



Addressing the True Cause of Burnout in Healthcare

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Introduction

There can be no doubt the U.S. has a shortage of health care providers: physicians, nurses, and mental health therapists [1-3]. Burnout of these clinicians is the proximate cause of the shortage, which has become critical. Maximum wait times to see a primary care doctor can exceed four months resulting in American death by queue [4,5].

Death by queue (British word for people waiting in line, a queue) was coined for Great Britain's vaunted NHS (National Health Service) in which Britons died waiting for life-saving medical care that doesn't arrive in time to save them. Interestingly, the NHS is also experiencing an "exodus" of physicians [6] like the U.S., especially senior ones, with catastrophic consequences on delivery of medical care.

Burnout

Burnout and subsequent loss of senior, experienced physicians devastate both Great Britain and the U.S. In addition to further delay in caring for current patients, who will teach the next generation of doctors how to care for future patients?

Proposed solutions for burnout shortage include AI-assisted documentation, [7] immigration of care givers from other countries, [8] virtual care givers, online toolkits, [1] and rest/eat well/exercise/ask for help. [2] These are what systems thinkers call fixes-that-fail-or-backfire [9]. As they do not address the causes of burnout, such fixes will fail and can make things worse. [10].

Reasons for Burnout

The apparent causes of burnout are the following. An underlying common theme connects them all.

Physicians are no longer allowed to exercise their best judgment making care recommendations to patients. They must follow clinical guidelines, crisis standards of care, pharmacy benefits managers' drug limitations, federal advisories, CDC mandates, [11] and FDA prohibitions. [12] All these recommendations (effectively

orders) seem designed to protect the patient from the doctor, replacing his/her judgment with government authoritarianism. Doctors feel the weight of responsibility for the patient but are denied the requisite authority. [13] They always get the blame but rarely any praise.

Clinical care givers endure all those years of school and training along with long hours and great emotional as well as physical stress for one reason above others: the psychic reward. [14] Maslow described it as the highest of human needs, self-actualization, discovering the meaning for that person's life and achieving it. As one nurse described the psychic reward, "When my babies [her patients] do well, it feeds my soul." [15]

The current healthcare system disconnects patient from physician emotionally. The depersonalization that patients rightly resent is also felt by care providers. My former personal physician had an assigned list of 900 patients. Surgeons often first learn the patient's name from that day's operating schedule. The lack of psychic reward combined with the overwork, especially BARRCOME, leads to burnout.

BARRCOME and third-party decision-making

When Washington regulates healthcare, *guides* care, and establishes insurance rules, it does so through BARRCOME: [16] bureaucracy, administration, rules, regulations, compliance, oversight, mandates, and enforcement. The practical manifestation of BARRCOME in healthcare is third-party decision making by Washington directly through Medicare, Medicaid, and Tricare (171 million Americans) and indirectly through federal rules and regulations governing employer-supported private insurance (134 million Americans).

Third-party decision-making is the ultimate cause of burnout due to bureaucratic diversion [15] and "disconnection." [17]

Bureaucratic diversion refers to healthcare spending that is inefficient, i.e., it produces no medical care. In 2022, the U.S. spent \$4.3 trillion on its healthcare system, an amount greater

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than the GDP of Germany. Half of that “healthcare” spending was diverted from patient care to pay for BARRCOME. That translates to \$2 trillion worth of care that Washington denied the American people while paying itself.

As Medicare and Medicaid constantly lower allowable reimbursement schedules, aka payments to physicians for care, wait times get longer, patients die waiting, [18] and physicians burn out feeling frustrated and devalued, just as they do in the NHS from which the doctors are fleeing.

BARRCOME’s third-party decision making disconnects twice. It disconnects patients from their money. It disconnects doctors from their patients emotionally as well as financially.

The average American family will expend \$32,065 on healthcare this year. [19] More than 80 percent will go to an insurance company where unaccountable, faceless bureaucrats, not the family that earned the money, will decide how to spend family funds. As most families are healthy and have low medical expenses, they get no value from the expenditure of their \$25,652.

Disconnection and fiduciary relationship

Disconnection of patients from their money – loss of decision-making capability regarding spending – indirectly promotes physician burnout. Patients see massive spending on healthcare, care being inaccessible with intolerable wait times, and exorbitant physician charges (not payments, which are generally a small fraction of charges). They are angry and direct their ire at their point of contact with the healthcare system: physicians. Doctors quickly burnout if they get up at 3AM to see a patient and receive as their reward vexation, even physical violence. [20]

A fiduciary connection is the key to a successful therapeutic relationship: it is also a preventative for burnout. In medicine, fiduciary means one individual (the patient) gives up personal medical autonomy [21] – control of body and/or mind – to another person (the physician) to be used exclusively for the benefit of the first person, the patient. This is an intimate, emotionally intense relationship between two people. When a third party inserts itself and separates patient from physician, the fiduciary connection is severed. Without such connection there is neither trust nor psychic reward. The result is burnout.

The Cure for burnout

The cure for physician burnout derives directly from the root cause. Since third-party disconnection via BARRCOME is the cancer, excise it. Eliminate third-party – federal government – decision making from healthcare and health care.

RECONNECT patient with his/her money, so patient not third-party chooses payments from a well-funded family health savings account.

RECONNECT patient directly with chosen physician, with no third party making medical (or financial) decisions. This reestablishes both medical freedom [22] and the fiduciary relationship, which can quench physician burnout.

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