

We All Need Some

{ TLC }

By Dr Gillian Lim



LEGEND HAS it that it happens to everyone. Even the most respected professors have weathered through it. What is *it*, you ask? I am talking about burnout disorder (cue dramatic music). Please note that this can be further classified into minor burnout disorder and major burnout disorder in the “*Diagnostic Manual of I-Made-This-Up*”. It’s the most dreaded condition a physician could be plagued with, transforming the most enthusiastic, bubbly, caring, and conscientious doctor into a shadow of his or her former self.

Like any condition in our Oxford Handbooks, we need to be familiar with the basic aspects of this ailment. This article will thus provide a crash course on minor/major burnout disorder.

Epidemiology

This condition has equal prevalence among all genders and races. However, it has the highest incidence in the 23 to 30 years age group – ie, house officers, baby medical officers (MOs), and all the way to senior MOs nearing the end of their bond.

Diagnostic criteria

1. Three or more of the following in a two-week period:
 - a. Complaints of lethargy.
 - b. Changes in mood from baseline (low, irritable, or overly elated).
 - c. Poor sleep and large eye bags.
 - d. Dealing with existential issues.
 - e. Restlessness in job.
 - f. Hair loss.
 - g. Transient thoughts of “why am I not a banker/businessman?”
 - h. Hopelessness of “why am I on call again?”
2. Displays evidence of functional impairment in one or more domains of life:

- a. Reduced social interaction with humans of choice.
 - b. Poorer quality of handwriting in notes.
 - c. Decreased ability to meet Joint Commission International standards.
 - d. Lesser interaction with journals and textbooks.
3. No evidence of other more serious conditions such as major depressive disorder, anxiety disorder, substance use disorders or a general medical condition.
 4. Specifiers:
 - a. Minor burnout criteria are met if impairment is localised to one domain.
 - b. Major burnout if you can’t even be bothered to count.

Treatment

My guess is that most people with burnout won’t be reading this, but in case you are, or you know of someone, suffering from this disorder, the following methods are some woolly, non-evidence-based ways to achieve remission.



Using a biopsychosocial approach to treatment:

1. Biological:
 - a. Initiation of regular low dose oral ethanol-based or non-ethanol-based beverages of choice (my preference is Meiji Chocolate Flavour Milk 1L, if I am feeling hardcore).
 - b. For breakthrough agitation, consider Haribo gummy sweets or chocolates as needed.
 - c. Start low and go slow.
 - d. Beware of toxicity especially with alcohol.
2. Psychological:
 - a. Cognitive behavioural therapy (to tackle negative cognitions such as “I am a useless doctor” or “I am never going to pass my exams”).
 - b. Assertiveness training (in cases where burnout is due to inability to say “no” to arrows).
 - c. Korean drama therapy (usually more effective in the female gender).
 - d. Cartoon therapy (don’t judge!).
 - e. Music therapy (have found



results with Ellie Goulding, negative effects with certain Disney stars).

- f. Bibliotherapy.

3. Social:

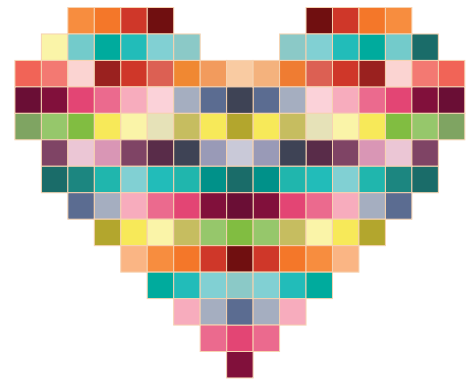
- a. Consider planned or impromptu trips abroad that are not for the purpose of exams.
- b. Schedule meals and gatherings that are not related to exams with loved ones.
- c. Stay up late doing random non-exam stuff (eg, computer games? YouTube!).
- d. Take up a hobby that is not related to work or exams (eg, knitting, cooking, baking or painting).

Prognosis

Fair. Most people are able to see positive responses within one to two weeks of treatment. More persistent cases may require use of multiple modalities of therapy simultaneously and more co-therapists.

Conclusion

I think the bottom line is that we are not alone. We enter this profession bright-eyed and bushy-tailed; full of hope and good intentions to dedicate our lives to serve others – mayhap a tad too idealistic.



Along the way, we meet obstacles and challenges that lower our morale, and send us crashing down to earth. We get burned out, jaded, and weary. We wonder why we ever started on this journey and how we can carry on.

If I were a betting sort of person, I’d put my money on the legend being true. Burnout is unfortunate, but perhaps an inevitable part of learning to be an effective physician. It is a terribly unpleasant feeling that may make us question our purpose in this field.

Can we get past it? Yes, we just have to look around us and see that there are seniors among us who remain passionate about their work and their patients. There is hope for us yet.

So what can we learn from it? Maybe burnout is a way for our body to tell us that the balance of our lives is wrong. It is true, we may have examinations, insane calls, unreasonable patients or demanding workloads; but there is life and family outside work, and we are responsible to ourselves for maintaining this equilibrium. A journey is a long one, a marathon if you like. We need to pace ourselves and take breaks to complete it safely. We are doctors, but we are still humans. Before caring for others, we need to first care for our own bodies. So why not start by showing yourself a little TLC today? ■



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