



Professional burn out

Several weeks ago, I met two of my good doctor friends. We had not seen each other for many years, not, in fact, since we left university three decades ago. It was great fun to talk about the past and present, sharing old jokes, fond memories and a kind of nostalgia for youth, freedom, relative poverty and the simplicity of the student lifestyle. It was so interesting to see which direction of professional development my friends had chosen. One of them had always been very intelligent and a good student; not good at sports but good at reflecting. He had chosen to be a children's psychiatrist. He is now Head of a Child Psychiatry Department with 17 beds. The other one, always a bon vivant surrounded by the most beautiful women and not such a bright student, had chosen general surgery. He was always good at sports and at teamwork and I remember his taking the lead in group efforts and projects. One of them was the organization of a weekend of mountain hiking, which we enjoyed enormously. And then me: a good student with aspirations for the sciences, a PhD in Oncology and now working in a hospice and palliative care. "Palliative care?" asked both my friends at the same time. "Isn't it very depressing for you always to see your patients dying?" asked the psychiatrist. "I wouldn't be able to cope and would end up somewhere I would not like to be....". "Awful", said the surgeon, "not being able to cure, always watching people dying in excruciating pain...". The child psychiatrist was more interested in what I was doing. He even suggested that if he needed to choose his specialty again, he would choose Palliative Medicine. The reason why he had not done so was simply that this specialty had not existed three decades ago. He told us that he was frequently very depressed himself about his work. The children on his ward were becoming more and more demanding and difficult; their social background more and more complicated. The prognosis for childhood schizophrenia is quite poor. Each night he is on call, he deals with children harming themselves on the ward. He is forced to be indifferent, to put aside all his emotions, but he can not. At least he can not any more. Is he contemplating changing his specialty, I wondered, a decade before retirement? This will be a very difficult task to undertake at his age and he must be desperate by now.

And then we both looked at our friend the surgeon. He told us that he needed stress to live, with hard work and physical exhaustion. He also needed the adrenaline to rush through his veins simply to get out of bed in the morning. He does not have much pleasure in his work anymore. He has been divorced twice and has two children by different mothers. They do not have much contact with each other. He thinks he has already seen everything of interest in his specialty, has done every difficult operation one can think of and has been through many of his patients' and their families' complaints. He, as he said himself, has become immune to this. It does not touch him any more. He now lives from one break to the next, counting the days until his early retirement. I wondered if his liver will still be OK by this time.

If I compare this to the joy of my work in a hospice, I must say I have won the jackpot on the lottery. Every day is different, every situation challenging and new. With enormous experience gained over the years, I can create new things, teach and discover different approaches and new therapies. I have the feeling of working with fascinating people and receive a lot of appreciation from my colleagues, patients and their families. A patient's death is not a defeat but usually a welcome and good end to a laborious life, a good finish and a good start of a new life after bereavement. Is it not wonderful to participate in this and work like an obstetrician: not just bringing people into this world but saying goodbye to them, supporting them in their last journey and taking care of them and their loved ones?

With such joy, I have read the article by Krajnik et al in this issue about professional burn out. I recognize every word of it because my personal experience fits this science like a glove. Although most doctors think that Palliative Medicine is a specialty for titans, I can not remember many palliative care physicians leaving the specialty because of having burnt out. I remember many young colleagues coming and going, making other choices but this is a different matter. They are always welcome to "walk with us" for a while before making up their mind. But burn out? No.

So what is the secret of people working in Palliative Medicine? Are they special in some way? They do not cure people and, theoretically, they are missing this joy in their life. However, pathologists and radiologists also do not cure but may be very satisfied with their work.

I do not remember any pathologist leaving the service because of burn out either. However, I remember one important sentence I read in The Times in 2001. It was written by an oncologist, dying in a hospice somewhere due to cancer. He wrote: "You can not die cured, but you can die healed". Is this not the most important thing in our work? Although we do not contribute to a cure, we may contribute to healing at the end of life. Spiritual healing is to be understood, through appropriate pain control and meticulous attention to detail; meeting the patients and their families at the spiritual level by creating the space to die and to live until death. We may show them our own human face, by being ourselves, not pretending to be stronger than we are and yet not being plagued by complaints and court proceedings. Accepting death and working on the quality of the remaining life, how important that can be. A patient who comes to my hospice in excruciating pain might die a week later with a peace on his face, free of pain and amongst those whom he loved most. What can be more satisfying and invigorating than this?

When I described all this to my two colleagues, they watched me carefully. They did not say anything.

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