

Burnout in the intensive care unit: Beware of turning to ash!

Sir,

I must congratulate the editorial team, reviewers for timely publications about a very important issue regarding burnout syndrome in medical professionals.^[1,2] In India, situations are very diverse and different depending upon the hospitals location, ownership, admission policies, etc.

As mentioned by authors, while work stress is not synonymous with burn out - it can be its precursor. Scenarios in government intensive care units (ICUs) (which are the

only ICUs available for the majority of the population) are very different and merit discussion here.

Number of patients deserving intensive care exceeds the capacity of ICUs at all times of the year. Managing patients here pose a huge challenge of triage, resource allocation, and financial constraints. In these units, which are practically managed by resident doctors are often poorly staffed with limited availability of ventilators, monitors, and trained nurses.

Pressure from politicians insisting on ICU admission for some patients adds to the tremendous work stress already faced by doctors here. This many times lead to situations where ICU bed remains occupied by moribund patients, while admission is denied for completely treatable young victims of serious tropical infections such as malaria, dengue, and leptospirosis. This creates a sense of guilt and frustration that potentially affects the working capacity of the resident doctors.

Private hospitals can enjoy the freedom of keeping affording patients and referring terminally ill and complicated cases to the government ICUs. Resulting high mortality rate can be very demoralizing for a young physician who is about to start his career as internist.

Apart from physical exhaustion, this emotional exhaustion may also underlie the high incidence of life-threatening medical problems ranging from drug-resistant tuberculosis to premature coronary artery disease in medical professionals. This has already taken a significant toll of young medical workforce in India.

High incidence of premature coronary artery disease is well-known in physicians, cardiologists, and cardiac surgeons and is often attributed to the work stress. The origin of this may lie in the "work-satisfaction dissociation" that is, increasing day by day due to corporate involvement in the health sector. Doctors working in these set ups have "pressure to perform" not in the best interest of the patient, but for profit of the hospital. This has already replaced the gratifying experience of "healing our patient" by unhealthy competition, serious ethical violations and resulting burn out not only impairing delivery of healthcare, but also harming physicians' own health.

Working as a physician in remote areas of Maharashtra since last 37 years of my career, treating life-threatening tropical emergencies without access to modern ICU gadgets, counseling grieving families, researching on the rural health problems - I had often times encountered

challenging, stressful situations. However, I can't imagine getting myself burnt out - given the fact that my work earns for me such divine satisfaction that money can never buy.

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