

## Chapter 27

# Finding Meaning and Purpose as a Physician

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### ABSTRACT

*Finding meaning in this age of the burnout epidemic has become the latest obsession in clinical medicine. Many choose introspection, mindfulness, or mental health treatments to refuel their moral reserves, but research may also help to serve that goal. In this chapter, the author writes about his journey as an immigrant to the United States at 16, navigating the educational system to eventually attend Oxford and Harvard on full scholarships, and finding meaning through research.*

Early in medical school, I heard of residents who left medicine to join McKinsey or Morgan Stanley, respected attendings who left tenured positions for pharmaceutical companies, and fellow medical students who chose to forego residencies entirely to pursue non-medical ventures, including one who went on to join a dance company. I attributed this to the eccentricities of Harvard, where nontraditional paths are often celebrated. Ifelt encouraged by them following their own “*veritas*” not clearly understanding why after the arduous journey that is modern medical education, they would choose to retreat. There were whispers of a brewing epidemic of “burnout”, which has since crescendoed more recently to become the latest obsession and rightly so, a chief concern among healthcare providers.

I had no innate talent for numbers or any life-sustaining hobbies, so I promised myself that I would work hard and ease past the “10, 000 hours rule” to become the best physician I could be. But personal tenacity is only one factor; I did not account for the intricacies of the hospital ecosystem awaiting me. Students matriculating in medical school have similar mental well-being profiles as age-matched college graduates but burnout rates go on to double in medicine compared to other fields even after adjusting for confounding factors such as age, sex, education level, and weekly hours worked (Drazeau et al., 2014; Shanafelt et al., 2015). “Death by a thousand clicks” was how one senior emergency physician described burnout to me. But the term was coined long before electronic health records became common. It is a concept attributed to Herbert Freudenberger, a New York psychologist, who described this phenomenon

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among providers working in free clinics in the 1970s treating substance use disorders (Freudenberger, 1974).

Since then, burnout has become further recognized to mean a syndrome of emotional exhaustion, depersonalization, and diminished sense of personal achievement (Maslach & Leiter, 2016). There are recent estimates of billions of dollars in terms of the financial toll on the healthcare system from physician burnout. Equally grave are the individual human costs to both the patient and physician in the forms of medical errors, substance use, and suicides. There are numerous proposed solutions from fixing the electronic medical records system to using group reflections, mindfulness meditations, and wellness programs. The cognitive and behavioral approaches are designed to address not the inherent bureaucracies of modern healthcare system but instead to refuel one's moral reserves and reinvigorate a physician's sense of purpose. Might research also serve a role in repurposing one's life as it has with mine in providing meaning? In a way, my path to becoming an academic anesthesiologist has always been guided by the understanding that while a physician can serve one patient one at a time, the academic physician- through the impact of his or her research- might serve more, even populations at a time. The following chapter is about my journey in academic medicine from a Tibetan immigrant to the United States at sixteen to eventually attend Oxford and Harvard. But it is also a narrative about the purpose I find in research and how I have refashioned it to try inoculate myself against the drudgery of healthcare bureaucracy.

At the end of my third year clinical clerkship rotations in medical school, I decided to postpone graduation along with about half my class to take an additional year towards pursuing another degree such as an MBA or scientific research. As a premedical student, I had been accepted to several combined MD/PhD programs but decided ultimately to pursue a lone medical degree because my research interests had shifted drastically from basic sciences to interest in clinical trials research and my mentors recommended against the long, combined degrees. I compromised and decided to take that fifth year for research.

I also took that time to think and process. I do not believe that I was burned out but noticed changes to my own personhood and how I reacted to certain things that I found alarming. How I deal with a patient's death, for instance. On my first day, I was assigned to take care of Mrs. A., a patient on novel experimental immunotherapy for a recrudescant terminal cancer. All preparations had been afoot to ensure transition her to home hospice the next week when she suddenly passed away the night before I arrived for my third morning rounds. I had never experienced death before and did not know how to proceed. So, I went to see her family whom I had gotten to know over the previous two days and offered my condolences and asked if they needed anything. As the group of students, residents, and attending formed this semicircle to round on our other patients, an usher drove a stainless, sterile box carrying Mrs. A. through our group creating a silence that sounded more like an exasperated inconvenience. Then, the team promptly proceeded as if nothing had occurred. This response shocked me deeply so much so that I wrote about this experience and spoke to hospital leadership to process my emotions further. Soon I was caught in the deluge of board examinations, clinical tests, and rotations that I forgot about this experience until I landed in the intensive care unit ten months later. Just in my first week, three of my patients passed away in succession that made death appear more like a banality. I realized how different my response in just less than a year had been and this saddened me immensely. I wanted to use my year off away from boards and rotations to better realign my own moral axis so that I could be the best physician to my patients. And I felt research offered that perfect respite and opportunity for regrowth.

So, one late Boston summer, I found myself in the laboratory of Warren Zapol, a pioneer in the field of anesthesiology and critical care who was leading the charge to create innovations to help one of the

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