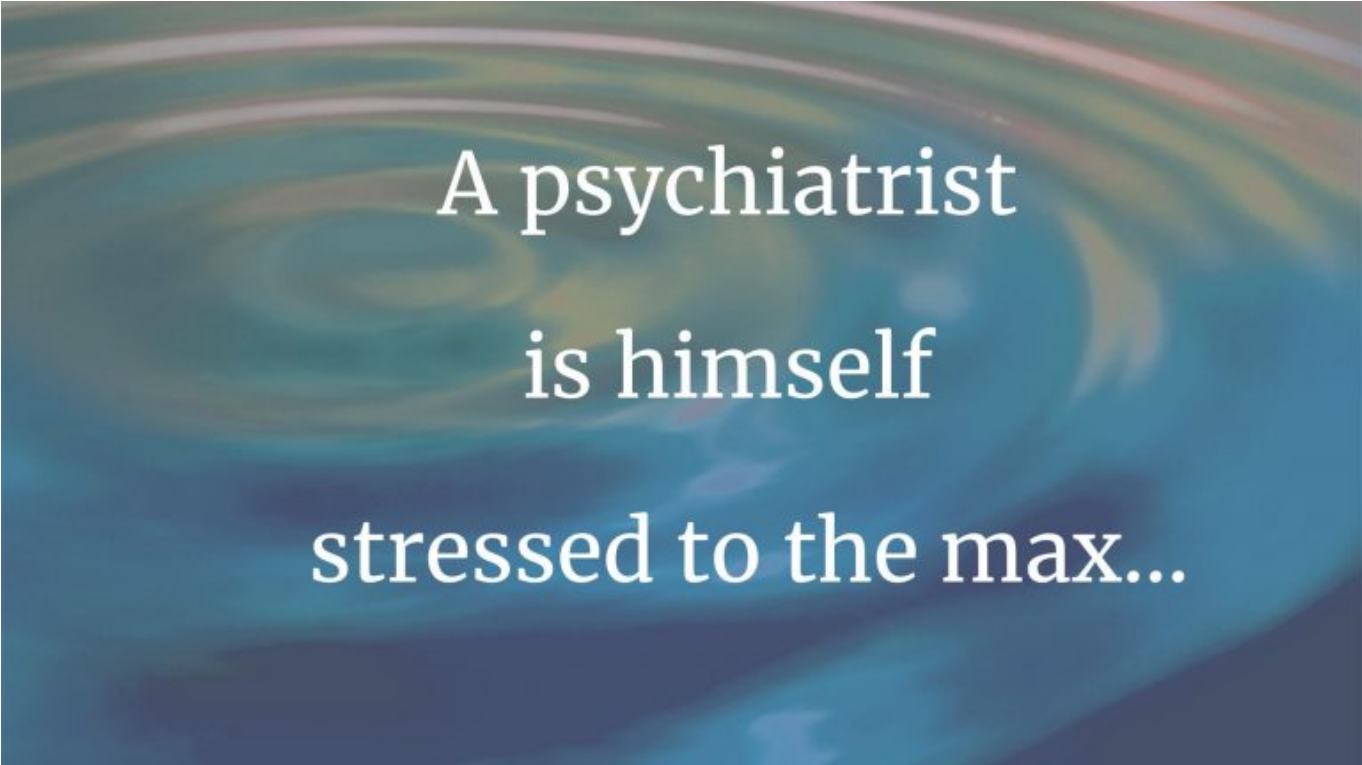


Burned Out

Category: Stories

written by David Janeway | May 28, 2020



A psychiatrist
is himself
stressed to the max...

It's been five months since I left my position as a psychiatrist and medical director, and like everyone, I'm wrestling with questions about how COVID-19 has changed our lives, maybe forever. As I read the news and hear from my former colleagues, who've had to quickly ramp up to deliver telepsychiatry, I feel a mixture of emotions: fear and concern for my former patients; guilt that I've left my colleagues behind to fight on without me; and uncertainty over how I can best help out in this crisis.

If helping were as simple as picking up my old job again, that would be an easy call. Unfortunately, it's not that simple. Whenever I try to imagine going back, I'm flooded with memories of the severe burnout that forced me to retire.

In thirty years as a practicing psychiatrist, I often treated patients (including healthcare providers) who were suffering from burnout—that dreaded combination of mental, emotional and physical exhaustion, brought about by prolonged or overwhelming stress. But I never thought that I would fall prey to it myself.

Then, on January 31, 2018, out of the blue, I suffered an attack of terrible kidney pain that sent me to the ER. It turned out that malformed blood vessels in the pelvis—a congenital abnormality—were blocking my urinary tract and causing a dangerous swelling of my left kidney.

After a few days in the hospital and several failed attempts at placing a urinary stent, my doctors sent me home with a thin tube running from my kidney and out of my flank to a plastic bag, to drain my urine. It took several months of chronic pain, more procedures and another hospitalization before my doctors finally succeeded at relieving the blockage and restored my

kidneys to normal functioning.

Looking back on it now, I can see the role that stress in my work life had played in bringing on my illness.

For almost eight years, I had been medical director of a psychiatric division I'd created within a large group practice—325 physicians serving more than 300,000 patients. It felt especially meaningful to make mental-health treatment an integral part of our patients' care because, as a teenager, I had seen my own mother's struggles to get psychotherapeutic support during her battle with breast cancer.

Directing the division brought many responsibilities, and as much as I loved my position, I found it increasingly difficult to keep up with the overwhelming demands. As the only psychiatrist for adult patients, I had a growing panel of patients whom I could only see for brief medication visits, which made it impossible to practice in a holistic way consistent with my training.

Again and again, I asked the administration to hire more psychiatrists. But because mental-health services aren't well reimbursed, my pleas fell on deaf ears. It felt as if I would never be able to provide the care that was needed and also generate a profit.

I was in a bind. Then—seemingly out of nowhere—came my sudden, debilitating illness.

Looking back, I realize that my body had been sending me warning signals for years. I remember feeling numb a lot of the time. Despite practicing tai chi and meditation to reduce my stress, I'd grown more moody, anxious and depressed—a fact that my family had been commenting on for at least a year. My wife and friends had complained that I didn't want to talk much and had seemed more withdrawn.

As soon as I could after the onset of my illness I returned to work and soldiered on for a while, but finally had to admit that I wasn't up to the task. I reduced my hours while my organization and I searched for a replacement. It was eighteen months—an eternity—before I could pass the baton to a new medical director.

For me, those months were full of unexpected afflictions: fatigue, lack of stamina, post-traumatic stress symptoms and, most disturbingly, impairments in my concentration and memory that made it hard to recall the details of my hundreds of patients.

Experiencing what it was like to be “on the other side,” as a patient, I found even deeper compassion for patients who, like me, were struggling with chronic pain or severe medical conditions. I felt so grateful for the loving support of my colleagues and family; without them, the journey would have been even more harrowing.

In part, I know, my burnout stemmed from my fight to make a difference for my patients in a system where treating mental illness is undervalued—even stigmatized and discriminated against. I've always believed that part of my role was to advocate for my patients' access to adequate and equitable mental-health services. Sadly, though, I've become disillusioned with the present practice of psychiatry and don't have the energy left to fight these battles anymore.

It's now been five months since I retired, and the COVID-19 pandemic has overtaken us all. I feel torn over how best to help out during this crisis. I keep flashing back to my illness and to how profoundly uncertain I felt, not

knowing when it would end. Is it wrong, now, to devote myself to caring for my family, who sacrificed for me all those years, and to give them my support as they work from home amid the pandemic? Should I feel guilty about having more time to focus on my health, which includes playing music and appreciating the beauty of nature?

I do worry about how our country will address the threat of burnout faced by the doctors and nurses now on the front lines, not to mention the millions of patients affected by this virus. Given the shortage of psychiatrists, many of whom are approaching retirement age, the risk is especially concerning. I was heartened to see the *New York Times* recently run a front-page article on burnout, and I feel encouraged at the growing awareness and understanding of its dangers, and at the emergence of programs to keep healthcare workers from reaching the point I did.

I never expected to stop practicing psychiatry at age sixty-four. I do feel a calling to heal the sick amid this pandemic, and so I hope that someday soon I may feel restored and able to care for patients again.

About the author:

David Janeway is an assistant professor of psychiatry at New York Medical College, in Valhalla, NY. He has maintained a second career as a jazz pianist and composer (davidjaneway.com). "Playing jazz is like doing psychotherapy: Both involve the art of compassionate listening and responding creatively in the moment. As for writing, one silver lining of my early retirement has been finally having the time to write. From early in my career, I've been inspired by physician authors such as Richard Selzer, Rachel Naomi Remen, William Carlos Williams and Atul Gawande. Writing is like playing music; both are essential to keep the creative juices flowing. Without free expression, we cannot truly connect with one another at the deepest levels."