

Earning our Patients' Trust

Rebuilding the physician community during a pandemic

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hy do we do what we do? What truly matters to us? What do we look forward to? How do we maintain hope when there is apparently not enough of it to go around?

I asked myself these questions during the pandemic. While far from over, it has catalyzed many things, including why we as healthcare providers would willingly choose to endure the moral injury of COVID-19, let alone the physical and physiological.

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Truth be told, at the start of the pandemic, when it wasn't exactly clear how to best prevent the transmission of disease, I truly feared I was going to die. I bought all the N95 masks I could on eBay. My wife made me a face shield that now belongs in a museum of antiquity. Nevertheless, I did not shy away from working full-time on the inpatient psychiatric unit at Cheyenne Regional Medical Center. I did not personally regularly encounter COVID-positive patients as our unit policy was (and still is) not to bring over any patients requiring inpatient psychiatric hospitalization to our unit until they tested negative, exposures still occurred and the fear and uncertainty in our unit was palpable.

We are now at a very different time as compared to the beginning of the pandemic. COVID-19 has placed immeasurable burdens on all of us, our staff and our families. As healthcare providers, we are admittedly allto some extent or other-burned-out. While it comes in various forms, some more insidious than others, it is something that the pandemic has made dreadfully worse.

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A recent 2021 Survey of America's Physicians indicated that 80% of US physicians were impacted in a variety of ways by COVID-19, and that the pandemic continues to negatively impact the well-being of physicians and their patients a year later. Half of physicians surveyed experienced reduced income within the past year, a third experienced staff reductions, and nearly two-thirds experienced burnout, which is over a 50% increase since 2018.

As a psychiatrist, I prefer to prevent the onset of burnout and to alleviate the severity of it. Oftentimes the best approach to reducing burnout is a multipronged approach. Certainly therapy and/or medications may be very helpful. Equally, if not more beneficial, are peer

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support groups and evidence-based professional training such as resilience training. Best is to preemptively teach students and residents in training about burnout symptoms and prevention, before it may be too late.

Poor physician well-being is consistently linked

to poor healthcare outcomes. The aforementioned survey found that "it is in the public's interest to help maintain physician well-being and lower levels of physician burnout because healthy, engaged physicians generally provide better care than unhealthy, disengaged physicians." Let's amply restore the bi-directionality of care in healthcare by encouraging our patients and more elements of our healthcare system to also care about us. We live in a world where we may simply have to earn our patients' trust as opposed to assuming that they will automatically believe in the rigor and merits of

both our medical training and the preponderance of the scientific evidence.

If anything, the pandemic has taught us valuable and humble lessons in that if we weren't as resilient before, we ought to become more and more resilient going forward. Our own attitudinal, professional development and training is not enough, however. We need to train our patients to love us again and to restore their faith in our medical profession. We cannot ever take for granted the patient-doctor relationship.



Therefore, the clarion call to foster a truly therapeutic alliance between our patients and ourselves has never been more sorely needed. We can hope to reduce our individual burnout as providers by engaging in some of the highest coping mechanisms known to humankind, including humor, sublimation and altruism. Keen and active participation in civic life in our own communities and at the state level is one fulfilling way to do this.

In addition to connecting all of us, the Wyoming Medical Society plays an instrumental role in organizing our collective patient advocacy and self-advocacy efforts. I believe the WMS offers both formal and informal avenues to markedly decrease the potential for burnout to occur. Whether it is looking me up in the directory and letting me know how you're doing and how I can best help, to taking advantage of the Wyoming Leaders in Medicine program, a genuine highlight of my life, the WMS is here for you! Together, Let's Make Medicine Great Again!

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