Many factors drive burnout in the practice of medicine, a complex and pervasive issue with widespread implications for both physicians and patients. In response, physician leaders across organized medicine must act with great urgency to protect one of our nation’s most valuable resources: Our medical workforce.

In short, we need to fix what’s broken in health care today—and it’s not the doctor.

It was my privilege recently to explore the issue of physician burnout and the search for solutions with U.S. Surgeon General Vivek H. Murthy, MD, as well as a panel of experts on physician well-being. Our wide-ranging discussion is being presented as part of the AMA Recovery Plan Webinar Series. Our goal? To engage physician leaders from public and private health systems, as well as the AMA, in a frank discussion about the underlying causes of burnout, who is affected, and which solutions are most effective.

There is no doubt that the stress and uncertainty of the COVID-19 pandemic accelerated physician burnout. The most recent survey from the AMA, Mayo Clinic and Stanford Medicine in December showed an alarming 62.8% of physicians experienced symptoms of burnout in 2021, up from 38% the previous year. This follows similarly concerning studies that indicated one in every five physicians—and twice as many nurses—planned to leave practice within two years, while one in three doctors anticipated cutting back their hours.

The reasons are apparent to anyone who practices medicine today: ever-increasing administrative burdens and hassles, inadequate support in practices and health systems to mitigate these obstacles, deliberate disinformation campaigns, political attacks on medical science, and third-party interference in the patient-physician relationship.

Across-the-board cuts in Medicare payments, just as physicians face soaring inflation in practice expenses, further demoralized our workforce. Physicians haven’t lost the will to do our jobs—we are just frustrated that our health care system is putting too many obstacles in the way.
The answer lies not in offering us more yoga classes, coffee gift certificates or dinners with hospital leadership. While wellness has its place, to focus solely on physician resilience is to blame the victim. Curbing burnout for physicians will require actions at the system level, as well as a greater degree of collaboration among clinicians, health systems, insurers, government, medical societies, EHR vendors and other health system stakeholders.

The surgeon general’s office and the AMA have each made physician well-being major advocacy priorities in recent years. The surgeon general’s advisory on health care worker burnout and the AMA Recovery Plan for America’s Physicians were both launched last year, sounding the alarm on the escalating burnout crisis in medicine. Each laid out concrete recommendations for policymakers, lawmakers and health systems to address the underlying drivers of burnout.

**Expanding access to support**

Shedding the cultural stigma that still surrounds assistance for mental health concerns is an excellent starting point. We must ensure that physicians and their colleagues in the health care community have access to the care they need in periods of high stress and anxiety, or when they feel powerless to overcome the common frustrations and challenges that, too often, create a toxic working environment.

Research tells us that many physicians are reluctant to seek help for these issues because they fear doing so could jeopardize their medical license for years to come. A physician’s mental health history should only be considered in licensing or credentialing decisions when it imposes a current adverse effect on that physician’s ability to practice medicine competently, ethically and professionally.

We must also broaden access to mental and behavioral health resources. For physicians, this means offering these resources in the most convenient manner possible, such as at their clinical workplaces. Tremendous recent progress in telemedicine, including its seamless integration in mental healthcare, can also help promote access.

**Addressing prior authorization**

Prior authorization is a clear example of a growing administrative burden that must be reformed at the system level. Streamlining and right-sizing this onerous, overused, and archaic process that delays and denies patients the medically necessary care they need is one of the five core elements in the AMA Recovery Plan for America’s Physicians.
The Centers for Medicare & Medicaid Services (CMS) recently proposed major and welcome changes to limit efforts by Medicare Advantage plans to inappropriately deny evidence-based patient care, but much more work remains. Research by the AMA and others has conclusively demonstrated that prior authorization delays care that patients need, and leads many patients to abandon treatment entirely. The consequences of doing so include hospitalization, disability and even death.

Physicians want nothing more than to partner with their patients in the healing process, and we need to strike down the barriers that interfere with this partnership. Excessive use of prior-authorization, time-consuming submissions and appeals processes, and inappropriate denials of time-sensitive, evidence-based care, are tremendously demoralizing to patients and physicians alike. We are acting aggressively to eliminate these obstacles.

**Crisis of misinformation**

The polarization that arose during the COVID-19 pandemic, and the dissemination of both misinformation and disinformation, added new challenges to our roles as doctors. Even so, physicians remain one of the most trusted of all professions. We must build upon that base of trust by listening to our patients’ concerns, and by taking every opportunity to explain the evidence-based science at the heart of sound medical practice.

Boosting the health literacy of patients will help them separate the wheat of science-based medical diagnosis and treatment from the chaff of dangerous disinformation. At the same time, physicians must not cede the public square to those who, for whatever reason, are intent on spreading falsehoods.

**Patient-physician relationship**

Perhaps to a greater degree than ever before, physician burnout is also being driven by the intrusion of third parties—judges, lawmakers and others—into the patient-physician relationship. Physicians' jobs are hard enough without all of those outsiders perched on our shoulders, waiting to second-guess what happens in our exam rooms. Tough decisions we make in partnership with patients every day don’t fit neatly into statute. The movement to criminalize certain aspects of comprehensive reproductive health care or gender-affirming care is as dangerous as it is unwarranted.

Decision-making that is informed by medical science and shaped by patient autonomy is a foundational element of effective health care. Lawmakers or any other outside parties who insert themselves into those decisions undermine the practice of medicine and directly threaten public
The burden of physician burnout did not grow to its current proportion overnight, nor will we make it disappear entirely tomorrow. But recognizing its severity, and taking bold action to limit its impact, are important steps in restoring joy to our profession and advancing the health of the nation. I’m not discouraged, though. In fact, I’m hopeful and optimistic because organizations such as the AMA are doing the difficult work to alleviate the pressure on physicians, renew our profession for the next generation, and create a health system that works for our patients.