

Physician burnout: a global crisis

Hui Wang, a 32-year-old Chinese ophthalmologist, experienced sudden cardiac death on June 30, after working with fever for 6 days in Beijing. Hui was the father of a 1-year-old girl, and married to a doctor, who donated Hui's corneas to two patients after his death. The emotive circumstances of Hui's devotion to his work and his family's selfless donation have triggered an outpouring of grief and sympathy online, with many people expressing their condolences to his family, as well as raising concerns about physician burnout in China. It is not the first case of a doctor collapsing after work in recent years in China. According to a viewpoint published in the *Chinese Medical Journal*, reports on sudden deaths among Chinese physicians sharply escalated from 2008 to 2015, and most of the deaths, resulting from heavy work load, were male surgeons and anaesthesiologists in tertiary hospitals in large cities. "Sudden deaths among physicians are not rare, and this case series represents the tip of a larger iceberg", states the article. In fact, the larger iceberg might refer to the physician burnout in China, since DXY (the largest Chinese physicians' online community) reported that more than two-thirds of Chinese physicians were suffering from burnout in 2018.

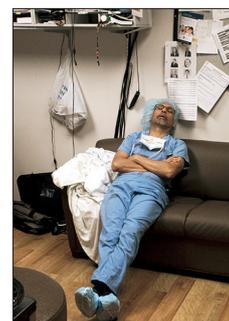
Physician burnout, defined as a work-related syndrome involving emotional exhaustion, depersonalisation, and a sense of reduced personal accomplishment, is not only a serious concern in China but also has reached global epidemic levels. Evidence shows that burnout affects more than half of practising physicians in the USA and is rising. The 2018 Survey of America's Physicians Practice Patterns and Perspectives reported that 78% of physicians had burnout, an increase of 4% since 2016. Furthermore, 80% of doctors in a British Medical Association 2019 survey were at high or very high risk of burnout, with junior doctors most at risk, followed by general practitioner partners. Increasingly, physician burnout has been recognised as a public health crisis in many high-income countries because it not only affects physicians' personal lives and work satisfaction but also creates severe pressure on the whole health-care system—particularly threatening patients' care and safety.

There are tremendous controversies and barriers in dealing with physician burnout. Despite wide

discussions and many publications, there are striking differences in the understanding of what constitutes burnout. Lisa Rotenstein and colleagues reported at least 142 unique definitions for meeting overall burnout or burnout subscale criteria, and there was substantial variability in prevalence estimates of burnout among physicians and variation in burnout assessment and study quality. The 11th Revision of ICD (ICD-11) in May, 2019, provided a more detailed definition of burnout, characterising it as a syndrome of three dimensions—feelings of energy depletion or exhaustion, increased mental distance from one's job or feelings of cynicism or negativism about one's job, and reduced professional efficacy. Notably, burnout has been further emphasised in ICD-11 as an occupational phenomenon rather than a medical condition. The need for health system reform in response to physician burnout cannot be delayed.

Additionally, workplace ethics and culture vary among different countries, and there is a scarcity of data on physician burnout in low-income and middle-income countries (LMICs). Colin West and colleagues report a systematic review and meta-analysis on interventions to prevent and reduce physician burnout in *The Lancet*, but most of the included studies of sufficient quality were done in high-income countries. Disturbingly, physician burnout is still a hidden but rapidly growing epidemic in LMICs, given the soaring and large demands for health-care services in these countries.

Addressing physician burnout on an individual level will not be enough, and meaningful steps to address the crisis and its fundamental causes must be taken at systemic and institutional levels with concerted efforts from all relevant stakeholders. Tackling physician burnout requires placing the problem within different contexts of workplace culture, specialties, and gender. Physician wellbeing has long been under-recognised in LMICs, and physicians' sudden death and suicide due to overwork—the consequences of extreme burnout—have not been uncommon in many Asian countries. With rapid development of medical sciences, it is time to use medical advances to benefit the health and wellbeing of all people, including physicians themselves. ■ *The Lancet*



Dr Barry Slavov/Science Photo Library

For the viewpoint in the *Chinese Medical Journal* see <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4794877/>

For the 2018 Survey of America's Physicians: Practice Patterns and Perspectives see <https://www.merrithawkins.com/news-and-insights/thought-leadership/survey/2018-surveys-practice-patterns-and-perspectives/>

For the British Medical Association 2019 survey see <https://www.bma.org.uk/collective-voice/policy-and-research/education-training-and-workforce/supporting-the-mental-health-of-doctors-in-the-workforce>

For the systematic review of prevalence of burnout among physicians see <https://jamanetwork.com/journals/jama/fullarticle/2702871>

For more on burnout in ICD-11 see https://www.who.int/mental_health/evidence/burnout/en/

For more on interventions for physician burnout see [Articles Lancet 2016; 388: 2272–81](#)