RESOLUTION

Resolution: 307C.18

SUBJECT: Call for Action to Combat Physician Burnout and its Consequences

SUBMITTED BY: Whitfield-Murray Medical Society

REFERRED TO: Reference Committee C

Whereas, Physician burnout is being recognized as a medical condition that affects an increasing number of physicians; and

Whereas, the focus of medical practices and health care systems should be to improve physician well-being; and

Whereas, health care is increasingly recognizing improving physician well-being should be a fourth goal in the “triple aim” mantra of improving quality, improving patient experience, and lowering health care costs; and

Whereas, the true numbers of physician suffering from burnout or symptoms of burnout are underreported due to perceived barriers by those physicians; and

Whereas, while there are numerous barriers that are only known by a burnout physician, there are several established triggers already recognized; and

Whereas, known triggers include the fear of loss of their medical license, suffering alone for the fear of reaching out for help would make them appear weak, allowing stressors of practice to enhance their insecurities and self-doubt, and the feeling that no matter what stress endured daily such as regulatory, scheduling, or employment issues that they can survive day after day, year after year despite the insult to their psyche; and

Whereas, the consequences of physicians suffering from symptoms of burnout include increase in medical errors, reduced patient satisfaction, higher potential for medical error and its consequences, and an increase risk of alcohol abuse, unauthorized prescription drug use, and suicides; and

Whereas, in an article in “Mayo Clinic Proceedings”, a physician study revealed that 55% reported burnout symptoms, 33% reported excessive fatigue, 11% committed a major medical error, and 6.5% contemplated suicide; and

Whereas, the Georgia Composite Medical Board’s mission is to protect the health of Georgia citizens and to fully evaluate violations of the Georgia Medical Practice Act; and

Whereas, physicians suffering from symptoms of burnout may make personal and medical decisions that may violate the Medical Practice Act; and
Whereas, early recognition of the symptoms and signs of physician burnout may help to prevent many medical errors and preserve our quality physicians to take our Georgia citizens before they quit their practices or be forced to quit; now therefore be it

RESOLVED, that MAG initiate a statewide, multi-specialty initiative through membership, medical society meetings, and media to inform physicians the symptoms and signs of physician burnout and to encourage and support those physicians affected to seek help through the Georgia PHP before their license becomes at risk; and be it further

RESOLVED, that MAG and the Georgia Composite Medical Board work together legislatively to inform legislators of the seriousness of and consequences of physician burnout, and to create legislation that will create enough funding for the Georgia PHP to adequately support and help to rehabilitate these physicians; and be it further

RESOLVED, that MAG urges the Georgia Composite Medical Board when reviewing violations of the Medical Practice Act to consider physician burnout in their evaluations of those physicians who are under scrutiny by the Board.

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AMA Policy

Physician and Medical Student Burnout D-310.968
1. Our AMA recognizes that burnout, defined as emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment or effectiveness, is a problem among residents, and fellows, and medical students.

2. Our AMA will work with other interested groups to regularly inform the appropriate designated institutional officials, program directors, resident physicians, and attending faculty about resident, fellow, and medical student burnout (including recognition, treatment, and prevention of burnout) through appropriate media outlets.

3. Our AMA will encourage the Accreditation Council for Graduate Medical Education and the Association of American Medical Colleges to address the recognition, treatment, and prevention of burnout among residents, fellows, and medical students.

4. Our AMA will encourage further studies and disseminate the results of studies on physician and medical student burnout to the medical education and physician community.

5. Our AMA will continue to monitor this issue and track its progress, including publication of peer-reviewed research and changes in accreditation requirements.

6. Our AMA encourages the utilization of mindfulness education as an effective intervention to address the problem of medical student and physician burnout.

Programs on Managing Physician Stress and Burnout H-405.957
1. Our American Medical Association supports existing programs to assist physicians in early identification and management of stress and the programs supported by the AMA to assist physicians in early identification and management of stress will concentrate on the physical, emotional and
psychological aspects of responding to and handling stress in physicians' professional and personal lives, and when to seek professional assistance for stress-related difficulties.

2. Our AMA will review relevant modules of the STEPs Forward Program and also identify validated student-focused, high quality resources for professional well-being, and will encourage the Medical Student Section and Academic Physicians Section to promote these resources to medical students.

**Access to Confidential Health Services for Medical Students and Physicians H-295.858**

1. Our AMA will ask the Liaison Committee on Medical Education, Commission on Osteopathic College Accreditation, American Osteopathic Association, and Accreditation Council for Graduate Medical Education to encourage medical schools and residency/fellowship programs, respectively, to:

   A. Provide or facilitate the immediate availability of urgent and emergent access to low-cost, confidential health care, including mental health and substance use disorder counseling services, that: (1) include appropriate follow-up; (2) are outside the trainees' grading and evaluation pathways; and (3) are available (based on patient preference and need for assurance of confidentiality) in reasonable proximity to the education/training site, at an external site, or through telemedicine or other virtual, online means;

   B. Ensure that residency/fellowship programs are abiding by all duty hour restrictions, as these regulations exist in part to ensure the mental and physical health of trainees;

   C. Encourage and promote routine health screening among medical students and resident/fellow physicians, and consider designating some segment of already-allocated personal time off (if necessary, during scheduled work hours) specifically for routine health screening and preventive services, including physical, mental, and dental care; and

   D. Remind trainees and practicing physicians to avail themselves of any needed resources, both within and external to their institution, to provide for their mental and physical health and well-being, as a component of their professional obligation to ensure their own fitness for duty and the need to prioritize patient safety and quality of care by ensuring appropriate self-care, not working when sick, and following generally accepted guidelines for a healthy lifestyle.

2. Our AMA will urge state medical boards to refrain from asking applicants about past history of mental health or substance use disorder diagnosis or treatment, and only focus on current impairment by mental illness or addiction, and to accept "safe haven" non-reporting for physicians seeking licensure or relicensure who are undergoing treatment for mental health or addiction issues, to help ensure confidentiality of such treatment for the individual physician while providing assurance of patient safety.

3. Our AMA encourages medical schools to create mental health and substance abuse awareness and suicide prevention screening programs that would:

   A. be available to all medical students on an opt-out basis;

   B. ensure anonymity, confidentiality, and protection from administrative action;

   C. provide proactive intervention for identified at-risk students by mental health and addiction professionals; and

   D. inform students and faculty about personal mental health, substance use and addiction, and other risk factors that may contribute to suicidal ideation.
4. Our AMA: (a) encourages state medical boards to consider physical and mental conditions similarly; (b) encourages state medical boards to recognize that the presence of a mental health condition does not necessarily equate with an impaired ability to practice medicine; and (c) encourages state medical societies to advocate that state medical boards not sanction physicians based solely on the presence of a psychiatric disease, irrespective of treatment or behavior.

5. Our AMA: (a) encourages study of medical student mental health, including but not limited to rates and risk factors of depression and suicide; (b) encourages medical schools to confidentially gather and release information regarding reporting rates of depression/suicide on an opt-out basis from its students; and (c) will work with other interested parties to encourage research into identifying and addressing modifiable risk factors for burnout, depression and suicide across the continuum of medical education.

### 9.3.1 Physician Health & Wellness

When physician health or wellness is compromised, so may the safety and effectiveness of the medical care provided. To preserve the quality of their performance, physicians have a responsibility to maintain their health and wellness, broadly construed as preventing or treating acute or chronic diseases, including mental illness, disabilities, and occupational stress.

To fulfill this responsibility individually, physicians should:
(a) Maintain their own health and wellness by:

(i) following healthy lifestyle habits;
   (ii) ensuring that they have a personal physician whose objectivity is not compromised.
(b) Take appropriate action when their health or wellness is compromised, including:
   (i) engaging in honest assessment of their ability to continue practicing safely;
   (ii) taking measures to mitigate the problem;
   (iii) taking appropriate measures to protect patients, including measures to minimize the risk of transmitting infectious disease commensurate with the seriousness of the disease;
   (iv) seeking appropriate help as needed, including help in addressing substance abuse. Physicians should not practice if their ability to do so safely is impaired by use of a controlled substance, alcohol, other chemical agent or a health condition.

Collectively, physicians have an obligation to ensure that colleagues are able to provide safe and effective care, which includes promoting health and wellness among physicians.

**MAG Policy**

None