

To excessively devote our lives to the practice of medicine while we neglect other aspects of living may be tantamount to never having lived at all.

— Joseph D. Wassersug, MD

It is commonly understood that medicine is a demanding profession, but in recent years the stress it can place on physicians has increased. A startling study showed that almost 50 percent of surveyed physicians demonstrated at least one symptom of burnout. We see more and more media stories about the impact on patients as physicians leave medical practices and, in some cases, even commit suicide as a result of burnout. In the face of all this, the time has come to help the healers heal themselves — and return to productivity and career fulfillment. As medical regulators, we need to protect the public — the millions of patients whose physicians are impacted by burnout each year. We also need to protect medical students as they face high-stakes exams and accumulate enormous debt, and residents, who are at the beginning of careers that are becoming more challenging than they ever expected. Four articles in this edition of the *Journal* — the first we have ever offered for Continuing Medical Education (CME) credit — highlight the current **status of physician burnout, focusing on causes and some ways to counter the problem** (page 6). They are accompanied by the full text of **the FSMB’s recently adopted policy on physician wellness and burnout** (page 37), which raises important considerations as health care stakeholders seek to address this issue. Also in this edition you will find a related article about **the “Step 2 Clinical Skills” component of the United States Medical Licensing Examination** — a requirement the necessity of which has been questioned by some medical students — who find it burdensome and have sought its elimination (page 51)...While medicine won’t be completely “de-stressed” anytime soon, there are steps we can take now: The antiquated philosophy of patients coming before family, friends and self should be abandoned; physicians should practice self-care; and they should be unburdened from excessive micromanagement by health systems, administrators, regulators and intrusive electronic medical record processes. State medical boards can contribute, too, by adjusting their licensure application renewal questions so they don’t stigmatize mental illness and discourage physicians from seeking help when it is needed. By working together to address burnout, these diverse entities can move forward with pride and purpose to facilitate better health for all — patients *and* providers.

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