not gonna carry a tired parent in a sedan.

Sydnee: Okay.

Justin: Chip, though. [through laughter] He needs the scratch, so he'll do it.

Sydnee: Is it the Chip from *Rescue Rangers*?

Justin: No, it's the Chip in his new iridescent outfit.

Sydnee: Oh.

Justin: Uh, for the 50th anniversary, beginning October 1st.

Sydnee: 'Cause if it's the Chip from *Rescue Rangers* in that coat and that hat...

Justin: Yeah. Then we can all... yeah.

Sydnee: Then... yeah.

Justin: I'm more of a Dale.

Sydnee: Is he bringing Gadget?

Justin: Be honest that I'm more of a Dale.

Sydnee: No. I don't know.

Justin: I think I'm more of a Dale.

Sydnee: He does wear Hawaiian shirts.

Justin: That's—yeah, see, okay.

Sydnee: Uh, anyway, so I really—

Justin: I'm a Dale in the streets and a Monterey Jack in the sheets. [laughs quietly] That's how I like to think of myself.

Sydnee: I'm just Gadget all the way. So he began to—and I really like this about Dr. Freudenger. I feel like when I read this about him that I would—I understood it on a deep level. He began to talk into a tape recorder about his feelings, and then play it back so that he could sort of psychoanalyze himself, like, to be his own psychologist.

Justin: Worse ways of doing it. I mean, honestly, that's the only tool you have, is being able to, you know, analyze your own thoughts.

Sydnee: He was a very good psychologist.

Sydnee: Yeah, and he—so he would talk as if he was the patient, and then listen back to his own thoughts. And, um—and I—I—[laughs quietly] that resonates with me on a deep level.

Justin: Yeah.

Sydnee: Uh, so—and he realized that he was experiencing burnout, that the same—this idea that you can't be happy, you can't experience joy, you just can't anymore, um, he—he was experiencing it. So he wrote a book called *Burnout: The High Cost of High Achievement*.

And by 1981, this book was a big deal. Like, he went on Oprah and Donahue and all the shows to discuss it, and a lot of people were talking about—it was very

buzzy, this book, this idea of burnout. And especially in someone like himself, who was a high achiever, who worked nonstop, was recognized as being, you know, brilliant and capable and all of this stuff.

And eventually, he would find joy for himself—I'm not really clear. It's not really, like—[laughs] he didn't put a case study out there, so I don't know exactly how he found a way to deal with what he thought of as, like, this response to extreme stress, you know. But it wasn't like a treatment for everybody. It wasn't like there was one protocol that was developed that everybody could—it was just, this is a thing that exists. He found a way to live with it and work with it and find joy again, find happiness again. But this book really put the idea out there, and in the 80's it really took off. That was really where you see, like, the idea of burnout—this is the birth of this concept.

And I think it makes sense, 'cause if you think of the 80's not just in medicine but in the whole—especially in the US, the 80's were when everybody was scrambling for more, you know, better.

Um, there was this disproportionate amount of time that everyone was spending trying to climb that ladder and achieve some sort of ultimate career success. I don't know. They all had those popped collars and those convertibles.

Justin: So it's a very self-interested decade.

Sydnee: Yes.

Justin: Which I think if your—if your religion, if your faith system is self-based, how do you say, like, "I have done enough today. I have achieved enough today, I've gone high enough in my career. You know, I've achieved enough." When your religion is you, I think it's very hard to see past that.

Sydnee: And it was also a time where in the name of, like, gender equality—and again, I'm not saying this is gender equality, but at the time, the concept of gender equality was, "Hey, you can do this too, ladies. You can have it all."

Justin: Yeah, you just have to—

Sydnee: "Do all the—do all the other stuff you're doing."

Justin: Right.

Sydnee: "But you can also work your butt off trying to fight your way up the career hierarchy."

Justin: And work twice as hard as your male colleagues to achieve the same successes.

Sydnee: Exactly. And so, like, everybody was intensely trying to have it all and do it all, and so at the same time came in this—the idea of work life balance? That came into the picture. So, "Okay, but no, no, don't wor—now, don't forget, you got a family. You gotta relax. You gotta have—you gotta work hard, play hard." Right? And so there was—

Justin: That's why we as an American society—we really value this. That's why we have institutionalized two weeks off.

Sydnee: [laughs]

Justin: Of vacation time per year. We really value, like, this work life balance of 50 weeks to 2 weeks, at a full time salaried position. Sorry for wage-based employee, hourly wage [crosstalk]—

Sydnee: Yeah, well, and I was gonna say, that two week—that two week vacation is only if you're able to be one of the lucky ones who gets one of the prestige jobs that gives you two weeks paid vacation. Um, 'cause not all do.

So anyway, the impetus was really put on the American worker to—listen. You've gotta find a way to troubleshoot all this, okay? You can have it all. You can do it all. You can be it all. Um, and if you're not, there's something wrong with you, and you need to find a way to fix that for yourself. Um, whatever that looks like.

And since it was the 80's, I guess—I mean, I think a lot of it was partying, drugs.

Justin: Cocaine, which had just been invented.

Sydnee: Well... [laughs] something plastic. A lot of plastic things, I think. That was part of the 80's too. Anyway, and some bright colors. But that—

Justin: You guys have seen *American Psycho*. You get it.

Sydnee: [laughs] You get it!

Justin: The 80's!

Sydnee: It was the 80's, you know?

Justin: *Weekend at Bernie's! Mannequin!*

Sydnee: The problem is you, but the solution is you. So there's to good news. Just troubleshoot you, and you'll be able to survive in this system, and it's great. Um, now, initially this was not really aimed at doctors, even though it came from a psychologist working in a free clinic, and so you would think that, like, application to medicine would be obvious. A lot of this was originally thought to apply to everybody else. Like, "Well, doctors don't seem to say they have this problem. Um, they don't talk about it. They don't complain. They never ask for help. So they must not need it, right?"

Um, and it really—that is—that is, I should say, like, baked into the job. You are trained not to complain, not to ask for help. You are praised for your ability to withhold pleasure from yourself, and not even just pleasure. Like... you brag about how long you've gone without peeing in a shift. You brag about how long it's been since you've eaten something. You brag about how many cups of black coffee you drank last night to get through the night of call you were on. You brag about how little care you're taking of yourself. And so the idea that you would ever admit, like, "Hey, um... I'm... not—you know, I need help." Well, no, of course you wouldn't. Of course.

And so initially, like, the idea of, um, burnout was being applied to all other sorts of workers. Physicians were kind of behind in that. Like, "Oh, no. We don't—mm-mm. Mm-mm. We don't experience that."

Because if you did admit it—and this gets into—and I'll talk about it a little more at the end, that the Vox article that just came out—if you did admit it, you could lose respect. You could be passed over for promotions, patients won't trust you anymore. They won't—they won't have faith in you. Um, and then there's—like, if you would, heaven forbid, admit to actually having some sort of mental illness, I mean, you could lose your job.

So, you know, for all those reasons, burnout comes into the American consciousness, and it takes a while for doctors to be part of that.

Justin: Hm.

Sydnee: And I wanna tell you about how it came to be among doctors. But before I do that...

Justin: Yeah?

Sydnee: Let's go to the billing department.

Justin: Let's go!

[ad break]

Justin: So, you guys are finally ready to admit that you're human like the rest of us, huh?

Sydnee: So... [laughs] yes. And it—in help—in what Freudenburger called helper professions, this is always a risk, right? If you're in one of the jobs where, like, helping people is sort of the thing, that is the thing that you do, there's always this risk. But it was really the transformation of the American medical system into what it is today, this sort of bloated, faceless, money making system that has nothing to do with the people taking care or the people getting care, right?

Like, that transformation is what pushes us into where we are now.

Justin: Do—okay, I have a quick—a chicken and egg question for you before we get—and maybe this will be more appropriate later, in which case, let me know. Do you think that the state of the American healthcare system is causing this physician burnout issue, or do you think that the prioritization of this, like... all work, no complaining, bear down and grin and bear whatever you get. Do you think that that attitude, which is so prevalent amongst physicians, in some ways enabled this system to become something that does, like, does not care about the people, individual people within it?

Sydnee: [sighs] I think it's tough to know which one was the bigger driver, because I think they're both responsible for it. I mean, physicians are uniquely susceptible—I shouldn't say uniquely, but we are definitely among those who are uniquely susceptible to this sort of, um... situation, because we do—a lot of us tend to be type A, high achieving—like, we have perfectionist, um—driven to succeed to the point of self detriment. I mean, I think that that is definitely—but why is that part of medicine, and why is that the kind of doctor you want?

'Cause even that question—I mean, I have—I have gotten to that. Like, why does that—why does that make someone a better physician? I don't know that it necessarily does. So I think it's all... like, I think this system created people who go into medicine who fit that sort of archetype, and maybe that's not even the best suited for medicine.

Justin: Yeah.

Sydnee: It's maybe the best suited for the medical system that we've created, because it is so damaging. But is that—like, if we're talking about just go to the root of it, the idea of a healer, is that the best person to be a healer? I don't know—I don't know anymore. I mean, I think it's all gotten so lost in there. And I say that as somebody who I would—who probably is—I mean, I know I'm a perfectionist. I know I am incredibly demanding on myself, and put myself last in the hierarchy of, like, who gets care. So I am one of those people, and I don't know that I am the best [laughs quietly] suited for that.

Um, but to go back to where we were in the story, the reason that, like, it became more well known among physicians is a professor of psychology at UC Berkeley, Dr. Christina Maslach, who had been responsible for—do you remember the Stanford Prison Experiment?

Justin: Yes.

Sydnee: She ended it.

Justin: Oh. Good. [laughs quietly]

Sydnee: Well, she encouraged one of the investigators that she ended up marrying later—she told him, like, "This sucks. You need to stop. [laughs] This is a bad idea."

So she—that is—in history, this is who this is. She was interested in the response of an individual to chronic stress in a workplace environment, and she began serving healthcare workers. Um, what she found was—and at this point there was—she actually interviewed somebody in another job that I would say is stressful, poverty law, and they referred to it as, "Well, we just call it burnout."

And she said, "Yeah, that's what it is. It's burnout. And all these healthcare workers also have burnout."

So she published articles outlining the three principles of burnout, and recognizing their existence in lots of different professions, including in healthcare. Um, and it's a combo of emotional exhaustion, depersonalization, and a lack of a feeling of accomplishment. So basically, I get home drained, I don't care about what I do there, and I never help anyone anyway. And that's the feeling that you eventually get from the jobs that you do.

And she would go on to create the—there's an inventory that you can use, a burnout inventory where you basically—you can find the PDF of it if you're interested in what it is free online, but I think you actually have to pay to get it, like, scored [laughs] to figure out.

Um, and you probably—if you're in any of the sorts of jobs that might experience burnout at higher rates, you may have done this before. Because, like, an employer can hand it out to other employees and do it and see, like, are you all burnt out? And it asks you a bunch of questions about, like, how happy you are with your job, and do you ever feel like you do a good job, and do you ever just feel like, "I don't care anymore"? Like, "I feel disconnected from the work I do and the people I care for, and all that stuff."

And again, it applies to a lot of different fields, but we're focusing on medicine. With the complete transformation of the American medical system throughout the 90's and the early 2000's, you began to see more and more healthcare providers talking about burnout, experiencing burnout, admitting to, "Hey, all that stuff you're talking about? That's me. Like, I feel that now, and I'm feeling it so intensely that I can't hide it anymore, and so I'm saying it."

So all that was great, right? Recognition. There's a problem. That's the first step. We've found a problem. But in terms of what we do for that problem, I think that's where things have really gone off the rails, because in many workplaces, the treatment for this, the form that it's taken are what are called wellness initiatives.

Justin: Hmm.

Sydnee: Um, so your wellness initiatives at your workplace could look a lot of different ways, right? Um, on TikTok they like to joke about this a lot.

Justin: Ah.

Sydnee: That you ask for, like, better wages or, like, paid vacation, or, like, um... you know, parental leave and things like that, and they give you a pizza party. [laughs quietly]

Justin: I mean... I'm not a doctor but, like, a pizza party does sound pretty good.

Sydnee: That sounds like a joke, but it's really what it feels like. Um—

Justin: So there's not a pizza party.

Sydnee: Well, I mean, I haven't—I mean, well, I—they don't—

Justin: I don't know why you're getting me worked up about a pizza party that isn't happening.

Sydnee: I've never had a pizza party but, like, they do give you, like, "Here's a gift certificate to a fancy restaurant." I mean, I've gotten that.

Justin: Nice.

Sydnee: But, like, "We'll do your laundry, or we'll give you gift cards for meals or spas or massages," or something like that, right? Like, we'll do something—

Justin: We'll put a basket of snacks out.

Sydnee: During—I thought this was—and this was very kind, but I thought this was a good—during the pandemic a lot of the medical students started volunteering to, like, run errands for the physicians to help 'em out, since they were so stressed and overwhelmed. Um, which, like, it probably did help during the pandemic. But, like, this is the kind of thing that we're usually offered. The classic example is, "How can we make this workplace better?"

[sighs] You provide—the healthcare workers provide a list of, like, "We need more people in this job, we need to hire more of this kind of person, we need more of these services. The weekends, it's so—we're so strapped, we need more support on the weekends, we need more social workers." Whatever. Right? Like, we ask for all these different things that would make the facility run better. And what we're given is, like, a better physician's lounge.

Justin: Right.

Sydnee: You know? I mean, you get coffee refills more. Like that kind of thing. And then—and then they—again, this focus on work life balance. Like, "Well, the problem is you're just not prioritizing your off time the way you prioritize your work time. So just when you go off—when you leave, you just really need to turn off, and—"

Justin: Ha!

Sydnee: "—you know, and, like, be at home," which, as anyone who's in healthcare right now is screaming, "But what about all the notes in the electronic health record that I still haven't finished that I have to do? And what about the fact that I've got 30 different patients to call back because I hadn't had time to call them all day and they're all waiting to hear from me and I've gotta call all these people? And what about the fact that, like, people get sick on the evenings and weekends?" And you can't turn all that off.

Um, but again, it's still—the impetus is on you. "Drink more water, then. Well, exercise more, then. Well, spend more time with your kids and family, then." Like, you know. "Oh, and also take some me time. And get plenty of sleep."

And they—like, they lecture you on these things, and they tell you to do all these things, and then they give you a coupon to a restaurant and say, like, "Are you well? Are you better? Did we fix you?"

And it takes the focus off of the problem, and I think that is where we are finally getting to today, and I think that Vox article sort of spoke to it indirectly, but I think that this is—this is where we are headed.

Um, all of this takes the focus off of the system as the problem and puts it on the person who is suffering under the system to deal with that suffering better.

Justin: Can I stop you for a second?

Sydnee: Mm-hmm.

Justin: I've been kind of—before you go further, I've been a little more quiet this episode, listening to you, because, um, I have found it... personally sort of disturbing. To what extent were you the way you are before you got into this system, and how much of it has... you don't do this on a day-to-day basis in this particular system. You're a doctor every day, but you're not in this system every

day. You have weeks where you do it and weeks where you don't. But, like, do you feel—how much do you feel—how much of the way you are do you feel like is a result of being in this system? Because a lot of times, you do feel like you haven't done anything, and you do feel like you haven't achieved stuff, and that you haven't done anything worthwhile, and that you don't need help, et cetera, et cetera. How much of it do you feel like is a holdover from being in the system, and how much of it's just inbuilt?

Sydnee: I think that, um... my drive to always achieve more and do more I think is part of me, 'cause that predates medicine. I think that's just part of who I am, and probably part of why I chose medicine, is because I was led to believe that's where people like me belonged, right? Like, I had lots of messages that, like, "Oh, you should be a doctor, because you do that stuff, and blood doesn't make you pass out."

Um, but I think, like, the fact that I never feel like I have done anything, no matter how much I do, I have to feel—I mean, I think it's a result of the sy—I feel like there was a time in my life where I knew I had achieved things. Like, where I could accept praise and feel good. And I—I mean, it's been so long I don't remember that anymore. I don't mean this in a self pitying way. Um, but yeah, I have to imagine it's the system. Because no matter how much you do in the system, you haven't done enough, and there's always someone you didn't help, no matter how hard you work. I mean...

Justin: And, you know, it's funny. I say you're not in the system anymore, but... it's only—I only mean that in the sense that you're not going to the hospital every day, because you are still in this system.

Sydnee: It's bigger. It's bigger.

Justin: It's bigger than the hospital.

Sydnee: It is, because if—if—and I think maybe this is why they first started noticing this concept in the quote, unquote "helper" professions, is that if you are in doing work that—for instance, a lot of the work I do these days is volunteer, it's unpaid work, to try to help people that I would argue society has not ever tried to help, or at least has stopped short of ever actually doing anything for, and has left behind, and has abandoned. Um, you learn pretty quickly that there is never gonna be enough support or resources or people doing that work to really make big, giant, fundamental change. And it becomes—you know, I mean, it—you feel like you can't win. And for someone like myself, [laughs] who goes at

everything with the intention of winning and being the best and being, you know, at the top of my whatever I can achieve at this, you learn pretty quickly that you can't. It's impossible. And I know I'm not alone in this. There are a lot of people who do this kind of good hard work for people that society left behind that, um, that they feel the same way, I'm sure. I know they do. I talk to them. But I think that's where we're going at this point, is, um, the concept of resilience, it comes into this a lot, into these conversations, that you need healthcare providers specifically to be resilient. And if you really think about what that means, what we're saying is... this job will traumatize you. It's like a natural disaster, and we need you to be able to come back from it and work again. Why? Like, why does it—why is it constructed that way, then?

'Cause it's not just the things you might encounter providing healthcare, the things that are just part of the work, right? Like, sometimes people are sick, and it's sad, and sometimes you lose patients, and it's sad. I mean everything else. All the other parts of it that aren't—you know, there can be trauma from medical work. There shouldn't be trauma from the American medical system. And I think that's why, like, the conversation, especially right before COVID, was getting pretty dire. Um, the word that I tend to use now instead of burnout, or the two words, I should say, is moral injury. That is what I feel like myself and many, many, many other people have sustained at the hands of this inherently immoral system, where I went into it with the earnest intention of helping others, of—I want to learn these skills so that I might be able to keep someone from dying and give them a better quality of life, and help them, you know, achieve whatever their goals are by keeping them well, or advising them so that they can stay well, those kinds of things.

Um, but the system is not built to do that, right? 'Cause the system—a lot of people will say that the American medical system is broken, and I always push back against that, because it's not. It's not broken. It's working exactly the way it was built to work.

Justin: It's evil.

Sydnee: No. [laughs]

Justin: It's immoral.

Sydnee: It is! Well, it's because—

Justin: It's immoral, it's immoral system—

Sydnee: It's a business.

Justin: —functioning properly.

Sydnee: And when it comes to a business that is meant to make money, it's not about serving you, the patient, or me, the physician. It's about making money for other people, for a third party. And it does that. I mean, in spades it does that, right? Like, it makes untold amounts of money for that third party that's always in the exam room with you quietly that you don't recognize. It harms you, the patient. It harms me, the provider. And it puts us at odds with each other. Constantly, we're at odds with each other. Um, because that's the way they want it, because then it keeps both of us from turning and looking at the third party and saying, "Why are you making so much money off of our suffering?"

Justin: Yeah, we—we—you know, we don't talk about this enough. But, like, we—we go really hard on alternative therapies and homeopathy and a lot of, like, woo-woo crap. And I think that that is—I mean, that's been part of society since the beginning, since the dawn of time, and that's not gonna go away anytime soon. But I think that a lot of it is a reaction, is a direct reaction to how crummy the American medical system is, writ large. Right? I mean, it—it is. It's a part of it. It's part of the broken system.

Sydnee: Mm-hmm. I mean, it feels absolutely terrible to look at someone and say, "I know what therapy you need, but I also know your insurance won't cover it, and I have no way to get it to you, so I'm going to recommend something that is not as good, and I know it's not gonna help you as much as it could, and money is the reason for all of this."

I mean, and it's worse for the patient. I'm not saying it's worse for me. Of course it's worse for the person who's suffering. But when you do that, day-in and day-out, eventually you know—it's not just a feeling that you're never really helping. It's the knowledge. I'm not really helping, because a lid as to how much I can do for people has been put on this, and I just have to struggle underneath it.

And that is really—this idea was being talked about a lot, and then when COVID happened—it's the same always. Like, "Well, but we really need you to be fine right now. We need you to be mentally healthy, and we need you to not be burnt out, so we're just gonna pretend like you're not so that you can do all this work, and then when this whole thing's over, maybe we'll talk about it again."

And I think maybe that's why, especially with the increase in, like, physicians admitting to depression and other psychiatric diseases, um, in the wake of COVID has maybe brought the spotlight back on it. And that's what that Vox article talks about is, like, physicians... I mean, statistically, should at least be suffering mental illness at the same rate as the general public. We believe that their rates of depression are higher. The rates of suicide are at least equal, but again, we believe they're higher, just underreported. And the fact is that physicians are less likely to seek care because of fear of what that will do to their career, and if you lose the ability to be a doctor, it's so linked with—for a lot of us, I'm not saying this is every single physician, but I know it's true for me—it is so linked with who I am as a person, not just my job but, like, who I am inside, that if I couldn't do it anymore, it would be—I mean, it would be devastating. And I think that many physicians feel the same way, and so... you know, there are all sorts of ways that, like, places have found to sort of skirt the idea that you're getting care while secretly giving you care. Getting, like, secret therapy that isn't therapy that we'll call literally anything but therapy to try to help people. Create, like, support groups that aren't support groups and call them something else so that no one ever has to report that they received any care, because they're so afraid. And it's not true—

Justin: Let's take it back to Dr. Freudenberg, who you complimented for this, like, "I'm gonna record my thoughts and then play them back, and—"

Sydnee: Oh, I'm not saying it's healthy.

Justin: No, but you know what he's do—

Sydnee: I'm just saying I understand it, yeah.

Justin: You know what he's doing. He's doing therapy.

Sydnee: Yes.

Justin: On, I mean—

Sydnee: On himself.

Justin: To avoid, though, actually getting therapy.

Sydnee: Yes. And a lot of people in the healthcare system will do that, because—and it's not true. Like, part of it isn't based on reality. And you can read

that. I would recommend you read that Vox article if you're interested in this. But not in every state do you have to report just because you, like, saw a therapist or went on an antidepressant or something. That's not necessarily true in every state. There are states where it is very true. They can ask you all of those intrusive questions. When you sign to get privileges at a hospital, you give permission for them to go through your medical records in some cases, and so they can go through all of those and say, "Oh, we don't wanna hire you because you see a therapist. We don't wanna hire you because you're on this medication." Or certainly for physicians who may have to seek inpatient psychiatric care. That is very stigmatized. And nobody's going to say, "We would never hire you." But the reality is, there are gonna be systems in which you won't be hired if you have sought that care, and part of it is perception, part of it is the reality. Um, like, physicians believe it's much worse than it is. Part of it is, no, they do judge you on that.

Um, but either way, we have to find a way to make it okay for doctors to ask for help. All healthcare providers, not just doctors. We have to find a way to make it okay for them to receive that help so that they continue to do the job that they're doing, because as it stands, it seems like the people who have the power to change this terrible system aren't doing it. I mean... not currently, anyway. But that—I mean, that—that is the way that we make it better. And all of it has to change. I mean, medical training has to change. Residency is all about how hard can you push yourself?

Justin: Yeah, I remember that.

Sydney: I mean, they have done some of these studies, and they talk about 'em in the article, about how many residents reports burnout or depression or any of these things, and the numbers are astronomical, because residency makes you question everything you ever wanted in life and, you know, think about quitting everything. Um, we called them—I mean, we called them the crying times. Every resident hits a point where they go into the crying times, which is when you start thinking, like, "I can never help anybody, I can never do anything good. I'm done with everything." And you start researching, what can I do with this degree that I got that isn't being a doctor, because it's so hard?

And, like, if you think about it—I'm just realizing this—we called it the crying times. It was depression. And we still come up with euphemisms for it so that we don't have to admit that we experience... psychiatric [laughs quietly] illness at the hands of this system.

Justin: Do you feel like there were times in your life where you would've been well served to seek out therapy that you avoided it?

Sydnee: Yes! Oh, I know! Oh, 100%—well, I mean, I think I talked about it when we talked about, um, postpartum depression on the show.

Justin: I know, but I feel like we didn't focus enough on you saying, like, "You were right, Justin. You should've done—"

Sydnee: Ohh, okay. Okay.

Justin: "—what you said." [wheezes] You know what I mean?

Sydnee: No, I definitely—I knew I needed—I knew—I mean, I had the clear thought, "I need help with this postpartum depression, and I am afraid to seek it because I still want to be a doctor when I go—like, eventually [laughs quietly] I—you know, when this maternity leave ends, I would like to be a doctor again." And, um... yeah. I mean—and I'd say there are a lot of people in healthcare who would say the same thing. And in that article, they talk about that. That, you know—that there are lots of people who, if they felt that they could access care, they would. Um, but everything has to change around it. It's not just the system and it's not just the doctors. Like, I will say the same thing. I have had—when I went on leave to have our children, the idea that a doctor would take time off to have a baby and care for that baby for some period of time... the resentment from my colleagues, from my staff, from my patients, from *everybody* was so huge.

Um, the expectation that I would come straight back and start doing my job again, 'cause that's what you do. And again, I don't think that's just doctors, I think that's capitalism.

Justin: Yeah, right.

Sydnee: Um, I don't know. But that is where—that is the origin of burnout, and this is where we are today. I'm hoping that in the wake of COVID, we can start having these conversations again, because, um, it would serve patients better if you had healthy doctors. And right now, I don't—I don't know how many of us are healthy.

Justin: Yeah.

Sydnee: I'm not saying I'm not.

Justin: But...

Sydnee: What did I have to do, though? What did I ha—I mean, th—

Justin: You're not saying you're what?

Sydnee: I'm not saying I'm not healthy.

Justin: Oh—you're not saying—you're saying you're healthy?

Sydnee: I'm saying I'm healthy.

Justin: Okay.

Sydnee: I'm saying I'm fine right now.

Justin: Mentally. You're saying you're fine right now.

Sydnee: I'm fine right now.

Justin: Now, can we flash back to 20 minutes ago—

Sydnee: [laughs]

Justin: —when you said you were incapable of feeling like you've done a good job for the day, but still you resolutely refuse to seek out any sort of therapy whatsoever? Explain that to me.

Sydnee: [simultaneously] I have people I—I have people I talk to.

Justin: 'Cause I've been holding back saying that for, like, a half hour, and it's making me feel a little loopy. So if you could just kind of—pretend I'm a *Sawbones* listener. Like, address this for me, please, because there's an obvious dichoto—there's an obvious contradiction in your actions.

Sydnee: Here is what I—

Justin: I'm saying you are a—you are... still a part of the problem, [through laughter] as you sit here in front of me today.

Sydnee: What I am saying is, and I have said this to many of my colleagues, and I always feel really guilty about saying it. The—when I was working nonstop doing outpatient and inpatient medicine, before I backed away from that. Um, and I was working 60 hours a week, probably. And then trying to be your wife and a mom, and a podcaster, I guess. And, like, a human, just a person on Earth.

Um... I got to a point where I didn't understand why I was doing any of it anymore, right?

Justin: Right.

Sydnee: Like, why is this what—how is this possibly what I chose? Now that I am doing my inpatient job and I am doing my volunteer work, and I have so much more time to be at home with our family, to do our show and feel like I can put the time into it to do a good job with it, I am much happier. I am much more at peace.

I'm not saying that, like, you can get ri—I mean, you can't get rid of trauma in a year or two. It takes longer to work through all of that. But I have been lucky that I can do that, and I can have these other things in my life. A lot of my friends and colleagues cannot. Um, I mean—and what I'm getting to is, like, the student loans.

Justin: Yeah.

Sydnee: The student loans that people are saddled with, sometimes hundreds and hundreds of thousands of dollars, they're stuck, and I know they're suffering. I do feel, like, some survivor's guilt sometimes, because I feel like I have been able to distance myself just enough from it that I can still be a doctor and take care of people, but I don't have to be at the mercy of the system in the way that a lot of my colleagues still do, and it makes me very sad, but I don't know. It's so big. It's all so big.

Justin: Yeah. Thank you so much for listening to this episode of *Sawbones*. Uh, thank you to The Taxpayers for the use of their song, "Medicines," as the intro and outro of our program. And, uh, thanks to you for listening. Hey, we did a live show—we couldn't mention it last week 'cause we didn't have an episode. We did a live show, a virtual live show. If you go to—you can still watch it. It was live last week, but you can still watch it. [Bit.ly/mbmbamvirtual](https://bit.ly/mbmbamvirtual), and, uh, you can... I think for another, I don't know, ten days as you're listening to this? I can't say exactly.

But you could listen to it, so go check it out. It's about TikTok health trends. It was fun. Uh, a little lighter than this particular episode.

Sydnee: Much lighter.

Justin: Just a little bit. Uh, thank you so much for listening. Until next time, my name is Justin McElroy.

Sydnee: I'm Sydnee McElroy.

Justin: And, as always, don't drill a hole in your head!

[theme music plays]

[chord]

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