Remember the fire? Remember your passion to “be a doctor?” Remember the intrigue of learning the secrets of the human body and its machinery? Remember the exhilaration of getting responsibility for caring for patients in residency? Remember the excitement of your first job, of being a “real doctor?” It takes fire to get through the gauntlet of medical training, but the real trick is to keep the fire burning throughout a career.

For increasing numbers of physicians, the flame is dwindling. Weekly articles attest to the epidemic of physician burnout. The ranks of doctors abandoning medicine is mounting. And doctors’ lounge grumbling has escalated into a deafening chorus. Physician burnout is a disease in need of treatment.

The etiologies proffered for this disease are a lengthy litany worthy of the longest chapter in Harrison’s *Textbook of Medicine*. Physicians need to see too many patients in too little time. They are asked to chase seemingly meaningless metrics for reasons known only to the “powers that be.” They feel isolated from colleagues and patients. And the universal Satan, the electronic health record, stares impersonally and impassively at thousands of physicians every day telling them “just one more click and you can close this chart and get credit.”

The treatments for burnout are as plentiful as the causes. Doctors need streamlined systems that cut out repetitive steps and make their day more efficient. Get a guru to work on mindfulness. Sign up for a course to learn how to be “resilient.” Be grateful every day and practice random acts of kindness.

None of these solutions is totally wayward, but I fear that the suggested etiologies and treatments don’t home in on the fundamental deficiency in a physician’s day that feeds that fire. Listen to the voices of doctors who have lost it or are losing it. They all bemoan the loss of connection with patients. Certainly the lack of time is part of this, but there are systemic, institutional forces that have pulled patients and doctors farther apart.

As medical care has become more complicated, the route from patient to doctor has gotten more convoluted if not more circuitous. Patients’ questions and problems are handled by triage nurses, receptionists and medical assistants. The physician increasingly seems like the Wizard of Oz, hiding behind the curtain and pulling the levers. This rising lack of approachability is not good for patients and it’s not good for doctors. For patients, they quickly discover the limitations of paraprofessional personnel. My granddaughter has a complex urological problem and my daughter sometimes feels like she has to navigate the Vikings front four to talk to the doctor. For physicians, handing orders and messages down the chain of communication can be mind-numbing and curiosity-stifling; talking to patients and telling them what you think and helping them wade through their problems is mind-expanding and stimulating.

It’s impractical and undesirable to go back to the “good old days” when doctors did it all. Paraprofessionals are invaluable and do ease a physician’s day. Scribes help some physicians have more eyeball time with patients. But regardless of how your system works, approach those people in the exam room and on the phone who sometimes need only you with a glint in your eye, curiosity in your brain and a genuine interest in the person behind the symptoms. You will find the fire.

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