Research Canada, we will continue to expand the breadth of expertise of our research team in order to respond to the evolving needs of patients, and to harness the opportunities that arise from new trends, such as big data, artificial intelligence, and smart technologies. We will also continue to tackle health inequities affecting people living with arthritis, especially Indigenous peoples, so that all Canadians regardless of race, ethnicity, or social circumstances, have access to the care they need and the best care available. And of course, we will continue to invest in the future of arthritis research by training and mentoring the next generation of arthritis research scientists.

Diane Lacaille, MD, FRCPC, MHSc
Mary Pack Chair in Rheumatology Research
Professor of Rheumatology,
University of British Columbia
Senior Research Scientist,
Scientific Director,
Arthritis Research Canada
Richmond, British Columbia

Burnout and the Rheumatologist

By Lester Liao, MD, MTS

Rheumatology is not often thought of as a particularly busy or stressful specialty. When we think of burnout, our mind jumps to high stress, acute disciplines that afford less control. Emergency medicine. Critical care. So, it may seem unusual to consider the problem of burnout for the rheumatologist. Are we not, after all, the best discipline?

For what it's worth, the annual Medscape Rheumatologist Lifestyle Happiness and Burnout Report suggests we tend to be less happy than the average physician at work, happier than the average physician outside of work, and roughly 40% of us are burned out.[1] By far the biggest contributor is bureaucratic tasks, which include charting and paperwork. The data aren't perfect, but they provide a springboard for at least two brief observations for rheumatologists.

First, we are not immune. This would seem obvious (no less because we pride ourselves on our understanding of immunology), but it is worthwhile to emphasize since we have a tremendous capacity for self-deception.[2] Low stress does not effectively mitigate burnout because the suspected etiology is unrelated. And we deal with an unusual batch of drugs and diseases. Our consults and charting are perhaps a touch more detailed, and from one Exceptional Access Program to the next, we have our fair share of forms. At the most superficial level, reducing tasks of this nature would be a fine place to start.

But second, and more importantly, clinical interest is not enough to banish burnout. I presume many of us joined the ranks of rheumatology due to genuine curiosity. We attract a particularly cerebral group. But that earnestness, which I see persists in many colleagues even over decades, provides little drive to continue with the paperwork, the meetings, the electronic medical records (EMRs). We need something more riveting. And this lies in the humanity of any practice. A disease is interesting, but a person is inestimable. This is of particular relevance for the rheumatologist, whose orientation toward medicine is at least mildly skewed toward a fascination with pathophysiology. The orthopedic surgeon has a different tendency on her hands. But for us, we must be mindful of this pitfall. If our goal is in satisfying curiosity, in gathering data, or even in the cure, we have missed the mark. This makes the patient a means to an end.[3] And when the patient is subservient to another goal, the heart atrophies. Chronic pain becomes a nuisance, paperwork a drag. These issues become impediments to the thing we want or need. And this, in my mind, is the deeper issue at hand.

The process, of course, is subtle. But it is inevitably present, and I recognize it in myself. Yet if my child were ill and needed paperwork, it'd be completed in a flash. The human element is overpowering. Certainly, we must take other measures to reduce burnout. But there are things the surveys have trouble capturing. The totality of our work resides in the patient before us. Lose this vision, and our work will always leave us numb and disenchanted. Remember it, and we may know we've changed a life forever.

Lester Liao, MD, MTS
Pediatric Rheumatology Fellow, Hospital for Sick Children,
University of Toronto
Canadian Liaison,
International Doctor as a Humanist Association
Toronto, Ontario

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