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PlanWell Financial Education Series

NH Physician Wellness Resources



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*The path to
healing is
neither simple,
nor quick, but it
is possible.*

Moral Injury: Rebuilding Community

Imagine yourself sitting with a group of colleagues, perhaps in a conference room. Look at your peers sitting to the left and right of you. With burnout rates near 60% in some specialties, one of those two is not doing well. Now include yourself and the person in front of and behind you. One of you may not be in clinical medicine in a year. But we should not be without hope of reversing this spiral of burnout and moral injury.

Some people use the terms interchangeably in describing physician distress, but framing burnout as the symptom, and moral injury as the cause is useful to envision a pathway toward healing. Moral injury is a term first used to describe the mental and spiritual distress suffered by soldiers resulting from wartime actions that violate their own deeply held moral beliefs and expectations. In wartime, the moral conflict is often about killing another human, but in medicine, the moral injury to clinicians is the result of an inability to carry out our mission to care for the sick and injured as a result of deep structural dysfunction in the health care system. It can feel agonizing to clinicians who are stuck in a no-win situation where outcomes are compromised by choices and decisions that must concede to business interests.

Corporations and regulators constrain clinicians with top-down mandates and self-serving policies in a system that is prioritized for-profit and volume of care, not clinical effectiveness or satisfaction. Clinicians are distanced from their peers by layers of administrative staff, Electronic Health Records, and a lack of time. How often is there room in our day to pick up the phone and speak with our colleagues about a patient's case without thinking twice that we may be interrupting someone's busy day? These barriers in healthcare are anathema not only to the collaborative needs of clinicians but also to relationship-based patient care, for which there is no substitute for time. The path to healing is neither simple, nor quick, but it is possible.



Health is not defined by the absence of disease, nor is well-being achieved simply by evading the clutches of burnout and moral injury. It would be naive to expect business organizations to generate solutions that serve the interests of providers and patients at the expense of profit and control.

Existing employee and physician wellness programs have by and large failed to fix the problem. Many clinicians are reticent to engage a solution developed by the entity that has created the distress in the first place. Institutional support may be disingenuous, not allowing time to participate or engage in meaningful organizational change. The stigma of mental illness is widespread and clinicians may fear the appearance of being unwell, or weak. Their distress is not from a lack of resourcefulness or resilience, but they may be suffering from depression, substance use disorders, stress, and relationship problems. There is a clear role in individual mental health treatment in healing healthcare workers as part of the solution to this crisis.

Thankfully we have a well-established, confidential NH Professional Health Program, and the Medical Society is rolling out its new LifeBridge Physician Wellness Program to make it easy for physicians to access confidential counseling without fear of professional repercussions, as we all work towards destigmatizing mental health treatment. Mindfulness practice, yoga, and exercise have a role in physician well-being but alone will not make a dent in the causes underlying the excessive distress facing clinicians.

If the solutions focus disproportionately on relieving the symptoms of burnout, the need for structural change will be overlooked. By nurturing a deep understanding and profound respect for our value as physicians, we can heal the healers and bring to the table a roadmap to change the institutional patterns that inflict moral injuries.

The key to success is participation. No one else can do this work for us. You may not be experiencing moral injury or burnout yourself, but I suspect that most have felt moral outrage at the invasion of the sacred space between patient and physician. You may not be the one who feels he or she has no choice but to abandon clinical practice, but odds are high that you'll soon suffer the consequences from the loss of a colleague or other valuable team member.

The altruism and compassion of our patient care activities must also define how we treat each other, and indeed ourselves. If we dispel the isolated suffering we have fallen into and cultivate a physician community rooted in mutual support, camaraderie, and activism we can right us on our chosen path and not only survive, but thrive at work, at home, and in life.

Whether you reach out to a struggling colleague directly, contribute to online forums or join an in-person group, we will strengthen our resolve to change from feeling powerless, to speaking up with a unified voice. We need to engage leadership that is willing to acknowledge the human costs and moral injury of multiple competing allegiances and hold them accountable for the healthcare work environment.

The NH Medical Society recognizes the urgent priority of physician well-being to individuals and supporting physician-led efforts towards social, economic, and political solutions to the causes of moral injury. To this end, we are reviving the standing Physician Health Committee and I invite any member of the Medical Society to be a part of laying the groundwork to reconnect our community of physicians in a post-pandemic world. For better or worse, the last two years have fundamentally shifted how individuals and groups interact through technology. So for starters, we will need to determine how best to connect, and take it from there.

Shared experience creates real connections, and I, for one, believe in the vast power of face-to-face storytelling. As Edward Tick, a psychologist, and author who treats and writes about healing military veterans with PTSD describes, "Like a hologram, one person's story extends into others to reveal the larger story of what happened to us all and what meaning we might discover in it." So, the next time you find yourself offering a bland "how are you?" to a colleague, turn it into an opportunity to offer the same compassionate listening that you extend to your patients. Make it a point to tell a story and listen to a story. Together, our narrative will shape the future of the practice of medicine. I hope to hear from you soon. ■



NHMS and Baystate Launch *PlanWell* Financial Education Series



New Hampshire Medical Society and Baystate Financial combine resources to create ongoing financial education and planning program

Physician burnout and the need for work/life balance are themes that are on everyone's minds. While the COVID pandemic has placed a great deal of stress on our health-care system, more importantly, it has placed an incredible amount of stress on the individual physician and medical professional. As spring returns to New Hampshire and we look to emerge from the "siege mentality" we have endured these past two years, NHMS leadership thought this would be an opportune time to provide members access to Baystate's *PlanWell* Financial Education and Advisory programs, customized to meet the needs of the NHMS physician community. Under the leadership of past Presi-

dent, Dr. Kenton Allen, in an effort to address the issue of physician financial well-being, NHMS has been working diligently with Baystate Financial to coordinate resources to build out a unique learning experience for our members. The result has been the integration of Baystate's *PlanWell* Financial Education series into our joint *Fiscal Fitness For Your Life* initiative. The series aims to assist physicians as they work to create the financial infrastructure that supports their overall well-being, which is fundamental to their ability to "experience deep satisfaction in the practice of medicine," a guiding vision of the New Hampshire Medical Society.

Participants in the *PlanWell* program can expect an intense learning experience. They will have the opportunity to gain practical knowledge about financial matters, which many physicians admit was missing from their medical school education and resident experiences. Unlike so many one-off events,

PlanWell is designed as a concentrated, interactive three session program that will allow participants the opportunity to gain an understanding of the many variables associated with creating a comprehensive financial strategy for their lives. More importantly, you will be able to develop an action plan for implementing practical strategies to build the financial infrastructure so necessary for being able to enjoy the future you hope for. Baystate's financial planning capabilities and their ongoing topical workshop series will provide the support you will need to overcome the resistance that inevitably sets in; resistance that more often than not thwarts the success of those one-off programs.

We have developed parallel learning tracks for the "early to mid-career" and "mid to late career" physician, so content can be tailored to meet your specific planning needs. Both NHMS and Baystate want *PlanWell* participants to have confi-



dence that the time allocated to this learning process will be well rewarded. We want this to be a major first step towards creating a secure financial future for yourself and those you care most about.

By participating in the *PlanWell* program, designed to help physicians better align the allocation of their financial resources with their values and to address financial risk, participants can gain a sense of control over this important area of their lives. Physicians will be able to gain a renewed sense of purpose, direction, and confidence as they emerge from the COVID-induced siege mentality and begin focusing, once again, on enjoying life more fully today, knowing that their future is being well tended to!

In the weeks ahead, you will be receiving more specific information about the *PlanWell* learning opportunity. The seminar sessions are being scheduled for the first three weeks of May 2022.

Helping our physicians gain access to the resources that they need to successfully practice medicine is the foundation of our Corporate Affiliate program. By engaging in the vetting process to identify those potential affiliates/organizations whose values are consistent with our mission and whose resources can bring real value to members, leadership has found a true ally in Baystate Financial.

Baystate is one of New England's largest and oldest privately owned Financial Planning and Advisory firms. With over 350 associates, supported by a team of planning specialists and support staff, Baystate has the breadth of professional expertise to deliver solutions on a wide range of individual and corporate financial planning concerns. Through their medical society relationships, Baystate has become a leader in providing financial planning services for the New England physician community. Additionally, their experience working with some of the industry's largest providers of 401(k) retirement plans, providing financial education for employees, has positioned them to develop *PlanWell*, their proprietary financial education platform, which has allowed them to expand their educational services well beyond the confines of retirement plan education to embrace the broader spectrum of financial well-being concerns. ■



NHMS Welcomes New Members

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Karolyn Lee, MD, FCFP, FAAFP

...the root causes mostly deal with system issues not individual issues which is why they say you cannot "yoga your way out of burnout."

Physician Burnout – Is It Really Physician Heal Thyself?

Dr. Lee is a practicing family physician in Southern New Hampshire and a certified life coach. www.physicianthoughtwork.com.

I'll be the first to admit it. I have experienced career burnout. Like many of you, I too can be an overachiever. I have experienced burnout not once but at least twice. I would have preferred to rekindle my passion for medicine in a way that was less isolating and heavy with shame. I had no idea just how common it was. Fortunate to come through burnout and still practice clinically, I gained something each time. Bit by bit, it gave me gratitude again for the gift of practicing medicine and cultivating personal wellness. I have been a family physician for 18 years and am 16 years and counting in the same practice that I have experienced burnout in. I have no desire to leave clinical medicine. I truly do love it.

Affecting 50 % of physicians in practice and costing the system almost 5 billion dollars annually, physician burnout is a system problem not an individual disease.² The physicians who tend to suffer burnout are those with the most passion. They tend to care the most and about how that care is best delivered.¹

Burnout is defined as job stressors divided by resiliency/adaptive capacity to deal with those stressors. This results in three hallmark symptoms:¹

1. Emotional exhaustion - fatigue, depleted, "I'm burned out."
2. Cynicism – depersonalization, venting, "Who cares?"
3. Loss of sense of meaning at work – efficacy or personal accomplishment, decreased productivity and morale, "It doesn't matter."

Defined by C. Maslach and M. Leiter are the Six Domains of Burnout. This is important to note because the causes of burnout fall into one or more



of these domains, identifying root cause is essential for problem solving as well as prevention:¹

1. Mismatch in workload demands and capacity
2. Loss of control
3. Lack of rewards and recognition
4. Loss of community
5. Lack of fairness
6. Loss of values

As you can see, the root causes mostly deal with system issues not individual issues which is why they say you cannot “yoga your way out of burnout.” This is, of course, not to minimize the role of our own health hygiene to include nutritious foods, hydration with water, adequate restorative sleep, exercise, social connections and play, to name a few. I’m also a big believer in asking for more help than you need, whether it be from your primary physician, psychiatrist, therapist, wellness officer, life coach, or NHPHP to name a few.

Is burnout depression? Simply put, depression is a disease and DSM-5 diagnosis. Burnout is a syndrome which is work related. They do however have overlapping symptoms such as decreased energy. Given the relatively high rates of depression among physicians and high suicide rates, it’s much more important to see your physician than worry about semantics.

Burnout affects all domains of one’s life to include personal health, relationships, and financial health. Higher rates of burnout are seen among those with extensive direct patient care, such as emergency physicians, family physicians, internists, and intensivists. The health costs of burnout to the individual include increased risk of cardiovascular disease, elevated cholesterol, Type 2 diabetes, motor vehicle accidents, alcohol and substance abuse, depression, and most tragically, suicide.¹

Acknowledging that there is a moral and ethical obligation healthcare organizations have to help physicians, burnout is also very bad for business. Dr. Thom Mayer so eloquently states: “Every measure by which we monitor progress in healthcare gets worse with burnout.” From an organizational level, burnout leads to decreased quality of care for our patients. There are increased medical errors, placing the physician, team, and institution at risk for medicolegal complications. Our patients are less satisfied with their care. There is decreased generated revenue secondary to reduced productivity and effort. Physician turnover is a great loss to the remaining partners who may now need to work extra, to the patients who have lost their provider, and there is a steep expense to the organization. The cost to onboard a new physician is 2-3 times the physician’s annual salary.²

The most extreme form of burnout is moral injury. It was first described to explain the violation of their eth-

ics and values in battle by combat veterans. It is suspected we will see an increase of moral injury among team members on the front lines of the SARS-CoV-2 pandemic.¹ For example, in NYC, people who had died from COVID being placed in freezer trucks due to full capacity, isolated elderly COVID patients dying alone, and just the sheer number of people dying in the hospital witnessed by staff.

Whose responsibility is it to help? It is a shared responsibility. A widely accepted rule of thumb is that 20% falls on the individual and 80% falls on the system/organization. Nine organizational strategies to promote physician well-being:²

1. Acknowledge and assess the problem
2. Harness the power of leadership
3. Develop and implement targeted work unit interventions
4. Cultivate community at work
5. Use rewards and incentives wisely
6. Align values and strengthen culture
7. Promote flexibility and work-life integration
8. Provide resources to promote resilience and self-care
9. Facilitate and fund organizational science

Ultimately, we want our physicians to feel more engaged. Engagement is an antidote for burnout. Having physicians directly engaged together with a specific framework of organizational support have been shown to decrease physician burnout by “transforming physicians’ mindset from that of a victim in a broken system to an empowered partner working constructively with leaders to shape their own future.”²

Is it really physician heal thyself? While we absolutely can take ownership for the pieces we can work on, physician burnout requires our healthcare organizations to best help us. Please know if you have burnout, that you’re not alone. Please reach out and seek help. You are cared about. ■

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If you are in need of support or would like to help support other physicians - please reach out to the NH Physicians Health Program’s Medical Director - Molly Rossignol - at mrossignol@nhphp.org

Moving Through Healthcare Burnout With Emotional & Personal Resiliency

COVERYS



Although the topic has been receiving more attention recently, burnout is not a new problem. According to Association for Psychological Science, the term “burnout” was coined by psychologist Herbert Freudenberger in 1974, to describe the problems experienced by volunteers working at a free clinic.¹

Workers in any industry can experience burnout, but the fact that the term was first used in relation to a clinic might be more than a coincidence. Healthcare providers appear to be especially susceptible to burnout. According to a 2019 study from the National Academy of Medicine, between 35% and 54% of U.S. nurses and physicians showed substantial symptoms of burnout.²

The COVID-19 pandemic has pushed the issue to crisis levels. According to U.S. News, Dr. Victor Dzau, president of the National Academy of Medicine, says that 60% to 75% of clinicians have been reporting symptoms of exhaustion, depression, sleep disorders, and PTSD since the pandemic started. Furthermore, about 20% of healthcare providers have quit.³

Ignored and untreated, burnout can lead to significant personal and professional challenges. Even before the pandemic, burnout in the healthcare industry cost \$4.6 billion a year. Fortunately, with the right resources and strategies, organizations can help workers master resiliency and move through burnout.

Understanding Burnout and Its Impact in Healthcare

The World Health Organization defines burnout as “a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed.”⁴

The effects of burnout can be detrimental to a person’s professional and personal life:

- The Mayo Clinic says that potential consequences include stress, fatigue, sadness, anger, irritability, insomnia, substance misuse, heart disease, high blood pressure, type 2 diabetes, and vulnerability to illnesses.⁵
- A survey from Deloitte found that 92% of respondents say that having unmanageable amounts of stress or frustration negatively impacts the quality of their work.⁶ For workers in the healthcare industry, this may result in a negative impact on both patient care and the institution. Mistakes and oversights can harm patients and increase liability exposure.
- Workers suffering from burnout may quit. This results in staffing shortages and increases the workload for others, creating a cycle of burnout.
- Workers experiencing burnout may be irritable, resulting in more workplace conflict and lower morale.

Burnout and Compassion Fatigue

The CDC says that chronic workplace stress and exposure to traumatic events during the pandemic can result in burnout and compassion fatigue.⁷

According to the American Psychological Association, compassion fatigue occurs when individuals take on the suffering of their patients. When it becomes too much, professionals can start to become numb to suffering and have a hard time feeling empathy.⁸ Compassion fatigue is also associated with burnout.

Moral Injury, Moral Distress, and Moral Disengagement

Healthcare providers are also vulnerable to moral injury, moral distress, and moral disengagement.

According to the American Association of Critical-Care Nurses, moral distress is different from compassion fatigue and burnout, and it occurs when healthcare professionals recognize the ethically correct action but, for one reason or

Key Definitions

- **Moral Injury:** Effect of witnessing traumatic events that impact moral intuitions or judgments
- **Moral Distress:** Emotional impact of an ethical choice or dilemma
- **Moral Disengagement:** Justifying immoral acts by diverting blame to the victim or justification: “Sanitize the Act” or “Sanitize the Actor”

another, cannot take it. This can lead to feelings of anger, guilt, withdrawal, and depression, as well as physical symptoms including headaches, palpitations, and gastric upset.⁹

Even when healthcare providers are not required to make decisions, witnessing trauma can result in moral injury. Although these are not new problems, the pandemic has given rise to many possible triggers of moral injury and moral distress. For example, social distancing requirements may mean that healthcare providers cannot let family members visit their sick loved ones. Although they might understand the practical reason for this rule, they may nevertheless suffer moral distress and moral injury.

Moral injury and moral distress can contribute to moral disengagement, when healthcare providers justify unethical acts, sometimes by blaming the victim. According to the Journal of Nursing Regulation, moral disengagement can be a serious threat to patient safety.¹⁰

Identifying Burnout and Moral Distress

Burnout is common, but this doesn’t mean it should simply be accepted as an unavoidable part of the healthcare industry. Given the gravity of the problem, it’s important to take burnout, compassion fatigue, and moral disengagement seriously.

The first step is recognizing when there's a problem.

The Maslach Burnout Inventory is used to measure burnout. This inventory assesses three common signs of burnout:

- Emotional exhaustion.
- Decreased sense of personal accomplishment.
- Depersonalization/cynicism.

Coverys has developed a *Burnout and Moral Distress Checklist and Worksheet for Managers* that provides information on the Maslach Burnout Inventory to identify burnout, as well as the classic signs of moral distress. It also helps managers identify the possible causes and the potential impacts on the caregiver, the patients, and the institution. **You can access the worksheet at:** <https://coverys.com/PDFs/Burnout-and-Moral-Distress-Resource.aspx>.

Responding to Burnout and Moral Crises

Once you have identified a problem, the next step is to develop a response plan. Possible responses could include:

- A peer support program.
- A wellness program referral.
- An employee assistance program.
- Adjusted work schedules or duties.
- Implementing micropractices into routines.
- Using mindfulness programs or apps.

In some situations, major changes may be needed such as counseling, support groups, or mentorships. When trauma is severe, short-term responses may not be enough, and long-term actions may be necessary.

However, in some cases, small adjustments can make a notable difference, according to Josh Hyatt, Systems Manager for Risk Management & Analytics at Coverys. He recommends that healthcare professionals learn to use micropractices that can be combined with existing processes.

"Micropractices can be added to existing activities both at and away from work," Hyatt says. "For example, physicians can practice breathing exercises while they are handwashing or while they are logging in to electronic health records. They can visualize the calm

presence they want to bring to their patients while they're walking the dog or waiting at a red light," he explains.

Micropractices may include breathing and self-soothing exercises to help individuals stay focused and calm, or mental exercises that focus on mindfulness, gratitude, and acceptance. An article published in NCBI provides additional details and suggestions on micropractices.¹¹

In many cases, a combination of responses may be needed, and each individual will respond differently. *The Burnout and Moral Distress Checklist and Worksheet for Managers* provides suggestions and gives managers a convenient way to document their assessments and recommendations.

Burnout is a serious problem for the healthcare industry, and the pandemic has made it worse. Learn about fighting burnout through emotional and personal resiliency.



Are You Doing Enough to Fight Healthcare Burnout?

Deloitte found that nearly 70% of professionals say their employers are not doing enough to fight burnout.¹² *The Burnout and Moral Distress Checklist and Worksheet for Managers* can help you take the first steps toward managing burnout and mastering resiliency. ■

This article was based, in part, on the Coverys presentation, "Emotional and Personal Resiliency: Moving Through Burnout," presented by Josh Hyatt, DHS, MHL, MBE, DFASHRM, CPHRM, CPPS, HEC-C.

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¹¹ David Fessell, MD, Cary Cherniss, PhD, "Coronavirus Disease 2019 (COVID-19) and Beyond: Micropractices for Burnout Prevention and Emotional Wellness," NCBI, June 17, 2020, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7146659/>

¹² Analysis "Workplace Burnout Survey," Deloitte, 2015, <https://www2.deloitte.com/us/en/pages/about-deloitte/articles/burnout-survey.html>



Omar Shah, MD

Burnout is a form of exhaustion caused by constantly feeling overwhelmed.

The Effects of Burnout

Most of us have heard of people getting exhausted or burnt out due to work. Burnout is a form of exhaustion caused by constantly feeling overwhelmed. It's a result of excessive and prolonged emotional, physical, and mental stress. This affects people socially and functionally. In this article I will discuss its impact on people's lives.

Work can be defined as "activity involving mental or physical effort done in order to achieve a purpose or result." When the word is used in regard to burnout, it is referring to tasks people must complete in order to make a living. Thus, work is an essential part of life. It serves a function which allows humans to provide for themselves and their families. Work can be fun and uplifting. However, it can also be tiring and stressful, causing people to burnout.

The effects of burnout can be seen in almost every facet of our lives. They can be life changing, and outright scary. People can experience detachment from coworkers and clients, become hopeless about their future, develop low self-esteem, and have chronic anxiety. Some signs of burnout are decreased concentration, forgetfulness, low energy, feeling drained, difficulties with falling and staying asleep, decreased appetite, and mood changes. People may feel dehumanized, become emotionally hardened, and feel less personal achievement. There can also be physical symptoms like chest pain, heart palpitations, dizziness, headaches, fainting spells, stomach aches and shortness of breath. Some social implications of being burnt out are caused by self-isolation, pessimism, and anhedonia. According to a study, approximately 50% of medical students experience burnout and 10% experience suicidal ideation during medical school. Burnout was associated with increased likelihood of subsequent suicidal ideation. A systematic review showed that cardiovascular diseases, impaired immune systems leading to infectious diseases like flu-like illnesses, musculoskeletal pain, depressive symptoms, psychotropic and antidepressant treatment, were consistent effects of burnout.



Burnout has profound effects on society. Burnout can trigger presenteeism, a phenomenon when people come to work even when sick, leading to a loss of productivity. It can also trigger absenteeism or absence from work. The pandemic has increased burnout significantly. One study showed an increase of 34% in the number of divorce filings in 2020 compared to the previous year during the coronavirus lockdown. The World Health Organization (WHO) has even classified burnout as a clinical syndrome. Doctors experience burnout at about twice the rate of other high stress professions. This may make them more irritable with colleagues and more apathetic towards patients. They also increasingly experience broken relationships with family. As a result, there are heightened risks to patients, malpractice claims, worker absenteeism and turnover, and billions of dollars of annual losses in the medical industry. The suicide rate is also twice as high in doctors as in the general population.

Burnout causes increased substance use. The idea of drugs and alcohol can become more appealing to someone with no past substance use history. People experiencing

burnout may turn to stimulants to help increase productivity. Although initially helpful in increasing alertness and efficiency, they increase work burnout when they wear off and may cause dependency in the long term. There is also increased self-medication with other substances like cocaine. Prevalence of alcohol use disorders among American surgeons, found male surgeons were 13.9% more likely to develop an alcohol use disorder, while female surgeons were 25.6% more likely as a result of burnout. Alcohol can disturb sleep and increase depression resulting in worsening symptoms of burnout, perpetuating the alcohol use disorder cycle.

On a personal level, I have witnessed several close colleagues in the medical field have difficulty juggling between family and workplace needs. They have felt unappreciated, helpless, hopeless, and used by the system. This has resulted in tumultuous relationships and divorce. The individual and social impacts of burnout highlight the necessity for early identification of and prevention of burnout in the work environment. ■



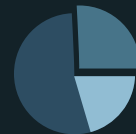
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Termination of the Physician–Patient Relationship



A physician's improper termination of the physician–patient relationship may put the physician at risk for a claim of abandonment. Following the guidelines below may mitigate this risk.

Policy

- o Identify common causes of termination such as non-payment, excessive missed or canceled follow-up appointments, failure to follow the agreed-upon treatment plan, and the refusal of a patient to maintain acceptable behavior.
- o Formalize your termination process in a policy and procedure.
- o Provide all patients (active and new) with the termination policy.

Considerations

- o Don't act hastily in making a decision.
 - For "patient noncompliance," facilitate a face-to-face conversation with the patient to clearly communicate expectations. Clarify any misunderstandings or misperceptions. Develop a documented mutually agreeable plan.
- o Review the patient record to determine if the documentation supports termination.
- o Review managed care contracts to determine if termination is permitted.
- o For disabled patients or those in a protected class, consult an attorney before terminating.
- o Threats of violence, actual violence, or criminal acts may necessitate verbal and immediate termination. Follow-up with a termination letter.

Do not terminate if:

- o Similar medical care is not locally available.
- o The patient is urgent, emergent, or is being treated for an acute condition requiring continuous care.



Process

- o Author a termination letter signed by the patient's physician that contains the following:
 - Notification that the relationship is being terminated. In a group practice, specify if the termination involves only one or all physicians in the practice.
 - Stating the reason for termination in the letter is optional. If stated, the reason should be clear, concise, and objective.
 - A deadline. Thirty days is a general guideline, longer may be necessary based on patient circumstances.
 - Clarification that the physician is available to provide care during the transfer period.
 - Resources to assist in locating another physician.
 - The need for ongoing care and the consequences of forgoing continued care and treatment (as appropriate).
 - A statement that the office will facilitate a transfer of records at the patient's request. Include an authorization for the release of records.
- o Send the termination letter certified mail, return receipt requested.
 - If the certified letter is returned, resend it in a plain envelope.
- o Document the termination process in the patient's record. Include copies of letters, receipts, and refusals. Advise staff not to schedule the patient after the termination effective date.
- o For complex situations, consult with your professional liability insurance carrier or an attorney.

Patient Dismisses a Physician

- o Send a letter to the patient confirming that the relationship has been terminated.

Physician On-call to the Emergency Department

- o When a physician is on ED call, the physician must respond to requests to treat a patient even if the patient has been terminated from the practice. ■

Medical Mutual's "Practice Tips" are offered as reference information only and are not intended to establish practice standards or serve as legal advice. MMIC recommends you obtain a legal opinion from a qualified attorney for any specific application to your practice.

We can all help prevent physician suicide.

Prevention begins with understanding the warning signs to look for in someone who may be suicidal. With the HEART acronym, we hope to help you easily remember these signs.

Visit NPSADay.org to learn more.



VITAL SIGN 1

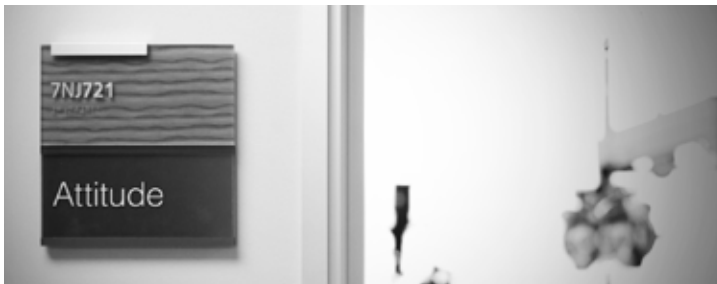
Health

- Increasing the use of medications and/or alcohol or illicit drugs
- Talking about wanting to hurt themselves or die

VITAL SIGN 2

Emotions

- Experiencing extreme mood swings
- Feeling hopeless or having no purpose



VITAL SIGN 3

Attitude

- Being negative about professional and personal life
- Having inappropriate outbursts of anger or sadness

VITAL SIGN 4

Relationships

- Withdrawing or isolating themselves from family, friends and coworkers
- Talking about being a burden to others



VITAL SIGN 5

Temperament

- Acting anxious or agitated; behaving recklessly
- Being uncomfortable, tired or in unbearable pain

Brought to you by:



FIRST RESPONDERS FIRST

This document is intended for awareness-building and informational purposes only.

If you need further guidance or are in a crisis, call the National Suicide Hotline at 1-800-273-TALK (8255) for free 24/7 support.

Do you or a colleague need help?

The New Hampshire Professionals' Health Program (NH PHP) is here to help!

The NH PHP is a confidential resource that assists with identification, intervention, referral and case management of NH physicians, physician assistants, dentists, pharmacists, nursing licensees, veterinarians, chiropractors, dietitians, licensed drug and alcohol counselors, mental health practitioners, midwives, optometrists, podiatrists and psychologists who may be at risk for or affected by substance use disorders, behavioral/mental health conditions or other issues impacting their health and well-being. NH PHP provides recovery documentation, education, support and advocacy – from evaluation through treatment and recovery.

For a confidential consultation, please call Dr. Molly Rossignol @ (603) 491-5036 or email mrossignol@nhphp.org.



GET HELP NOW!

The NH Professionals Health Program (NHPHP) is a confidential resource available to all NH licensed physicians, PAs, dentists, pharmacists, nursing licensees, veterinarians, chiropractors, dietitians, licensed drug and alcohol counselors, mental health practitioners, midwives, optometrists, podiatrists and psychologists who are experiencing difficulties with:

- alcohol, drugs or other substances of abuse
- depression, anxiety or other mental health issues
- professional burnout or work-related conflict
- marital or family life matters

For a confidential discussion call Dr. Molly Rossignol at (603) 491-5036.

LEARN MORE @ WWW.NHPHP.ORG



WANTED

Internal Medicine, Orthopedic, Neurologic, General or Family Practice Physicians interested in providing part-time or full-time staff medical consultant services for the Social Security Disability program, through the state Disability Determination Services office in Concord NH. Staff work involves reviewing disability claims on-site and requires no patient contact. SSA Training is provided.

OR

Physicians interested in performing consultative examinations in their office for the Social Security Disability program, through the state Disability Determination Services office. Compensation is provided per exam. All administrative aspects are performed by the DDS and no billing is required. Free dictation service and a secure web portal is provided for report submission.

Any interested physician must be licensed by the state of NH and in good standing. Please email inquiries to Anne.Prehemo@ssa.gov



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2022 NH MEDICAL SOCIETY GOLF TOURNAMENT

Concord Country Club
June 20, 2022

Registration: 8:00 am
Shotgun Start: 9:00 am

Mulligans and Raffle Tickets for sale!



Enjoy a day of golf with fellow Granite State physicians while supporting the Bowler Bartlett Foundation!

Join us on June 20th for a scramble style golf tournament, breakfast, lunch, raffles, and fun!

Register today! NHMS.org/Golf



James G. Potter
NHMS Executive Vice President

I hope you will consider putting your name forward to be appointed to the NHMS Physician Wellness Committee or take advantage of the physician education, resiliency and leadership resources and programs...

Granite State Physicians Living Well through NHMS Physician Wellness Resources

As noted by Dr. Kropp in his president's message on page 5 of this magazine, the Medical Society is reviving its Physician Health Committee to develop a comprehensive set of physician wellness resources and programs. Previously, this committee conducted the work of the NH Physician Health Program until it expanded to seven other health professions at the turn of the century and became the NH Professionals Health Program, currently led by Dr. Molly Rossignol with 13 health professions now under its purview.

If you are interested in participating in the NHMS Physician Health Committee, please complete the online form and include a copy of your CV at <https://nhmedicalsociety.com/VolunteerPHCommittee>.

I am also pleased to announce the development of the **LifeBridge™ NHMS Physician Wellness Program**, sponsored by the charitable donation of the remaining funds from the Strafford County Medical Society, that will offer NHMS members up to four free, telehealth coaching sessions with your choice of a vetted licensed therapist or life coach from our LifeBridge counselor resiliency registry.

The LifeBridge Physician Wellness Program™ originally developed by the Travis County Medical Society through a grant from The Physicians Foundation is currently used by 35 county and state medical societies. Use of the name, branding and toolkit resources is granted only to medical societies in the promotion of physician wellness programs.

Here's how the LifeBridge™ NHMS Physician Wellness Program will work:

- The Medical Society vets, contracts and maintains a LifeBridge counselor resiliency registry of licensed therapists and life coaches who are knowledgeable about physician moral injury (burnout) and skilled to



help Granite State physicians address issues that may cause it.

- NHMS member physicians, PAs, residents and students can access and choose a LifeBridge counselor from the resiliency registry for up to four confidential coaching sessions.
- The confidential coaching sessions are, by definition, pre-clinical and do not generate a medical record, or notification to your employer, NHPHP, Board of Medicine or anyone else.
- Appointments are made directly by you from the LifeBridge counselor resiliency registry.
- LifeBridge counselors will see a new client typically in a telehealth setting within 24 hours.
- You can also choose to continue beyond the free coaching sessions on your own at a discounted rate negotiated by the Medical Society.

Watch for more details about the LifeBridge™ NHMS Physician Wellness Program scheduled to begin this summer.

Other components of our physician wellness activities will include a new physician financial wellness CME series beginning this spring that was developed by NHMS immediate past president, Dr. Kenton Allen, in collaboration with Baystate Financial, as well as the expanding programs of our Physician Leadership Institute, featuring our NH Physician Leadership Development Program in collaboration with the NH Hospital Association and

the UNH Peter Paul School of Business.

Finally, the recent signing into law by President Biden of the Dr. Lorna Breen Health Care Provider Protection Act (Public Law No: 117-105) is another opportunity for the Medical Society to expand its physician wellness resources. The new law is a \$35 million national endeavor to support medical professional associations, health and hospital systems, and other healthcare organizations to start making this paradigm shift a reality for physicians collectively and individually by establishing or enhancing evidence-based or evidence-informed programs dedicated to improving mental health and resiliency for health care professionals.

The funding is intended to implement a new program or enhance an existing program to promote mental health among health care professionals, which may include improving awareness among physicians about risk factors and signs of suicide and mental health or substance use disorders (SUDs), establishing new or enhancing existing peer-support programs, and providing mental health care, follow-up services and care, or referrals for such services or care.

I hope you will consider putting your name forward to be appointed to the NHMS Physician Wellness Committee or take advantage of the physician education, resiliency and leadership resources and programs noted above and to be developed at this critical moment for you, our member physicians, who put your lives at risk each day to care for your patients and colleagues. ■



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Mission: *Our role as an organization in creating the world we envision.*

The mission of the New Hampshire Medical Society is to bring together physicians to advocate for the well-being of our patients, for our profession and for the betterment of the public health.

Vision: *The world we hope to create through our work together.*

The New Hampshire Medical Society envisions a State in which personal and public health are high priorities, all people have access to quality healthcare, and physicians experience deep satisfaction in the practice of medicine.

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Madison Hendrick
Member Experience Manager

NHMS Welcomes Newest Team Member

The New Hampshire Medical Society would like to announce the hiring of Madison Hendrick as its new Member Experience Manager. In this role, Madison will be responsible for managing the NHMS membership database and working with members. You will also find her planning a variety of events and assisting in marketing efforts.

Madison comes to NHMS with many years of experience working in a variety of fields that have prepared her to act as a liaison to enhance the physician and PA member's experience while supporting the Medical Society's mission.

Madison holds a Bachelor's Degree from Southern New Hampshire University with a course focus on social psychology. She is passionate about Mental Health Advocacy and making connections in her local community. When not at work, you will find Madison playing with her dog, Rita, and enjoying everything that New Hampshire has to offer! ■