On the Brink of Burnout: COVID-19 and the ER

As fear of a coronavirus pandemic escalates worldwide, emergency departments (EDs) across Canada are preparing for its inevitable arrival at our doors. Emergency physicians and nurses are committed to being there for our patients and communities at their time of greatest need. We know the risks--during the SARS crisis of 2003, over 40 percent of those infected in Canada were health care workers. Since then, however, the working environment within our EDs has deteriorated, making it almost impossible at times to provide safe and timely care. Most emergency departments operate at over 100% of designed capacity on a daily basis.

Superimposing coronavirus on already dysfunctional EDs--with admitted patients blocking beds, others spending hours in waiting rooms, lack of isolation capacity and increasing violence directed towards care providers--may be the final straw.

An ED will be hard-pressed to provide medical care if there is no physician left to staff it. This is no exaggeration—even before this crisis, closures of EDs were already occurring in smaller rural hospitals and are a real possibility in larger centres as well. There is a national shortage of emergency physicians in Canada, insufficient numbers are being trained and the burnout rate of those practicing emergency medicine is estimated at an astonishing 86%. This number comes from a recent survey by the Canadian Association of Emergency Physicians (CAEP), the national organization representing emergency physicians across the country. Frighteningly high burnout rates for emergency physicians are also reported in the US and across the developed world.

Burnout is not just a colloquialism for overwork, but rather a measurable psychological condition that takes a heavy toll on providers and patients. It leads directly to lower quality care, increased medical errors and lower patient satisfaction. In fact, the dangers of burnout are worse than those of fatigue, in that a burned-out physician is more likely to make errors than one who is merely tired. And who isn't tired at the end of a gruelling overnight shift? Burnout increases the cost and reduces the efficiency of medical care in a system already under budgetary constraints. It reduces career longevity among a group of professionals that requires many years to train, at considerable cost.

Most physicians choose medicine as a career because they want to make a difference, but emergency physicians are frequently too exhausted to provide the level of care they have been trained for. Burnout leads to compassion fatigue, causing doctors to depersonalize patients as a coping method; it heightens the risk of succumbing to substance abuse; it leads to increased rates of depression and suicidal ideation. No emergency physician is immune to these pressures, even young resident doctors in training. In fact, a Canadian Medical Association study indicates that your emergency physician is almost three times as likely to suffer from depression as the national average. On top of this, about 1 in 7 emergency physicians responding to the CAEP survey have contemplated suicide, 40% of them in the past year alone.

Why is burnout so bad in emergency medicine? Like many illnesses, the causes are multifactorial, but there is little doubt that cuts to our health and social systems have a myriad of downstream consequences and those in the ED bear witness to, and may be victims of, the results. The effects of poverty, mental illness and addiction, and violence are seen daily in the ED. The exponential rise of crystal meth is one of many contributors to the unfortunate reality that emergency physicians and nurses are themselves victims of violence in their own departments. With an aging and more medically

complex population, hospitals are full beyond capacity, so patients who need to be admitted instead languish for hours or days in ED hallways, often becoming delirious from the constant stimulation. The emergency staff must continue to care for these patients, while simultaneously treating others, who continue to flow in, expecting to be treated in a timely manner. With no flow, even ambulances are unable to unload patients into the ED, leading to tension between paramedics and ED staff, both of whom are committed to treating patients in distress, neither of whom are able to do their jobs effectively. With increasing wait times in the headlines, there is constant administrative pressure to move patients through, to the point where quantity (of patients seen) becomes conflated with quality. On top of this, frequent disruptions of sleep, sacrifices of family life due to shiftwork, experiences of bullying, harassment and violence in the ED by disgruntled or behaviourally unstable patients exacerbate the problem.

The term "moral injury"' has been used to describe the effect of all this on our doctors. The distress resulting from the inability to deliver on the Hippocratic Oath, within a setting defined by inherent risk but exacerbated by blocked beds, fatigue, internecine conflict and the ever-present potential for violence, is a potent recipe for burnout.

Burnout in the ER is not only a Canadian problem, but one faced by all developed countries. It is so pressing that it has garnered the attention of the founding members of the International Federation of Emergency Medicine (IFEM). They drafted *The Health of Emergency Physicians and its Impact on Patient Care: A Call to Action,* a statement calling for immediate measures to alleviate the risk to providers of emergency medicine and its effect on patients. More emergency physicians need to be trained to address future shortages, but the clear and present danger is to those currently in practice. *Physician heal thyself* may not be sound advice in this instance--doctors need the support of decision-makers outside the ED, as well as the public, so that resources can be devoted to addressing the underlying problems and maintaining a viable workforce.

With public health expertise, the experience gleaned from previous outbreaks and a bit of luck, the current coronavirus crisis may be quelled before too long. But there will inevitably be another in the future. Let's make sure our most skilled front-line workers are ready, able and present to do their jobs when that time comes.

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