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Is this how burnout feels? I don't think so. Burnout means feeling exhausted, detached and cynical about one's work. But that's not how I'm feeling. All this work on COVID and health equity are necessary—and fulfilling. There's just too much of it and I'm a bit anxious about what isn't getting done.

Toward the quadruple aim: caring for oneself

This is the first time in my life that I have not been able to get everything done.

And it's overwhelming. Every day is characterized by me asking myself, "What's the thing most on fire today?" And then letting everything else fall to the wayside.

Even though I'm famously bad about accepting too many responsibilities, historically that's a tightrope I don't mind balancing on, but COVID-19 has made it immensely worse for all of us.

I remember everyone asking themselves early on what they could do to help with the pandemic, with people outside of healthcare feeling the most helpless. As a clinician—and particularly a Black man in Minneapolis—following George Floyd's murder, it seemed to be more relevant than ever to reiterate my daily mantra: "Have I done everything I could to beat or mitigate this disease?"

For me, this has added not only a new volume of responsibilities, but also the challenge of tasks that arise and change faster than I can anticipate and organize. The vaccine trial I'm involved with continues to have waxing and waning numbers of ill patients who need evaluation, employers and schools pivot from less to more restrictive risk mitigation policies, increasing visibility with community outreach means increased requests to be more visible.

Unfortunately, all of this came on top of my full-time job and family responsibilities, which seemed busy enough even before the pandemic. This is probably a common experience for physicians.

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The cynicism is there, though. It's not about what I'm doing, but that too many of the general public could be doing more—staying home, wearing masks, getting vaccinated—and just don't, thus prolonging the pandemic and increasing its impact.

Our colleagues are seeing the same in the hospitals, where volumes at capacity can mean patients being triaged and admitted into ambulance bays, transferred to other institutions (when possible) and precluded from appropriate care when beds aren't available at all. All of these scenarios likely result in worse patient outcomes.

This suffocating cynicism embodies burnout as moral injury: not being able to provide the care we want to provide because of systemic barriers.

These issues are all the more critical in context of the historic barrier to physicians in Minnesota seeking mental health treatment; the licensing application asks about a diagnosis of any mental health condition. Physicians have appropriately feared that an affirmative answer may jeopardize their license. A recent vote by the Minnesota Board of Medical Practice unanimously supported changing that question, starting January 1, 2022, to ask instead whether a physician has an untreated condition. This opens the door for physicians to lead the way in reducing mental health stigma by seeking treatment ourselves when we need it, even as a preventative.

We all should now feel comfortable making that important first step toward taking care of ourselves. For me, personally, that means adding one more thing to my plate—scheduling an initial psychologist evaluation in January. Because taking care of myself is one of the things most on fire today. **MM**

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