

## The Last Day

The room was cold and dark as I entered my office that last day. My diploma shone as a damaged image as I pondered the tragic plan, one of a burnt-out physician who could not practice anymore. I loathed that likeness; pathetic, weak, a failure at medicine, my lifelong goal. I had a family to take care of and a loving wife, but I was incapacitated and paralyzed with fear.

Twenty-four hours later, miraculously I was alive, blood covering the floor of my office from the grim sacrifice. My choice to die at my own hands had failed. I informed the operator of my condition. Humiliated, disgraced, I reluctantly was admitted to the hospital, my condition hushed, my wounds dealt with urgently. My secret torture was known: I was a burnt-out physician. Hospital committees would recommend and I would ultimately agree not to practice again. To this day, this feeling of failure is still palpable.

I am a child of an abusive alcoholic, who was also a child of an alcoholic. Trained at Stanford University, I am an Alpha Omega Alpha awardee and a board-certified urologist, having practiced for 16 years. My patient evaluations were excellent, as were my colleague relations. It was my physiologic makeup, physician practice style, and life's events that tore my medical practice from me in 2003.

There was background to this event. My practice style was one of total commitment, long hours, and intense introspection. A year's leave of absence secondary to depression in medical school perhaps predicted problems in the future. In addition, I had experienced septic shock after a visit to Mexico in 1998, with 6 weeks in the ICU. There were chest tubes, ARDS, DIC, ICU psychosis, tracheostomy, and profound weight loss.

The event drained and changed me, never to be the same again. Upon my return to practice, it was as if through that event I had aged—10 years or more added to my life without my consent. Nothing was the same, the excitement of medicine gone, another week of practice looming long and impossible. I survived all night call poorly and floundered in long operating room hours. Surgery became a nightmare of self-doubt and anxiety. Telling patients about death or even severe illness became a dreaded activity. Another injury in a 2002 snowboarding accident, with facial surgeries, tracheostomy, ICU, and weight loss, just compounded my aging.

I remember standing in the hallway after returning from one of these episodes. Colleagues would express their happiness at seeing my return to practice: "You

look great, good to have you back." Could they see the feelings of failure underneath?

I felt angry with myself. If I could just buckle down and continue functioning as I once did, perhaps I could twist my throttle to the maximum. I received therapy, but I was too proud and selfish, never seeking my colleagues' help. One day I planned and took an overdose of sedatives. Until then, few of my colleagues had any idea of my dysfunctional life. My impasse—chronic fatigue, anxiety, and depression—was superimposed on the inability to understand a life without the practice of medicine. A 5-year nightmare culminated in my dark quiet office alone that one tragic day.

Every case of physician burnout is unique, as mental health and medical history are unique. The life of a physician is stressful, period. Physician burnout begins when you are not able to recharge your batteries. You begin a downward spiral, influenced by outside factors, such as illness. Mental exhaustion begins to drain you. Medicine is no longer a joy, but rather becomes an increasing chore. Life-threatening illness makes each day just that much more difficult. Anger becomes internalized, and depersonalization, cynicism, and feelings of imposition by your patients develop. When a lost sense of personal accomplishment ensues, burnout is in full force.

Burnout is a huge problem. Estimates reflect that at least 33% and perhaps up to 60% of physicians experience symptoms of burnout. We lose at least 400 physicians per year to suicide. Imagine 2 large medical school classes gone each year. Or imagine a large commercial airplane going down year after year with 400 physicians aboard.

For every 1 person who successfully commits suicide, 25 to 100 persons attempt that lonely, desperate act but do not succeed. Physician burnout and suicide erode one of our most important commodities. Medicine is a noble profession. But our noble practitioners are suffering.

I wish more attention were given to the burnout problem. Perhaps begin with self-awareness—anonymous assessments performed frequently. All physicians should have more control over patient workload. We need to begin to talk to one another.

*William Lynes, MD*  
Temecula, California

**Requests for Single Reprints:** William Lynes, MD; e-mail, [wlynesmd@gmail.com](mailto:wlynesmd@gmail.com).

*Ann Intern Med.* 2016;164:631. doi:10.7326/M15-2341