

CMA must address physician burnout, pharmacare, say doctors

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Doctors called for urgent action on physician burnout and universal pharmacare at the Canadian Medical Association (CMA) General Council meeting in Quebec City.

It's estimated about half of physicians and medical trainees are burned out, with rates ranging as high as 75%, depending on the study. Doctors also face higher rates of suicide than the general population, with one doctor completing suicide each day in the United States, said Chris Simon, an advisor at CMA.

Some doctors attributed the problem to increasing system pressures on the profession. "We have to help individuals to face the constant fight with the system," said one New Brunswick physician.

Dr. Dan Horvat, a British Columbia family physician, argued that restoring

"autonomy, mastery and purpose" to the profession would go a long way to combatting burnout. "My sense is over the last 10, 20 or 30 years, there's been a breakdown in the way the profession is working with others in the system," he said. "We don't feel as respected, we don't feel as valued and that becomes morally challenging."

Others pointed to [decreasing respect within the profession](#) as a major stressor. "In the last few weeks, I've publicly shared some of my views and asked questions around the incorporation and tax change discussions, and unfortunately, I've had quite a lot of personal attacks in response," said Dr. Ritika Goel, a family doctor from Toronto. "I think it's coming from physicians feeling like they're under attack from governments."

Medical students and residents identified the transition between training and practice as a particularly vulnerable time.

An average 37% of medical students are burned out at any time, said Dr. Franco Rizzuti, president of the Canadian Federation of Medical Students. By the beginning of clerkship, that rate rises to about 50% – the same level as practicing physicians. "What's happening in that training environment that's leading to burnout?" he asked.

Dr. Melanie Bechard, Toronto pediatrics resident, called attention to the growing mismatch between undergraduate medical education and residency. Increasing competition in the match has pushed many medical students to forgo protected vacation time to do extra electives. "I feel ashamed to admit this ... but that's something I did," she said.

Mounting distress, minimal supports

The recent suicide of a medical graduate and murder of a family doctor allegedly by her neurosurgeon husband also brought national attention to the many barriers to care for physicians in distress.

A Newfoundland physician noted that many of the supports developed for medical trainees aren't available to physicians in their first years of practice.

Medical students and residents stressed the importance of positive role-modelling by senior physicians and creating safe spaces to talk about difficulties.

However, Rizzuti cautioned that checks and balances designed to support struggling doctors often do more harm than good. "Having to go for regular follow-up, having to take time off, having to do this prescription of 'xyz' to get better, often



Too many physicians suffer burnout in silence and without support, said delegates to the Canadian Medical Association General Council.

penalizes them and adds to the stress,” he explained.

Increasing regulatory scrutiny of doctors with mental health difficulties also discourages those in distress from seeking help. “The regulatory arm has gone a bit too far,” said Dr. Lee Donohue, Ontario Medical Association board director. “We don’t have situations with bus drivers who take care of our children ... where information about their health is made public,” she said. “We don’t have it for teachers, for engineers ... and we should not have it for physicians.”

In the case of doctors who are victims of domestic abuse, establishing a confidential phone line may help reduce barriers to seeking help, said Dr. Jane Charters, an Ontario family physician.

Physicians push for pharmacare

Doctors at the emerging issue session also urged the CMA to take a stronger stance in support of universal pharmacare. For several years, the CMA has called on the federal government to establish a cost-shared catastrophic drug program as a first step toward a universal program.

But Dr. Danyaal Raza and others at general council argued their patients can’t wait for incremental increases in drug coverage.

“One in four Canadian families is unable to fill prescription drugs because of costs,” and this leads many patients to skip medications, leading to “admissions and readmissions to hospital,” Raza said. “We need to step up and ask for universal coverage now and not in 10 or 15 years.”

Recent studies have made a “very strong case” that introducing universal pharmacare would “not only improve access and extend prescription medications to all residents of Canada, but actually [save billions of dollars](#),” he said.

Others urged the CMA to take advantage of the current “policy window” ahead of the next federal election. “We have the premiers who have come together and are putting out a request to the federal government to come to the table to work on pharmacare,” said Dr. Monika Dutt, a Cape Breton family physician.

Bechard agreed the organization has a “wonderful opportunity to do something that works for both cost and morality.”

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