Lorna Breen, MD, was overwhelmed. As COVID-19 tightened its deadly grip on New York City in the late spring of 2020, the emergency department she managed at an Upper Manhattan hospital was jammed with sick and dying patients—people whose lives she could not save. The gifted and charismatic daughter of a trauma surgeon whose mom was a nurse, Dr. Breen had devoted her life to healing others.

And she was exceptionally skilled at doing so. Her dedication was such that even after falling ill with the virus, she rejoined her overworked colleagues on 12-hour-plus shifts before she was physically or mentally prepared to do so.

But the unrelenting sense of helplessness she experienced during those dark days as the virus killed without mercy would soon claim her life as well, by her own hand. “I just wanted to help people, and I couldn’t do anything,” she had told a friend in the last conversation they would ever share.

### Gauging the mental health impact

The AMA applauds President Biden and Congress for validating Dr. Breen’s sacrifice and dedicating resources to support the mental health needs of physicians by enacting the Dr. Lorna Breen Health Care Provider Protection Act.

The truth is we cannot, yet, fully measure the pandemic’s impact on the mental health and well-being of physicians and other medical professionals. Despite the best efforts of doctors, researchers and health care teams, this pandemic—and the danger this virus poses—continues.

But the research we do have confirms our worst fears about what this pandemic and other stressor are doing to our health care workforce. An article published in *Mayo Clinic Proceedings: Innovations, Quality & Outcomes* last December based on a broad survey of medical professionals showed that
one in five doctors—and twice as many nurses—said they planned to leave the profession within the next two years. Many more planned to reduce the hours they worked.

The reasons they cite would be familiar to anyone who practices medicine today, including a long list of administrative burdens and an overly bureaucratic system that leaves us often feeling powerless and removed from what we do best—caring for our patients. And these systemic problems existed long before COVID-19 pushed many of us to the breaking point. That’s why the AMA has made alleviating physician burnout a cornerstone of our work over the last decade.

Our AMA continues to develop a broad range strategic responses to these challenges, including a comprehensive set of resources to help physicians in private practice overcome the unique challenges of the COVID-19 pandemic and support practice sustainability. We offer a 17-step guide (PDF) to creating a more resilient health care organization that can function at an even higher level during a crisis. And we are raising awareness of all the contributory factors driving stress and burnout, including overly burdensome government regulations and insurer practices such as prior authorization.

Through the Joy in Medicine™ Health System Recognition Program, we honor health systems that demonstrate a commitment to preserving the well-being of health care team members by engaging in proven efforts to combat work-related stress and burnout. Applications for recognition in this year’s program are being accepted through March 31.

**Removing obstacles to care**

We are working extensively with the Centers for Medicare & Medicaid Services and specialty societies to streamline the coding and documentation for E/M office visits. We offer clear and concise educational resources to help physicians improve cybersecurity in their practices, maximize the benefits of EHRs, and integrate medical and behavioral health care within primary care practices.

In addition to the AMA’s leading work to address clinical pain points by reducing obstacles to care, we created a number of tools and resources on the AMA Ed Hub™ to help physicians manage their mental health and cope with stress in this pandemic.

And we continue to urge state medical licensing bodies to remove questions on their applications that may deter physicians from seeking treatment for a mental illness or substance use disorders. This includes engaging key stakeholders such as the Federation of State Physician Health Programs, Federation of State Medical Boards and others to support confidentiality (PDF) in safe-haven laws, wellness programs and physician health programs.
Cooperative initiative launched

Finally, we are proud to join our partners in health care provision in the ALL IN: Wellbeing First for Healthcare initiative that is working to bring fundamental change to medicine to overcome the pervasive and persistent challenges to the mental health of health care workers everywhere. I urge you to explore the tools and resources this campaign offers.

Dr. Breen’s legacy can be found all around us, in the new law that bears her name and in the dedication and skill of all the physicians who have responded so selflessly to this public health emergency. We should honor her memory by seizing this opportunity to prioritize our own mental health and well-being for the benefit of both our patients and ourselves.


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