Physician Burnout and the Other Reversible Diastolic Dysfunction

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Is physician burnout a heart issue?

As a family physician who has experienced burnout, I appreciate the growing literature on this topic, but I have been puzzled by a gap in the dialogue. It reminds me of the intrigue I felt as a young doctor when I read about a condition called "diastolic heart failure." I had studied congestive heart failure (CHF) but never imagined a heart could fail due to hypertrophy of the very muscle fibers that made it strong. Later, I read with incredulity about a reversible form of CHF called Takotsubo cardiomyopathy, or "broken heart syndrome."

I posit that the burnout many doctors are suffering from is a reversible form of spiritual diastolic dysfunction.

What does spirituality have to do with wellness? Drawing from data on 30,000 individuals, researchers recently found that those who reported four to five stressors (e.g., money worries, relationship strains, or caregiving roles) were five times more likely to report poor health than those who reported fewer stressors.[1] In analyzing the data, they identified three stress "magnifiers" that correlate with poor health, low productivity, and high health care costs and three stress "buffers." The stress magnifiers were insomnia, feeling sad or anxious, and substance use. The stress buffers were peer support, exercise, and spirituality.

Although all family physicians are comfortable talking about social support and exercise, relatively few of us discuss the value of spiritual health. Why is this? Albert Einstein said the intuitive mind is a sacred gift and the rational mind a faithful servant. Bob Samples added, "It is paradoxical that in the context of modern life we have begun to worship the servant and defile the divine."[2] Could it be that family physicians' roughly 25 years of formal education – much of it devoted to reason, logic, and scientific method – have resulted in "left brain" diastolic dysfunction? We now mistrust and discount the "heart," "right brain," or "soft strengths" of intuition, creativity, spirituality, and even love. In response to a recent *FPM* article on burnout,[3] one physician commented: "Sitting around the campfire singing 'Kumbaya' is well and good but will not change things in the long run. Someone needs to say 'the king has no clothes.'"

Is it possible that we are the ones who have no clothes, that we are spiritually naked? Could this make us more vulnerable to burnout in a challenging environment?

Our specialty courageously forged the path in psychosocial training. Perhaps we can also develop a more robust understanding of spirituality and wellness.[4-6] I believe we will find that, analogous to our learnings in CHF, our hearts need to rest just as much as they need to work.

Part of my recovery from burnout was a rigorous "spiritual cardiac rehab." I dedicated myself to rest, creativity, and spiritual practices, and I sought a healthier work environment. Now, I routinely ask my patients about their spirituality and talk to them about gratitude, mindfulness, service, prayer, and rest. And I lead a care team that believes the ancient truth that if we do everything right for our patients but have not love, it's worth nothing.

Physician burnout is a complex dilemma. If we continue to look only at rational solutions, I fear we may miss the more beautiful and obvious solution. Maybe we would all do well to sit around that campfire singing, "Kumbaya" – "Come by here, my Lord; come by here." FPM

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6. Maugans TA, Wadland WC. Religion and family medicine: a survey of physicians and patients. *J Fam Pract*. 1991;32(2):210-213.

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