

September 2023

From Burnout to Wellness

Good morning and on behalf of the CAGS executive, the staff and the other participating surgical societies I want to welcome everyone to the Canadian Surgical Forum. I very much appreciate all of you coming this morning. In the spirit of gratitude and appreciation I want to start with a number of acknowledgements. In so many talks that I go to, these are often pro-forma obligations or check marks, but I hope to reassure you that these are indeed genuine and are reflected and resonate throughout this talk and our meeting today.

First, we want to acknowledge our conference, being held in the City of Vancouver, is situated on the unceded traditional territories of the xʷməθkʷəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and Tsleil-Waututh (SAIL-WAHTOOTH) Nations. We are honored and grateful to these people for sharing their land with us and recognize the path to reconciliation for our past and our present is long and will require generations.

Second, or deuxième, je voudrais reconnaître que, comme nous sommes un pays bilingue, nous sommes également une profession et association bilingue. Malgré le fait que la majorité de nos communications et conférences sont en anglaise, nos collègues francophones sont des membres appréciés et importants de notre association. Je demande humblement leur permission de poursuivre cette adresse dans ma langue maternelle

Third, I want to acknowledge what a tremendous honour it is to serve in the position of president of this amazing organization. I have been involved in CAGS for almost 20 years now and this continues to be one of my favorite and most important meetings. As many of you know, until recently I was living and working outside of the country for a couple of years. While I was certain of it before I left, being away from Canada reinforced to me clearly, that Canadian Surgery does have a unique identity. As a community and a profession, we have extremely high standards, excellent training, and incredibly skilled and passionate members. I will have more to say on this next year in Winnipeg, but I feel strongly that CAGS has a role in our profession more than ever. I want to thank the CAGS members for this privilege that is clearly one of the highlights of my professional career.

Finally, I want to acknowledge that, if recent years have taught us anything, it is a privilege to be able to get together – to share our knowledge and our passion for the specialty of General Surgery. I want to thank the program and the steering committee members and especially our program

chairs Ahmer Karamuddin and Marylise Boutros as well as the entire CAGS Staff – especially Marbella Berroa and Carol Broderick. I also want to thank all the CAGS members whose work and passion make this meeting what it is – from reviewing abstracts, judging posters, participating in committee meetings, chairing sessions, giving talks or helping trainees prepare for their presentations. This meeting represents the culmination of not only so much talent and hard work, but also commitment and passion, that I am simply awestruck walking around the meeting.

I'm sure many of you have noticed that things are a bit different this year. You might notice a paucity of survival curves, forrest plots, signaling pathways and gene mutation profiles among our significant speakers this year. This is not, in any way, to diminish or undermine the tremendous progress in our field or the phenomenal contributors to the science of our specialty and the practice of General Surgery. Without resorting to hyperbole or dramaticism, this is a different time. The needs and sentiments of our profession are as focused on ourselves and our community as much as they are craving tidbits on the latest surgical techniques.

Wellness and the impact of our profession on the environment have become important considerations among us. I hope that our acknowledgement of gratitude to our Indigenous hosts and our presence here in Vancouver are important reminders of our relationship with the planet and we take some inspiration from the strong reverence and deep relationship the First Nations have with the environment.

This week we have and will see talks that focus on the crisis in our profession in addressing our wellness, our mental health, moral injury and inclusion. So, as my final acknowledgement let me admit that I am not an expert on these subjects. That is why we have invited the experts. But in preparing for this talk it seemed awkward and inappropriate not to address the prevailing sentiments and concerns of us as a professional and indeed society as a whole. So many of us have begun to share stories of personal struggles coping with stress, anxiety, the demands that our profession places on us, the expectations we place on ourselves and coping with feelings of what has become known as burnout. The reflections that I want to share this morning are simply a preamble, that set the table for the experts that you will hear over the course of this conference. I hope that everyone had the opportunity to hear the amazing Carrie Cunningham yesterday – her very personal and riveting presidential address at the AAS on mental health set the surgical Twitter world on fire and we were so honored that she would share her perspectives and experience with us on mental health, getting help and the quiet epidemic of substance use disorder in our profession.

Rachel Grimminck, Jane Lemaire and Gail Darling gave the first Sean Grondin Memorial Lecture on

wellness and Canadian-led physician wellness and outreach initiatives. Dr. Grondin was an incredible force in Canadian General and Thoracic surgery, and someone who was very kind to me. I, along with many people here, will miss Sean dearly. And finally, I would encourage you to see Haytham Kaafarani's talk on moral injury.

My time reflecting on these issues in preparation for this presentation has helped me somewhat understand and process these emotions and what is happening among us– and my only hope is that by helping to bring these topics to the forefront, our amazing speakers can help even just one of us here.

Now the term “burnout” has become almost daily part of our vocabulary. We define burnout from a technical perspective as encompassing emotional exhaustion, depersonalization and a diminished sense of personal accomplishment. Associated symptoms that come along with it include frustration, despair, detachment and can lead to persistent symptoms of depression and risk substance use disorder, and even suicide. Burnout is a useful term as it's tangible, I think we all feel it, and it is easy to measure. If you are still skeptical whether this is an issue amongst us – the data we have seen this weekend is staggering. It reminds me of my first-year biology class in Undergrad, where the professor asked us to look to the person on the left, and then to the person on the right and figure out which one of us would fail or drop out of the course. The statistics are pretty clear, almost 1 in 3 people in this room are struggling with their mental health and wellness.

Now there are a few misperceptions of burnout:

- This is a result of COVID
- This is a largely Canadian Problem – however we saw yesterday that mental health issues among Canadian surgeons are as bad or worse than our colleagues to the south of the border.
- Lack of resources
- This is a surgeon problem

COVID exacerbated these issues and brought them to the forefront. It has pushed a fragile health care system internationally and placed untold stress on physicians, nurses and allied health providers around the globe. While many workers in other professions were able to protect themselves through isolation and remote work, health care workers continue to come into the highest risk environment and work on the front lines of this battle. It was compounded when the tenets, which we have learned and held so dear, of science, evidence, expert opinion, and the protection of the public good, were called into question repeatedly often in a combative and demeaning fashion in the fringes of mainstream and social media.

Tait Shanenfelt first began to study burnout in 2002 – 17 years before the emergence of COVID. He first described the phenomenon in internal medicine residents at the University of Washington. In that seminal paper he established the link between the facets and symptoms of burnout with poor patient care, increased complications and errors and poor physician mental health – from hopelessness and despair to suicide. He then went on to study burnout at the Mayo Clinic for a decade or so thereafter. Even at an institution flush with resources as Mayo Clinic, we had three attempts or deaths by suicide among physicians in the 6 months prior to my departure. Furthermore, as the COVID pandemic has receded, but has not disappeared, the symptoms and the problems remain.

I found this description of burnout and wellness as a “Wicked Problem” fascinating. At first, I thought it was just a perspective on the topic given with a Boston accent. It accurately describes the issue of wellness as difficult to define, with multiple facets and potential solutions. Most importantly, each time we tackle one component of the problem we reveal deeper and more complicated problems and causes.

In this post-COVID, or intra-COVID era, while we can go to restaurants, travel on vacation and conferences we remain in emotional isolation – like post-traumatic stress. Zoom and Teams calls where we kept their cameras off, minimizing interactions with other team members. Communication has become impersonal – emails, in baskets, and text messages preferred over face-to-face conversations.

Initially, the commonly understood solutions to the problem of burnout focused on improving individual resilience. Research has shown repeatedly that surgeons, and indeed all physicians, already display high baseline levels of resilience. People have started to focus on work-life balance and personal time – which has, since the dawn of time, been neglected in our profession. In one sense we have reset our priorities – in another sense focusing on the individual nature of burnout has conversely made the problem worse. It harkens back to the strong individualism movement of the 1970s where you had to “learn to be your own best friend”. Seeking help on a personal level and understanding our own stressors and emotions is incredibly important. Carrie Cunningham’s powerful and honest story demonstrates with incredible clarity how difficult and even humiliating it can be to admit our weaknesses and struggles and ask for help. Our surgical culture is a significant barrier to those among us seeking help, support and understanding. We have stressed individual strategies rather than group/social strategies, but we need to continue to improve our culture and be receptive and understanding to those who need help. Think about perhaps a person in your group who expressed an inability to take a call or cover a clinical responsibility and how

that was received by your group. But at the end of the day, considering someone's personal struggles to be an individual problem whose solutions lie outside the hospital or our community, has disguised the true root causes of burnout and solutions to improving wellness.

Everyone wants to feel that they matter and make a difference. In terms of improving or recognizing our sense of personal accomplishment – I think we have often been our own worst enemies. Instead of looking at the patients we have helped and the lives we have changed, I am struck by how often we measure our worth and accomplishments by OR time, financial compensation and our latest purchase. I think we can all remember negotiations, whether they be with universities, hospitals or even provincial ministries of health, where we, our colleagues or surgical leadership, have forsaken the opportunities for improvements in quality of life and working environment for fee increases or resources. If we listened to the chatter in the OR lounge, is it easy to hear surgeons who complain vociferously about being overworked and overwhelmed, yet refuse to pull back on their responsibilities if it means even the slightest impact on their bottom line. There are inherent aspects of our job that are unpaid, but that does not mean they are not recognized, appreciated or even profoundly impactful.

But my sense is that this withdrawal from, or loss of, our calling and our profession has not solved our problems, just like the waning of the COVID pandemic has not solved this issue either. As a result, the conversation has evolved from burnout, which is an inherently individual measure, to that of “wellness” which places more of the emphasis on our organizations, our culture and our community. In doing so it acknowledges that we are not islands, but that humans are inherently social beings. While work-life balance and self-care are important, it places equal emphasis on the culture of our organizations, the leadership around us, the need to feel recognized and appreciated, and to understand that our efforts and our acts have profound impact on other people.

Canadian surgeons are faced with the struggle that very few of us are employed by the organizations in which we work. While this seems like an insurmountable uniquely Canadian problem – let me assure you physicians in the U.S. and other blended systems like the U.K. and Australia have similar misalignment issues. I can say with confidence that the level of frustration and misalignment of values that Canadian surgeons have with their hospitals and health systems over resources is no less impactful than the onus placed U.S. surgeons on a daily basis to safeguard and prioritize their hospitals financial performance. In virtually every country and healthcare system, the administrative burden on physicians has been increasing exponentially. This has been propagated by our tendency for self-sacrifice, goal-oriented priorities and

professional obligation to go to any length to look after patients. Let us not be misled, but as a recent New York Times article describes, hospitals and health care systems are all too happy to leverage these tendencies to extract more and more out of physicians, nurses and allied health – and there is no better example of this than our paradigm of surgical and medical post-graduate training. Up to 40% of physicians' time is now spent on tasks not directly related to patient care, and up to 25% of time physicians spend on electronic health records programs such as Epic occur after hours and on weekends. These are trends that are simply not sustainable. We need to appreciate the impact this has on our lives and that of our families, set boundaries, respect and support colleagues who set limits and work with our hospitals to reduce this growing administrative burden.

Running parallel to this administrative burden is the permeation of the societal trend that seems to take pleasure in criticism and inflexibility. What has started out as an ugly trend of anonymous shaming and criticism on social media has permeated the rest of our society, even our teaching and trainee evaluations. Fear of criticism has led people to withdraw and withhold their valuable contributions. This trend, combined with the erosion of our ability to give or receive constructive feedback, has led to tension and even hostility in what should be a deeply personal mentorship structure of our training systems. The road to a more understanding and inclusive society is a long and difficult one. So rather than attacking people for their lack of awareness, let's show one another some grace to help understand a more diverse viewpoint.

So, with all that doom and gloom – where do we go from here? We can be overwhelmed by the enormity of the problem. Like the environmental and sustainability issues we can feel helpless that our individual efforts will have no effect – yet at a very minimum we all take the blue box out to the curb each week and many of us are looking at the impact of our operating rooms and health care systems. So similarly, we must embrace the idea that we all have a responsibility to promote wellness and the sum of many small actions on a daily basis can have exponential impacts. We must try to counteract the feeling of anonymity and belief that our efforts have no impact on people, not only within ourselves but in those around us.

As surgeons we are in a unique position to enhance the wellness not only of ourselves, but also those around us. I am not a huge comic book fan, but the quote “*with great power comes great responsibility*” rings true in recognizing we have been given tremendous influence over the lives of not only our patients but in all of those who help us look after them – whether that's the OR team, the nurses on the floor, the housekeeping staff, or our office staff. The concept of fighting anonymity and recognizing people's impact is closely tied to the concept of gratitude. While we

have a lot to be grateful for, expressing gratitude to those around us is incredibly powerful – it motivates people and improves everyone’s sense of self-worth and performance.

These concepts are not new – in fact David Urbach’s 2018 presidential address focused on the profound privilege as surgeons that we have in being able to have a positive influence on the world and a profound impact patient life in a tangible and incredibly meaningful way. To me these words have even more relevance today. Perhaps if we can reconnect with our sense of mission and joy, that wonderment when we first scrubbed into the OR, we can find purpose and meaning in our work.

As social beings, we need to connect with others as a member of a family, team and community. That is one of the reasons I think we are all thrilled to be back together at CSF. It was amazing to watch during last year’s CSF in Toronto as people reconnected after 2 years apart. While the conference program lists all the ways we are sharing our knowledge and best practices, there is immense intangible peer support and psychotherapy going on in the hallways, in restaurants, at the soirée and maybe even in a few licensed establishments. We need to connect and reconnect more than ever before.

CAGS has always strived to bring the Canadian General Surgery community together. For many that means coming to the CSF each year, but also during the year. While CAGS has always had a strong following among surgeons in academic settings and trainees, we are making significant strides to be more relevant and appeal to surgeons in rural, community and non-academic practice. While some of the challenges are different, there is tremendous skill and expertise in all areas of General Surgery in Canada, and we have a lot to learn from each other. This past winter we held a retreat of the CAGS board, the rural surgery committee, provincial reps and non-academic surgeons to look at strategies to broaden the relevance of CAGS to all surgeons in Canada. From this, and other initiatives brought forth by people like Stephen Hiscock, Peter Miles and others, we expanded the length of the meeting to focus content for non-academic surgeons on the weekdays. For the first time ever, we have daycare available to make the meeting more accessible to surgeons and their families. We have significantly increased the amount of CME content of interest to all surgeons during the meeting and webinars throughout the year, including those ever-valuable section 3 credits. Much of this content is being delivered thanks to significant investments in our online learning platform, which I encourage everyone to check out. It’s a start, we have a long way to go, but we are making progress in our mission to support and bring together all General Surgeons in Canada.

Thank you all. Thank you for the privilege of this position, thank you for coming to this amazing

meeting, and above all thank you for what you do every day in delivering exceptional surgical care to the people of Canada. And finally, as surgeons let's remember what a privilege it is to do what we do, let us respect the incredible faith and trust patients place in us. As leaders let us always be grateful for those that we work with. As physicians let's reconnect with the passion, empathy and the oath that we took to help. Particularly in this time, let us show the same compassion and understanding for each other that we do for those in our care. And finally, let us be proud of our Canadian identity, as a nation of immigrants that welcome all, respect all and look after everyone regardless of their identity or means, and where people can succeed based on the content of their character. Merci.

Sean Cleary