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OPINIONCOMMENTARY Follow

Doctors Are Losing Their Calling

The sanctity of the medical profession has been lost to corporate centralization and burnout.

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Mass General Brigham in Boston.

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Boston

Physician-trainees at Mass General Brigham are attempting to unionize. If they succeed, the union would be the largest of its kind in the country with more than 2,500 members, joining the estimated 15% of U.S. medical trainees who've assembled under the Committee of Interns and Residents in recent years. At the center of the doctors' unionization efforts is a desire to reclaim their identity as service-driven providers and to fight for the autonomy and fair working conditions that they've lost as their profession becomes more commercialized and centralized.

Doctors are proud of their occupation's mixture of sacrament and science in service to society. Urbanely trained at universities, these learned professionals once left the city to settle into solo practices or small partnerships in the towns they served. This autonomy

allowed them to charge patients what they could afford—some more, some less and some not at all. Meanwhile, their authority allowed them to advocate effectively on behalf of their patients, even on nonmedical matters. Their familiarity with their neighbor-patients encouraged participation in the community, both economically and socially.

But as teaching hospitals were subsumed into larger corporate systems, and healthcare grew more expensive from the mid-20th century onward, hospital systems lobbied for policies that created a regulatory environment too thick and expensive for private practitioners to remain solvent. For doctors, hospital-acquired practices held the promise that as employees they could forget about red tape and bottom lines because the hospital would handle it. Doctors would purportedly get to focus on practice instead of administrative tasks.

Now nearly three-fourths of doctors in the U.S. are employees of a corporate entity and, increasingly, both patients and physicians are finding hospital systems to be as obstructionist as insurance and pharmaceutical companies. Most physicians' time isn't spent with patients but on the administrative burdens they were trying to avoid. A 2016 study in the Annals of Internal Medicine found that doctors spend two hours on desk work for every one hour with patients.

As healthcare centralizes into denser urban areas, employed physicians have been cleared from towns and communities. This phenomenon isn't merely brain drain or the shuttering of small businesses—it's a loss of an important member in a town's social fabric. Big-box medicine then constrains a doctor's hours, scope and place of practice, among other things.

While the doctor's autonomy has shrunk, a new problem has grown: burnout. Emotional and physical exhaustion is one of the major drivers of unionization efforts. Physician-trainees work 28-hour shifts and 80-hour weeks, averaged over four-week intervals—at least on the program directors' books. Rates of depression among physician-trainees are around three times as high as in the general public. The rate of suicide among female physicians is up to four times what it is among women in other professions.

Sigmund Freud said a meaningful life comes with work and love. The moral exhaustion at the heart of burnout is a love turned to loss. Doctors are being made to work for protocols, not patients. They may be called "residents," but, for many, the hospital is no longer a home.

The sentiment of a doctor as "learned professional" smacks of noblesse oblige. But physician-trainees, who suffer from poor working conditions and lack of resources, feel none of the nobility and all of the obligation.

Most jobs start when you clock in and stop when you clock out. A precious few occupations are also callings. For now, being a doctor is one of them. Today's growing unionization trend is an effort to preserve the sanctity of the profession. By renegotiating their contracts, doctors are fighting to better keep their oath with society.

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