

Letter to the Editor

Recognizing and Preventing Burnout among Orthopaedic Leaders

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Published online: 22 January 2009

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Dear Sir:

The article by Saleh et al. regarding surgeon burnout is particularly interesting during this time of managed care [1]. In the past, surgeons experienced pressures primarily from issues related to quality of care, quality of their surgery, and results obtained. Managed care introduced increasing pressure from hospital managers, the financial industry including insurance companies, marketing from material producers, and lawyers and litigation. The managed care system that gained popularity in the 1980s in the United States was slowly introduced in France. As in the US, it has had similar consequences on decreasing resources for care, increasing expenses in public health, new regulations for quality control, requirements for expertise, and administrative empowerment. It also has increased surgeon stress leading to burnout. Saleh et al. have presented important data on this phenomenon [1] and have suggested different preventive and therapeutic ways to deal with managed care and decrease surgeon burnout, including increasing productivity, increasing numbers of surgeons in groups, and efficacy.

May I suggest another method to decrease stress? Other than seeing an analyst, it is to write a book. I recently wrote a book titled, “*Chirurgien au bord de la crise de nerfs*” [2], which could be translated into English as “Surgeon close to

burnout”. I attempted to explain the details and difficulties of our profession to the general public. I described in lay terms some surgical procedures. I explained how the fear of judges progressively replaces the fear of malpractice. In each chapter, I concentrated on a subject that contributes to our stress, such as quality control systems, cost containment programs, debates regarding nosocomial infection, and increasing litigation, and for each of these subjects, I explained how they are beneficial for insurance companies, lawyers, for-profit companies that own hospitals, and manufacturers of supplies, but in no way are beneficial to quality control, cost containment, or surgeon efficacy. I recently underwent a liver transplant and I used this difficult episode in my life to increase empathy with potential readers, to show them I am not an arrogant surgeon as many frequently imagine, but a regular patient who also has suffered with this system of managed care as everyone else has.

References

1. Saleh KJ, Quick JC, Sime WE, Novicoff WM, Einhorn TA. Recognizing and preventing burnout among orthopaedic leaders. *Clin Orthop Relat Res*. 2008 Nov 22 [Epub ahead of print].
2. Sedel L. *Chirurgien au bord de la crise de nerfs*. Paris, France: Albin Michel; 2008.

(Re: Saleh KJ, Quick JC, Sime WE, Novicoff WM, Einhorn TA. Recognizing and preventing burnout among orthopaedic leaders. *Clin Orthop Relat Res*. 2008 Nov 22 [Epub ahead of print]).

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