Want to Fix Health Care? Start Valuing Doctors!

By Jamie Wells, M.D. — November 27, 2017

Here’s a novel approach, appreciate and value the physicians in actual practice and watch job satisfaction soar. But, since such a long game strategy for repairing an ever fragmenting healthcare system is not the current default position, don’t be so surprised that almost 1 in 5 U.S. physicians plan to reduce their clinical hours in the coming year and nearly 1 in 50 expect to leave the field entirely in the next 2 years to focus on a different career.

According to a recent report “Professional Satisfaction and the Career Plans of US Physicians” in Mayo Clinic Proceedings, multiple studies have demonstrated there is a strong correlation between a doctor’s intent to leave and his actual departure. With national research demonstrating over 50% of physicians experience burnout (and rising), paying attention to why can directly influence retention given its significant contributing factor to attrition. The main culprits: excessive clerical burden, electronic medical records and computerized physician order entry, loss of autonomy, flexibility and control as well as diminished balance in life.

Of the 6695 actively practicing physicians they surveyed who represent a variety of specialties, here are some results:

- Of those likely to cut back clinical hours, the main reasons were to spend time with family (28.6%) and frustrations specific to work (e.g. Medicare/insurance issues, work environment, 26.2%).
- Of those likely to leave their current position, 37.4% planned to retire, 17.1% planned to stop practicing altogether.
- The proportion who wanted to leave medicine varied by age, highest among 50-59 year olds,
with burnout being the strongest correlate.

The first step to fixing a problem is properly identifying it. Burnout is a term that should be abolished. Its intent is to blame physicians for being frustrated with a toxic system that promotes inflated bureaucracy, endlessly elevates the latest digital so-called “innovation” that the field does not even need and devalues the highest quality of care. The patient and provider are consistently marginalized in discussion and influence on policy and changes within their own profession. The panacea that was to be the electronic health record was thrust upon practitioners without their input. Many rallying calls were made to impact their integration and roll out, the response was crickets and bulldozing advancement. Now, after years of adverse effect on the life of the practicing physician (and healthcare in general), is any push back actually gaining notice and momentum.

It’s backwards. Speak to those on the front lines in health care, actually value their contribution to the next supposed disruptive force. Then, just maybe, escalating rates of attrition won’t be the outcome.

If the promise of medical practice and what that means to the individual who so profoundly sacrifices to achieve it is so off the mark in reality, then why is anyone surprised there is dissatisfaction? Tack on medical school debt, increasingly high overheads and disparate incomes based on region and specialty chosen with the advent of ever devaluing the “physician” role, and the picture that is erroneously marketed to the public causes even greater despondence. Like any other field there are a few bad actors, but the majority who endeavor to become a doctor want to help people and assuage suffering. They readily jump hurdle after expensive hurdle to attain the honor of caring for patients. They give up a lot of their youth, time spent with loved ones and years of lost income to ensure they are well-equipped to manage the most complex of clinical conditions. They readily assume the demands of the job and its accompanying stresses for such a privilege.

They don’t do it to see such insurmountable volumes of patients to achieve some flawed metric of productivity that diminishes any kind of quality care. They don’t do it to spend hours learning how to code because the government arbitrarily increases the options from 14,000 to 68,000 (see Government ‘Torture’ of Physicians: Where’s The Outrage? [3]). They don’t endure on average a decade of grueling training to watch those with minimal experience obtain the rights to put patients at risk (see The Word ‘Doctor’ May Not Mean What You Think It Means [4] and Will More Nursing and Optometrists Lead to the Erosion of Patient-Centered Care? [5]).

So far, the plans implemented for improving the situation involve adding yoga, meditation and mindfulness to your day. To date, this prescription has been ineffective. As has bloating the system with catch-all names for medical caregivers of vastly incommensurate levels of training, e.g. mid-level providers, clinician, advanced-level practitioner, practitioner, provider.

Being a physician is not synonymous with being a radiology technician, nutritionist, physician assistant or nurse practitioner. In any other field, attempting to pass off one for the other or confuse the patient as to who is providing their medical care would be deemed consumer fraud. To state such is not to claim one is better than the other. We can appreciate the work required to become a physician and simultaneously value that of a nurse practitioner. We don’t need to
diminish one to elevate the other. But, to claim the training is equivalent is a fallacy. Each offers a wonderful contribution to patient care in a different way.

When the U.S. Department of Health and Human Services projects a shortage of 40,000-90,000 physicians [2] by 2025 after accounting for the influx of advanced practitioners and the inflow of physicians from newly established medical schools, maybe it is time to address why physician expectations are not being met prompting them to leave the profession. As I see it, there are two choices. To communicate to those entering medical school what it actually means to be a physician practicing today so they go in with their eyes wide open knowing how many feel embattled. Or, the more optimistic route, to stop scapegoating physicians for all of healthcare and society’s ails albeit from the broken healthcare system to the cause of the opioid epidemic. Maybe if we actually meet the expectations set forth by medical schools and the profession, well-trained, seasoned physicians will want to stay.

Stopping calling it burnout is a great start. Next, reduce paperwork to free up time to spend with patients, restore physician autonomy and actually tailor electronic records to the needs of the particular field at hand. For example, requiring a pediatrician to ask a one day old newborn in the nursery about suicide prevention before being able to proceed to the next computer screen is inane. Multiply that times lists of patients and a myriad number of other tasks completely unrelated to the case at hand. Cumulatively, they serve not only to insult any professional, but also to waste their time and distract from pressing issues. Let doctors be doctors. I know, a mind blowing initiative, but one I imagine would be so revolutionary these days it might have a true impact.

Extraneous training sessions for new technology whose turnover is more frequent than an office visit should be eradicated unless it actually contributes to optimizing patient care. Doctors did not pursue medicine to become data entry specialists. If that is our goal for them, then at least be upfront about it so they might decide whether to pursue medicine in the first place. It would be more honest.

To avoid replacement and recruitment costs, maybe this approach of valuing and investing in the physicians currently in practice would pay dividends not previously known. Don’t forget, raising their morale directly influences the future generations they train. Heck, it certainly would be a new and revolutionary method.

Let’s make gratitude for what we have a radical idea. Waiting till it’s gone to realize it is just unacceptably too late.

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