

## Editorial

### We need to talk about Brazilian Emergency Physicians and Burnout

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"Please put on your own oxygen mask first before assisting others."

Physician burnout is a serious issue at the global level<sup>1</sup>. It not only negatively impacts the health of physicians but also has been associated with a higher risk of adversely influencing patient outcomes<sup>2</sup>.

Emergency department's (ED) environment seems to increase susceptibility to developing burnout with contributory environmental factors including shiftwork, high patient volume, overcrowding in the emergency room, critical decision making based on incomplete information, repeated exposure to traumatic events and litigation concerns<sup>3</sup>. Unsurprisingly, the prevalence of burnout in Emergency Physicians (EP) in United States is higher than 60%<sup>4</sup>. Compared with physicians in other departments (38%) and the general population (30%), EP are afflicted far more than anyone else inside or outside of medicine and regardless of degree of education<sup>4</sup>.

As commonly seen in other countries, Brazilian's ED are a gateway into the healthcare system and the demands must be seen to be believed. Their origins lie in a health system which treats ED as a panacea: a disastrous chest pain, stroke, trauma, sepsis (choose an emergency...) care system, staffed by physicians who have never had any type of formal EM training, with a health funding system under resourced.

Burnout is nothing new among physicians who have given so much to caring for people in the worst moments of their lives. But times are changing. Before the recognition of the EM as specialty in late 2015, there were only two EM residency training programs available in Brazil, and physicians often "moonlight" in ED to supplement their income while building their practices and working other jobs. Since then, 52 new programs have been listed by the Ministry of Education, and there were 225 residency spots available per year<sup>5</sup>. These physicians will remain in Brazilian's ED throughout their professional journey.

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The recognition also brought new and immediate problems. The role of the EP is not as clear as it is in other countries, and there were no updates in terms of payments, metrics to measure productivity, and expectations of the government and third-party payers<sup>6</sup>.

Addressing physician burnout on an individual level is important but will not be enough. We need to choose a future to significantly improve the ED condition, keep EP professional and ethical, doing their best to be safe and effective in their work and making their careers sustainable. Meaningful steps to address burnout and its fundamental causes must be taken at systemic and institutional levels with concerted efforts from all relevant stakeholders<sup>6</sup>. It is time to use medical advances to benefit the health and wellbeing of all people, including emergency physicians themselves.

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