

Open Letter to a Burned-Out Intern

Dear Doctor,

I'm writing this letter to you to say the things I wish someone had said to me 5 years ago. I will not pretend to understand everything you are going through—nobody can—but I suspect we have enough in common that at least parts of this letter will ring true and, more important, bring you comfort.

I commend you for making it this far—for picking up this journal or clicking on this link in whatever stolen moment you have managed to do so. Perhaps you are reading this sitting among your colleagues as your attention strays from grand rounds or alone in a call room with your EHR open in the background and a pager buzzing on your hip. It tells me that you haven't given up, that some part of you is still searching for answers and hope. Last year, the World Health Organization defined *burnout* for the ICD-11 as an “occupational phenomenon” that results from “chronic workplace stress that has not been successfully managed” and is characterized by exhaustion, cynicism, and reduced professional efficacy. If you have already diagnosed yourself as “burned out,” I'm glad you are reading this. (If you are one of the lucky few who remain happy and well-adjusted during their first year of residency, I'm glad you're reading, as well. Consider this a glimpse into the lives of your hollow-eyed, overwhelmed, cynical colleagues.)

I want to begin by reminding you who you are. I can say with confidence that you are intelligent, accomplished, and ambitious. You have jumped hurdle after hurdle and beaten the odds to be where you are. And despite how small and incompetent you feel now, the numbers don't lie: You are exceptional. I know there are days when you feel like a failure, a fraud, an imposter in your white coat. This is because you know how much you don't know, and this is a strength.

You are also altruistic. If you weren't, you would have applied your discipline and talents to a different career, perhaps one that provided a six-figure salary right out of college. Instead, you invested a decade of your life in pursuit of a career serving others. I know that you begin to doubt your choice when you see friends who chose another path buying houses, starting families, and enjoying every weekend off. Don't. You have chosen an honest and noble profession, one in which you can both do good and do well. No matter how menial your daily tasks feel or how the fog of burnout makes you feel that it's all for naught, I promise you that you are doing work that matters.

These qualities apply to many doctors; however, you, doctor, are different. You are sensitive. You notice things—the condescension in a consultant's voice, the cringe on your senior resident's face as you stumble through your differential, the oblivious cheer in the voice of a patient who is about to receive bad news and has not been adequately prepared. You feel for your patients. You worry about them as you drive

home. You take deaths personally. You take everything personally. Perhaps word has spread within your program that you've cried on long call or at a code blue or after a surgeon yelled at you. (I have done all three.) This does not make you “less than”; it makes you human and, in most cases, a kinder, more compassionate physician. Your sensitivity sets you apart from others, and treating it as a weakness is a disservice to you and your patients.

I know being sensitive can be exhausting and that there are times when you don't feel that you have the emotional bandwidth to be present and engaged with your patients. Your exhaustion will tell you to skip the family meeting, push the admission off on the night float, not bring up the code status, avoid getting too close to a patient who's going to die. This isn't who you are; it's a survival tactic. And I can tell you from experience that it doesn't work. The less often you engage, the less you learn, grow, and take pride in your work. Moments of authentic connection with patients and colleagues are the sweetest fruits of our labor. Avoidance will only rob you of this fruit and sink you farther into the dark hole you are already in.

Please remember that it is all the qualities that I describe here—being driven, sensitive, compassionate, and conscientious to a fault—that make residency such a minefield for you. You are deeply human. When faced with suffering, it would be near impossible for you not to suffer, too. Low mood, hopelessness, poor sleep, loss of appetite, difficulty concentrating—I know you recognize these as telltale signs of clinical depression, the ones you memorized in your first years of medical school and that you now exhibit in your first years on the wards. You will probably resist this diagnosis, as will many of the people around you, because unfortunately even we (and our state medical boards) are not impervious to the stigma that comes with mental illness. Do not deny yourself the same therapies and treatments you would recommend to your patients. Doctors are never taught how to be patients, but healers sometimes need healing, too.

Do not allow anyone to place the blame for your burnout or depression on you. Perhaps you will be told as I was that residency has a way of unmasking mental illness. I took this to heart and sought help, but this particular phrase haunted me for years. It exemplifies a false and dangerous message that you will be sent over and over when you seek help: that it's you. You have an underlying mental illness. You failed to sleep enough or eat enough or work efficiently enough to “successfully manage” your stress. You have always had this depressed, apathetic malcontent lurking within you, and residency has simply brought her to the surface. The truth is that burnout is an occupational hazard. It is not an inherent defect within you. It is a direct result of a training environment that chips away at your physical and emotional well-being. (I know the irony of this is not lost on you, doctor.) We as a profession have de-

terminated that this level of dedication and rigor is imperative for preparing doctors to gain the knowledge and experience to practice safely, but I hope that someday we can also admit that those who survive this process unscathed are the exception and not the rule.

Remember that you are not alone in this. The prevalence of burnout among residents is estimated to be between 35% and 77%, depending on specialty. Thousands of young doctors feel the way you do right now; they are just better at hiding it. I know there are days when you'll have to convince yourself to get out of bed, leave your car, and walk into that House of God. Days when you see an empty bed in the ER and wish you could lie down in it; take a nap; and run a liter of fluids into your scrawny, dehydrated potato chip of a body. Days when you snap at nurses or colleagues in ways you're later ashamed of because you hardly recognize yourself. I promise you, doctor, all of these days will pass. Your illness is self-limited, not terminal. I promise you, doctor, it gets better. The rigor of training eventu-

ally ends, and there are countless ways to practice medicine beyond it. Your vulnerabilities now will someday become your strengths. When it feels like residency has broken you, recall Hemingway rather than Hippocrates and remember that someday you will be stronger in the broken places.

Sincerely,
A Formerly Burned-Out Intern

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