

How I Maintain Resilience in an Era of Physician Burnout Saving Livelihoods

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“You see the T2 enhancement here with fraying and loss of normal contour” the orthopedist scrolled through the MRI. I stared blankly, confused. The knee MRI appeared as obscure as a Rorschach inkblot.

“You tore your ACL.”

My heart sank as an awkward compensatory chuckle arose.

“Will I be able to dance again?”

He paused. “We can manage this non-operatively. You’ll function fine with normal physical activity. However, you won’t be engaging in high-intensity dance at your former level without surgery. Alternatively I can offer surgical ACL reconstruction using your own hamstring tendon as an autograft. Your choice.”

The incident occurred in October 2018 during PGY4 year. After a grueling Friday in the wake of impending abstract deadlines and In-Service Examination preparation, I took an advanced dance class at my local studio in efforts to regain focus. As I performed an arabesque into a piqué turn, my right knee buckled with a loud pop and searing pain; I collapsed immediately to the ground. Only one fear reverberated in my mind: was this my last dance?

Dance is my longest relationship at 20 years strong. What initially began as my parents’ attempt to correct my extreme innate shyness transformed into a creative outlet and vehicle for meaningful introspection. Over the years my passion for dancing evolved into a passion for creating (choreography) and teaching. Upon starting residency in the absence of an organized industry outside of LA, I refocused on teaching and mentoring young dancers in Cleveland.

Like any relationship of 20 years, my relationship with dance suffered insults including neglect and the threat of abandonment. With the demands of surgical training, I increasingly concealed dance from the public eye, in fear that any non-academic hobby would be interpreted as a lack of dedication to urological pursuits. I perceived “professionalism” to entail sacrificing extracurricular interests in order to expedite the acquisition of medical knowledge and surgical skill. As urology became my marriage, dance became my secret affair. I felt guilt over hours spent choreographing for national competitions when those hours could have contributed to writing manuscripts. In this new professional role, dance was undeserving of my full effort and attention. “This isn’t neglect; this is just maturation,” I rationalized to myself.

I curbside consulted an orthopedic resident colleague for further insight into this management decision. “People live normal lives without an ACL. You’re getting a little old for dancing anyways,” he regurgitated hastily in a dismissive manner. A normal life? A life without dance to me was not a normal life. I searched his eyes for evidence of understanding but instead found glassy-eyed exhaustion. I had been reduced from a friend to a low-priority patient seeking care for an elective orthopedic complaint. Is this what professional burnout looks like?

Perhaps I too was guilty of professional burnout. I reflected on the last time I hurriedly told a patient with nonobstructive but symptomatic nephrolithiasis that he did not require an operation. I reflected on numerous instances of prioritizing high-stakes oncologic cases over elective anti-incontinence procedures because success of the latter wasn’t imperative for life. It was just a little urinary leakage, but nothing harmful, right? In my quest to reassure their physical well-being, I had disregarded the importance of these patients’ quality of life without pain or symptoms. They too had lost the ability to enjoy their hobbies due to debilitating ailments.

The view from the other side of the knife was enlightening. To any orthopedic surgeon my ACL repair was a bread-and-butter case in a young healthy patient. This was equivalent to our uncomplicated ureteroscopy, moderate-volume TURP, or mid-urethral sling. To the patient however, despite the exceedingly low risk of death, my livelihood was on the line. As the anesthetic began to take effect, it dawned on me that as physicians we operate not only to save lives, but to save livelihoods.

My ACL rupture taught me to be present and fully engaged in every pursuit without guilt. Dance may not contribute to my CV or knowledge base, but it makes me a more introspective and well-balanced person, and thus a more conscientious physician. It was the threat of this relationship's demise that led to my appreciation of its powerful role in both my personal and professional lives. Since then I have re-evaluated the definition of professionalism to include not only competent practice, but meaningful practice. In particular, the art of meaningful practice requires a connection with other meaningful aspects in life.