

# Determine what matters most to you

BY COREY MARTIN, MD



Most of us have an idea in our mind when we start medical practice—or even before: We'll see and treat patients in the hospital and/or clinic, roughly 36 hours a week.

Reality turns out to be different. That 36 hours in face-to-face time with patients doesn't include the time we have to spend doing paperwork and electronic medical records. It doesn't include meetings and

case reviews. It doesn't include reading medical journals and researching solutions to our patients' medical issues online, in print or in consultation with other physicians.

We have to change that—and we have to start by changing our ideas of what it takes to be a physician vs. what it takes to be a person with needs for rest, connection, love, exercise and laughter.

I'm a family physician who chose to start practice in Buffalo because I could do the full range of family medicine, from delivering babies to taking care of children and their parents to working with older residents of the area. I threw myself into my work—and I loved my patients and caring for them.

I learned that I could burn myself out faster than anyone else. About five years into practice, I was overwhelmed, frustrated and angry. I was lucky, in a way; I had the chance to take on an administrative role at the hospital as a part-time position, director of medical affairs, while continuing to see patients a few days each week.

In my new role, I learned more about not only my own burnout, but that of my colleagues. I started doing work on how we take care of ourselves, how we support each other, how we deal with the things that get in our way—and I was in a position to help make changes.

Then, five years ago, two of my colleagues died. One, a physician who had delivered two of my children, someone I'd talked to only a couple of days before, was killed while riding his motorcycle. The other, just three months later, was a colleague who hanged himself in the hospital chapel. I remember walking into the emergency room that evening and seeing the look of devastation on everyone's faces.

What was happening here? Why were we losing our colleagues, our friends?

The next day, I was at the hospital and the medical secretary told me she was so glad to see me because when she heard that someone had taken his life in the chapel, she was afraid it was me.

That was the point of no return for me. Since then, the vast majority of my time has been spent figuring out how I maintain my well-being and my life—and helping others do the same. I still practice medicine two days a week, I still do administrative work, but mostly I work with and for physicians who struggle to reclaim the joy they thought they would have—perhaps they did once have—in medicine.

When I talk with a physician who is frustrated and burned out, I start by asking them what they want to do with their lives, what's really important to them. It's surprising how few of us have really thought about that. Maybe it's because we spend so much time nose-to-the-grindstone from college on—possibly even from high school on, focused on getting into a good medical school, then getting through that medical school, then getting into residency and through residency and then possibly a fellowship and then a clinical or research

position somewhere. We're at least in our 30s before we can even look up and think about anything other than the goal ahead of us. Even after all that, we have loans to repay and hours and hours of work to prove ourselves with more senior colleagues.

If we as health care providers can't show up with a full tank of gas, we can't take care of others. We need to ask ourselves: Are we really living the life we want to live? Are we finding joy in our practice of medicine? What do we value, what matters most in our lives?

The answers to those questions may take us on a different path—and it may not be easy, at least at first, to change directions or to reduce income or status. If family is what really matters in your life, yet your family ends up in last place on your to-do list each week, maybe it means going to part-time status or changing jobs or even location. Maybe the changes are

less dramatic, but just as significant. You carve out time every day to meditate or to swim or to have a meaningful conversation with someone you love. You ask for help—a scribe, a PA, an office assistant—to let you do more of the work that brings you joy and less that bogs you down.

In many of the organizations we work for, there are things that lead to burnout and things that should be changed. But that change takes a long time in organizations. Even if a health system decided today to change something about its expectations of physicians and began to try to make that happen, it likely would take years. I think that over time organizations will figure things out, but right now, we've got to do it for ourselves. **MM**

Corey Martin, MD, is a family physician with Stellis Health in Buffalo, MN, and founder of the Bounce Back Project™. The MMA is partnering with The Bounce Back Project for the annual Bounce Back Conference this year.

Deadline for  
submissions:

**May 31, 2020**



## Students, residents and fellows: Shine a spotlight on your research

COVID-19 has changed the way *Minnesota Medicine* and the MMA will display your abstracts—but not our commitment to showcasing them.

**We will publish positively reviewed submissions through at least the November/December 2020 issue. Those who are invited to present posters will have those shown virtually during the MMA Annual Conference in September.**

This is your chance to show your research and get professional feedback—a great advantage for physicians in training.

For details and to submit your abstract, visit  
[www.mnmed.org/abstracts](http://www.mnmed.org/abstracts)