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Should it take a global pandemic for a physician to feel comfortable staying home when sick? (Hint: the answer is no.)

Shifting the culture of working while ill

My whole family recently woke up a bit ill, most of us feeling fatigued with a mild cough and some nasal congestion. My partner and I opted to keep everyone home—our two younger kids from preschool and kindergarten and me from clinic—for the day and to seek COVID-19 testing. But it made me think about the fact that it was probably the first time I stayed home from clinic in several years.

Only now, during a global pandemic, when distancing is highly encouraged, is staying home from work even acceptable for many workers, especially for those of us in healthcare, as many jobs penalize individuals for calling in sick. For many workers, staying home when ill is not an option; they have to work to get paid and they have to get paid to meet their budget.

This likely is not the case for most physicians, but they worry about increasing the workload for colleagues who may have to cover with some of their patients, or for patients who will have to be rescheduled.

For my environmental toxicology and complex workers' compensation practice, scheduling is filled four to eight weeks in advance and there is no one else in Minnesota to cover my absence; my staying home because I'm ill can mean patient dissatisfaction with access or my trying to schedule an "extra" clinic day some other time in the near future.

Should it take a global pandemic for a physician to feel comfortable staying home when sick? (Hint: the answer is no.)

Healthcare as a business is funded by physicians seeing patients. Ensuring that physicians see as many patients in as little time as possible has exacerbated our cultural problem of working while ill.

Despite ill workers not working at their optimal level—this is called "presenteeism"—in an infectious disease context, we also shouldn't risk making our patients or colleagues ill as well.

The appropriate mechanism for addressing physician presenteeism because of illness is preventive rather than reactive. For the present pandemic, vaccination is the most critical step to mitigate the spread of illness, but what about more broadly?

For clinical settings where patients cannot be rescheduled (such as inpatients), we can include on-call replacement physician coverage as part of normal duties and for which someone can be at least partially paid. In outpatient settings where patients can return at a later date, we can provide "make-up" clinic days periodically to account for when a physician cannot be available.

We do not want a world where everyone stays home from work frequently, but we can achieve a better balance than currently exists.

With that more balanced world, being sick could be a time where one could rest and recuperate, rather than one with increasing anxiety about having to catch up on an overflowing workload once back at work. Even though I ended up staying home, not feeling well, I thought I needed to work quite a bit remotely to mitigate this concern.

We must use the lessons of the present pandemic to reorient our working culture to one that optimally promotes health rather than poorly responds when illness arises. **MM**

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