PART I: HOW THE BURNOUT EPIDEMIC IS KILLING THE GREATEST CALL pdf

1: Epidemic in the Legal Profession (Part I) â€“ Stress, Anxiety and Depression â€“ Sigurdson Post

Those who are interested in pastoral care and everyone who serves on a church board (part one is, "How the Burnout Epidemic is Killing the Greatest Call"). Those who are currently in a ministry role (part two is, "Am I at Risk?

Infection rates are rising again in Asia and the Americas. List of epidemics , Columbian Exchange , and Globalization and disease There have been a number of significant pandemics recorded in human history , generally zoonoses which came about with domestication of animals, such as influenza and tuberculosis. There have been a number of particularly significant epidemics that deserve mention above the "mere" destruction of cities: Plague of Athens , BC. Possibly typhoid fever killed a quarter of the Athenian troops, and a quarter of the population over four years. This disease fatally weakened the dominance of Athens , but the sheer virulence of the disease prevented its wider spread; i. The exact cause of the plague was unknown for many years. In January , researchers from the University of Athens analyzed teeth recovered from a mass grave underneath the city, and confirmed the presence of bacteria responsible for typhoid. Possibly smallpox brought to the Italian peninsula by soldiers returning from the Near East; it killed a quarter of those infected, and up to five million in all. Plague of Justinian , from to , was the first recorded outbreak of the bubonic plague. The plague went on to eliminate a quarter to a half of the human population that it struck throughout the known world. The total number of deaths worldwide is estimated at 75 million people. Starting in Asia , the disease reached Mediterranean and western Europe in possibly from Italian merchants fleeing fighting in Crimea , and killed an estimated 20 to 30 million Europeans in six years; [17] a third of the total population, [18] and up to a half in the worst-affected urban areas. Disease killed part of the native population of the Canary Islands in the 16th century Guanches. Half the native population of Hispaniola in was killed by smallpox. Introduced diseases, notably smallpox, nearly wiped out the native population of Easter Island. The findings suggested Europeans could have carried the nonvenereal tropical bacteria home, where the organisms may have mutated into a more deadly form in the different conditions of Europe. Syphilis was a major killer in Europe during the Renaissance. Ultimately, only less than one-third made their way back to Europe. The majority died of diseases. Cholera outbreaks and pandemics Since it became widespread in the 19th century, cholera has killed tens of millions of people. Previously restricted to the Indian subcontinent , the pandemic began in Bengal , then spread across India by Deaths in India between and are estimated to have exceeded 15 million persons. Another 23 million died between and Russian deaths during a similar period exceeded 2 million. It is believed that over , Americans died of cholera between and Deeply affected Russia , with over a million deaths. A two-year outbreak began in England and Wales in and claimed 52, lives. Spread mostly in Europe and Africa. At least 30, of the 90, Mecca pilgrims fell victim to the disease. Cholera claimed 90, lives in Russia in It killed some 50, Americans. The â€” epidemic cost , lives in Europe and at least 50, in Americas. Cholera claimed , lives in Russia ; [60] , in Spain; [61] 90, in Japan and 60, in Persia. In , cholera contaminated the water supply of Hamburg , and caused 8, deaths. Had little effect in Europe because of advances in public health , but Russia was badly affected again more than , people dying of cholera during the first quarter of the 20th century. The â€” cholera epidemic claimed over , lives in the Philippines. Since then the pandemic has reached Africa, South America, and central America.

PART I: HOW THE BURNOUT EPIDEMIC IS KILLING THE GREATEST CALL pdf

2: A burnout epidemic: 25 notes on physician burnout in the US

"Mad Church Disease, born out of that experience, is a lively, informative, and potentially life-saving resource for anyone in ministry-vocational or volunteer-who would like to understand, prevent, or treat the epidemic of burnout in church culture."--Jacket.

Getty Emergency departments became beacons for the opioid dependent, who quickly learned to game the system to get drugs on top of their prescriptions. That would be like a mortal sin. Lucas operated on Purton a few times, and she was back for surgery after her ovarian cancer spread. Cut off all sorts of cancer. Purton said she was. The surgeon responded with a five-page letter to the ethics committee chairman, whom he happened to have trained, challenging the questioning of his professional judgment. The case was dropped, but it was not an isolated incident. Lucas has worked closely with another surgeon, Anna Ledgerwood, since She too was hauled before the ethics committee on more than one occasion, on the same charge. It cleared Ledgerwood, but Lucas said more junior surgeons buckled to the pressure to administer opioids just to stay out of trouble. Lucas regarded the new pain orthodoxy as a growing tyranny. He also thought it was killing patients. He began to collect his own data. As the joint commission was pushing out its new standards for pain treatment in the early s, the industry was driving a parallel effort to influence the prescribing habits of doctors in small clinics and private practices across the country. Many were still hesitant to prescribe narcotics, in part because of fear of legal liability for overdose or addiction. The American Pain Society and Haddox, who was by then working for Purdue Pharma, were instrumental in writing a policy document reassuring doctors they would not face disciplinary action for prescribing narcotics, even in large quantities. The industry latched on to the Federation of State Medical Boards because of its influence over the health policy of individual US states which regulate how doctors practise medicine. In , Purdue Pharma funded the distribution of new pain treatment guidelines drawn up by the FSMB that sounded many of the same themes as the standards written by the joint commission. The FSMB pressed state medical boards to adopt the guidelines and to reassure doctors that adhering to them would diminish the likelihood of disciplinary action. The book was sold to state medical boards and health departments for distribution to physicians, clinics and hospitals. Opioids were soon the default treatment even for relatively minor pain. Dentists gave them to teenagers after pulling their wisdom teeth. The lack of caution in prescribing left an impression among the users that the drugs were harmless, and some people shared them with others as easily as they might an aspirin. Prescribing escalated year on year. Three years later they were twice that. Other opioid makers were pulling in huge profits too. In , she co-authored an article in the New England Journal of Medicine highlighting the dearth of comprehensive trials and saying that two important questions remained unanswered even as mass prescribing of opioids took off. Do they work long term? Are higher doses safe to take year after year? The drug industry and opioid evangelists said yes, but where was the evidence for it? Ballantyne wrote that there was evidence that putting some patients on serial prescriptions of strong opioids has the opposite of the intended effect. High doses not only build up a tolerance to the drug, but cause increased sensitivity to pain. The drugs were defeating themselves. Her assessment seemed to warn that if there was an epidemic of pain, it was partly driven by the cure. On top of that, there was evidence that the drugs were toxic. Then came the conclusion that stuck a dagger into the heart of the campaign for wider opioid prescribing. Ballantyne was also increasingly aware that the claim that pain neutralised the risk of addiction was false. Quantifying addiction, and who may be vulnerable, is notoriously difficult. For some patients, it wore off after eight, causing them to take three pills a day instead of two, greatly increasing their overall dose of narcotic and with it the risk of addiction. Ballantyne thought the article would at least cause her profession and the drug industry to take stock of the impact of mass prescribing. By the time the article appeared, the documented death toll from prescription opioids was running at around 8, a year. We have a real problem. They came to believe the tyranny of the colour-coded smiley faces was costing lives. Years of surgery have given Lucas a healthy respect for pain as a tool for

recovery. To suppress it was dangerous. But as large doses of opioids became the norm, the surgeon noted an increasing number of incidents of patients struggling to breathe after routine operations and being moved to intensive care. Lucas and Ledgerwood visited trauma centres to collect data on deaths before and after the joint commission standards on pain treatment. In , the two doctors published their findings. The death toll rose to 3. Those were only the deaths in which there was little doubt opioids were responsible, and the real toll was almost certainly higher.

PART I: HOW THE BURNOUT EPIDEMIC IS KILLING THE GREATEST CALL pdf

3: The making of an opioid epidemic | News | The Guardian

The Burnout Epidemic Part 1 Jennifer Marcenelle BSN, RN, HBC-HN on September 24, has thrown Hollywood into a whirlwind with the unpleasant number of celebrity suicides that have occurred.

Florida and Illinois are part of a growing trend; overdoses in the U. In New Jersey, overdoses increased by 27 percent. According to preliminary estimates recently released from the Centers for Disease Control, drug overdoses killed more than 72, Americans last year, the highest number on record. To address this national epidemic successfully, America needs a global ally. While opioid overdoses are driving the increase in deaths, prescription drugs are no longer the primary cause. Fentanyl, and the chemical components needed to manufacture it, often enter the country illegally. It is the strongest opioid available for human use. It is 50 times more potent than pure heroin and 80 to times more powerful than morphine. It is often mixed with heroin or other drugs and is known to be so toxic, federal guidelines have been established to protect first responders who might handle the drug. Last October, President Trump declared the overdose epidemic a public health emergency. The House recently passed more than 50 opioid-related bills. Before the end of his second term, President Obama had set aside nearly a billion dollars to help the hardest hit communities establish prevention and treatment centers. While decreasing American demand is the ultimate answer, disrupting supply is the immediate challenge. Drug paraphernalia and other garbage litter a vacant house on April 19, in Huntington, West Virginia. Fentanyl is relatively easy to make and obtain. This past April, the Senate released an investigation showing that international suppliers used the U. Postal Service to ship fentanyl, or the chemicals needed to make fentanyl, to dealers in the U. Postal Service to unwittingly aid the international illicit drug trade. Meanwhile the World Health Organization is helping track the drug supply that enters the country through other means. One of those chemicals is carfentanil , a veterinary drug used to sedate large animals that is increasingly being mixed with heroin and illicit opioids. Carfentanil is so toxicâ€”a few granules can be lethalâ€”it has the potential to be used as a chemical weapon. Smuggling methods, consumption patterns, even the chemical composition of illicit opioids are evolving constantly. Americans have faced several opioid crises before, as far back as the Civil War. None are as devastating as the epidemic we face now. The increasingly complex nature of illicit drug production, the myriad ways in which fentanyl and its counterparts are being mixed with other drugs, requires a coordinated and comprehensive response. Representative the decade prior. Both were recently named Arthur H. Vandenberg Distinguished Fellows at the United Nations Foundation, where they advise on foreign policy and national security challenges.

PART I: HOW THE BURNOUT EPIDEMIC IS KILLING THE GREATEST CALL pdf

4: Doctor burnout is a rising problem in Minnesota medicine - www.enganchecubano.com

So when Charlie DeWitt, vice president of business development at Kronos, a workforce management software company, declares that "employee burnout has reached epidemic proportions," you may.

By Andrew Sullivan I was sitting in a large meditation hall in a converted novitiate in central Massachusetts when I reached into my pocket for my iPhone. A woman in the front of the room gamely held a basket in front of her, beaming beneficently, like a priest with a collection plate. I duly surrendered my little device, only to feel a sudden pang of panic on my way back to my seat. A year before, like many addicts, I had sensed a personal crash coming. Each morning began with a full immersion in the stream of internet consciousness and news, jumping from site to site, tweet to tweet, breaking news story to hottest take, scanning countless images and videos, catching up with multiple memes. I was in an unending dialogue with readers who were caviling, praising, booing, correcting. My brain had never been so occupied so insistently by so many different subjects and in so public a way for so long. And as the years went by, I realized I was no longer alone. Facebook soon gave everyone the equivalent of their own blog and their own audience. More and more people got a smartphone â€" connecting them instantly to a deluge of febrile content, forcing them to cull and absorb and assimilate the online torrent as relentlessly as I had once. Twitter emerged as a form of instant blogging of microthoughts. Users were as addicted to the feedback as I had long been â€" and even more prolific. Then the apps descended, like the rain, to inundate what was left of our free time. It was ubiquitous now, this virtual living, this never-stopping, this always-updating. I remember when I decided to raise the ante on my blog in and update every half-hour or so, and my editor looked at me as if I were insane. But the insanity was now banality; the once-unimaginable pace of the professional blogger was now the default for everyone. If the internet killed you, I used to joke, then I would be the first to find out. Years later, the joke was running thin. In the last year of my blogging life, my health began to give out. Four bronchial infections in 12 months had become progressively harder to kick. Vacations, such as they were, had become mere opportunities for sleep. My dreams were filled with the snippets of code I used each day to update the site. My friendships had atrophied as my time away from the web dwindled. My doctor, dispensing one more course of antibiotics, finally laid it on the line: If you had to reinvent yourself as a writer in the internet age, I reassured myself, then I was ahead of the curve. I tried reading books, but that skill now began to elude me. After a couple of pages, my fingers twitched for a keyboard. I tried meditation, but my mind bucked and bridled as I tried to still it. I got a steady workout routine, and it gave me the only relief I could measure for an hour or so a day. But over time in this pervasive virtual world, the online clamor grew louder and louder. Although I spent hours each day, alone and silent, attached to a laptop, it felt as if I were in a constant cacophonous crowd of words and images, sounds and ideas, emotions and tirades â€" a wind tunnel of deafening, deadening noise. So much of it was irresistible, as I fully understood. So much of the technology was irreversible, as I also knew. By the last few months, I realized I had been engaging â€" like most addicts â€" in a form of denial. Yes, I spent many hours communicating with others as a disembodied voice, but my real life and body were still here. But then I began to realize, as my health and happiness deteriorated, that this was not a both-and kind of situation. Every hour I spent online was not spent in the physical world. Every minute I was engrossed in a virtual interaction I was not involved in a human encounter. Every second absorbed in some trivia was a second less for any form of reflection, or calm, or spirituality. This was a zero-sum question. I either lived as a voice online or I lived as a human being in the world that humans had lived in since the beginning of time. And so I decided, after 15 years, to live in reality. Kim Dong-kyu Since the invention of the printing press, every new revolution in information technology has prompted apocalyptic fears. From the panic that easy access to the vernacular English Bible would destroy Christian orthodoxy all the way to the revulsion, in the s, at the barbaric young medium of television, cultural critics have moaned and wailed at every turn. Each shift represented a further fracturing of attention â€" continuing up to the previously unimaginable kaleidoscope of cable TV in the lateth

century and the now infinite, infinitely multiplying spaces of the web. And yet society has always managed to adapt and adjust, without obvious damage, and with some more-than-obvious progress. But it sure does represent a huge leap from even the very recent past. Every single minute on the planet, YouTube users upload hours of video and Tinder users swipe profiles over a million times. Blogs, Facebook feeds, Tumblr accounts, tweets, and propaganda outlets repurpose, borrow, and add topspin to the same output. We are instead guided to these info-nuggets by myriad little interruptions on social media, all cascading at us with individually tailored relevance and accuracy. Do not flatter yourself in thinking that you have much control over which temptations you click on. No information technology ever had this depth of knowledge of its consumers â€” or greater capacity to tweak their synapses to keep them engaged. And the engagement never ends. Not long ago, surfing the web, however addictive, was a stationary activity. At your desk at work, or at home on your laptop, you disappeared down a rabbit hole of links and resurfaced minutes or hours later to reencounter the world. But the smartphone then went and made the rabbit hole portable, inviting us to get lost in it anywhere, at any time, whatever else we might be doing. Information soon penetrated every waking moment of our lives. And it did so with staggering swiftness. We almost forget that ten years ago, there were no smartphones, and as recently as , only a third of Americans owned one. Now nearly two-thirds do. And 46 percent of Americans told Pew surveyors last year a simple but remarkable thing: They could not live without one. The device went from unknown to indispensable in less than a decade. The handful of spaces where it was once impossible to be connected â€” the airplane, the subway, the wilderness â€” are dwindling fast. Even hiker backpacks now come fitted with battery power for smartphones. A small but detailed study of young adults found that participants were using their phones five hours a day, at 85 separate times. Most of these interactions were for less than 30 seconds, but they add up. They thought they picked up their phones half as much as they actually did. The interruptions often feel pleasant, of course, because they are usually the work of your friends. Distractions arrive in your brain connected to people you know or think you know , which is the genius of social, peer-to-peer media. Since our earliest evolution, humans have been unusually passionate about gossip, which some attribute to the need to stay abreast of news among friends and family as our social networks expanded. We were hooked on information as eagerly as sugar. And give us access to gossip the way modernity has given us access to sugar and we have an uncontrollable impulse to binge. A regular teen Snapchat user, as the Atlantic recently noted, can have exchanged anywhere between 10, and even as many as , snaps with friends. As the snaps accumulate, they generate publicly displayed scores that bestow the allure of popularity and social status. This, evolutionary psychologists will attest, is fatal. When provided a constant source of information and news and gossip about each other â€” routed through our social networks â€” we are close to helpless. Just look around you â€” at the people crouched over their phones as they walk the streets, or drive their cars, or walk their dogs, or play with their children. Observe yourself in line for coffee, or in a quick work break, or driving, or even just going to the bathroom. Visit an airport and see the sea of craned necks and dead eyes. We have gone from looking up and around to constantly looking down. That this species has developed an extraordinary new habit â€” and, everywhere you look, lives constantly in its thrall? I figured it would be the ultimate detox. After a few hours of silence, you tend to expect some kind of disturbance, some flurry to catch your interest. And then it never comes. The quiet deepens into an enveloping default. The only words I heard or read for ten days were in three counseling sessions, two guided meditations, and nightly talks on mindfulness. Everyone around me was attending six-week or three-month sessions. What were they experiencing, if not insane levels of boredom? And how did their calm somehow magnify itself when I was surrounded by them every day? Usually, when you add people to a room, the noise grows; here, it was the silence that seemed to compound itself. Attached to my phone, I had been accompanied for so long by verbal and visual noise, by an endless bombardment of words and images, and yet I felt curiously isolated. Among these meditators, I was alone in silence and darkness, yet I felt almost at one with them. My body became much more available to me. I could feel it digesting and sniffing, itching and pulsating. It was if my brain were moving away from the abstract and the distant toward the tangible and the near. Things that usually

escaped me began to intrigue me. On a meditative walk through the forest on my second day, I began to notice not just the quality of the autumnal light through the leaves but the splotchy multicolors of the newly fallen, the texture of the lichen on the bark, the way in which tree roots had come to entangle and overcome old stone walls. The immediate impulse â€” to grab my phone and photograph it â€” was foiled by an empty pocket.

PART I: HOW THE BURNOUT EPIDEMIC IS KILLING THE GREATEST CALL pdf

5: Fentanyl: The Opioid Epidemic That's Killing America | Opinion

The evidence is rapidly accumulating to suggest that physician burnout has reached epidemic levels in the US healthcare delivery system. In a December article from the Mayo Clinic Proceedings.

Workplace Stress Joseph Batson T Increased levels of job stress as assessed by the perception of having little control but lots of demands have been demonstrated to be associated with increased rates of heart attack, hypertension and other disorders. In New York, Los Angels and other municipalities, the relationship between job stress and heart attacks is so well acknowledged, that any police officer who suffers a coronary event on or off the job is assumed to have a work related injury and is compensated accordingly including heart attack sustained while fishing on vacation or gambling in Las Vegas. It is not the job but the person-environment fit that matters. Some individuals thrive in the time urgent pressure cooker of life in the fast lane, having to perform several duties at the same time and a list of things to do that would overwhelm most of us â€" provided they perceive that they are in control. They would be severely stressed by dull, dead end assembly line work enjoyed by others who shun responsibility and simply want to perform a task that is well within their capabilities. The stresses that a policeman or high school teacher working in an inner city ghetto are subjected to are quite different than those experienced by their counterparts in rural Iowa. It is necessary to keep this in mind when sweeping statements are made about the degree of stress in teachers, police personnel, physicians and other occupations. Stress levels can vary widely even in identical situations for different reasons. Stress is a highly personalized phenomenon and can vary widely even in identical situations for different reasons. One survey showed that having to complete paper work was more stressful for many police officers than the dangers associated with pursuing criminals. Scientific studies based on this model confirm that workers who perceive they are subjected to high demands but have little control are at increased risk for cardiovascular disease. Digesting the Statistics of Workplace Stress Numerous surveys and studies confirm that occupational pressures and fears are far and away the leading source of stress for American adults and that these have steadily increased over the past few decades. While there are tons of statistics to support these allegations, how significant they are depends on such things as how the information was obtained self-report vs. Such a conclusion might be anticipated from telephone calls to residential phones conducted in the afternoon. It is crucial to keep all these caveats in mind when evaluating job stress statistics. Highlighted statistics from the report: An average of 20 workers are murdered each week in the U. The figures are probably higher since many are not reported. Certain dangerous occupations like police officers and cab drivers understandably have higher rates of homicide and non-fatal assaults. According to an International Labor Organization study, Americans put in the equivalent of an extra hour work week in compared to ten years previously. Japan had the record until around but Americans now work almost a month more than the Japanese and three months more than Germans. We are also working harder. An estimated 1 million workers are absent every day due to stress. The European Agency for Safety and Health at Work reported that over half of the million working days lost annually in the U. If this occurs in key employees it can have a domino effect that spreads down the line to disrupt scheduled operations. Stress due to job insecurity has skyrocketed A government study reported that more jobs had been lost in the previous year than any other year in the last half century, and that the number of workers fearful of losing their jobs had more than doubled over the past decade. That was several years ago and the problem has worsened considerably since then. A February poll found that almost 50 percent of employees were concerned about retaining their job and with good reason. There were massive layoffs due to down-sizing and bankruptcies including the collapse of over dot. The unemployment rate by the end of the year was the highest it had been in 16 months. Nor have things improved since then. Since then we have witnessed the collapse of Enron and its tidal wave of repercussions on other companies and their employees. There are fears that this may be just the tip of the iceberg as accounting irregularities of a similar nature may augur the downfall of other large organizations widely assumed to be on

a solid financial footing. Nor is the problem limited to the U. Japan had a similar problem as a result of a major and prolonged recession. A subsequent European Commission survey found that: Job Stress carries a price tag for U.

PART I: HOW THE BURNOUT EPIDEMIC IS KILLING THE GREATEST CALL pdf

6: The epidemic of physician burnout

Epidemic in the Legal Profession (Part I) - Stress, Anxiety and Depression by Eric Sigurdson on August 9, November 25, There is no typical lawyer.

For years, experts have been sounding alarms that modern workers are struggling with career-sinking levels of chronic exhaustion and other issues. But according to new research by Kronos and Future Workplace, burnout really is getting even worse and more widespread, and so are the consequences of it. This time around, there are some surprising reasons whyâ€”and a few steps employers can take right away to turn things around. Kronos and Future Workplace surveyed U. These HR managers and executives believe that three factors are contributing to all that burnout: Larger organizations are more likely to have exhausted employees. The consequences by now are clear. Burnout, according to this and other surveys, leads first and foremost to lack of engagement another HR crisis many of us have grown fatigued of hearing about. Nowhere has this so-called forgive me for this one epidemic of burnout been clearer than in health care. Fast Company previously reported on the results of a survey of nearly 9, registered nurses, more than one-third of whom said they wanted to quit their jobs. The nurses listed a variety of reasons, including not enough time spent with patients, inadequate pay, long hours, an unmanageable workload, not enough staff, and lack of support from management. The loss of this intellectual asset may be acutely felt in terms of quality of care and patient satisfaction. All those bad feelingsâ€”whether workers feel taken for granted or overworked and underpaid, or any combination of similar grievancesâ€”certainly back up findings from yet another recent study , by Oregon State, in which the majority Fast Company recently reported that corporate culture and values are becoming ever more important, both in terms of making a workplace inspiring and how much it resonates based on how much a person earns. And managers with kids at home may be faring worse: Nineteen percent of HR professionals believe their current work is suffering from a lack of automation. More specifically, they reported their current technology requires them to tackle repetitive administrative tasks manually. That takes away time from coming up with ways to fix bigger issues like retention. The good news is that artificial intelligence and automation are already at work in this arena, almost exclusively in recruiting and hiring. The question now is whether the pressure that technologies take off of human workers will be passed onto the workers themselves. On that question, some are optimistic.

PART I: HOW THE BURNOUT EPIDEMIC IS KILLING THE GREATEST CALL pdf

7: The Burnout Epidemic Part 1 â€“ Burn Bright Today

A growing epidemic 4. Fifty-one percent of physicians reported experiencing frequent or constant feelings of burnout in , up from 40 percent in , according to Medscape's annual survey.

November 25, There is no typical lawyer. With specialization there are substantial differences in workload, client interaction, work environment, compensation and overall quality of life. In addition, the legal profession and economy has changed substantially even since I was called to the Bar in Stress is a fact of life. Indeed, the professional and interpersonal environment in which lawyers function appears at times to have been tailored to elicit feelings of distress! With technology, work is now accessible seven days a week 24 hours a day, and there is a perception that our work culture requires us to in fact be accessible. Prolonged chronic stress can lead to physical and mental illness. Stress is the norm within the legal profession, and it is getting worse not better. Left untreated, depression can be fatal â€" suicide ranks among the leading causes of premature death among lawyers. Male lawyers in the US are two times more likely to commit suicide than men in the general population. In particular, the excessive time committed to work can cause serious conflict between spouses and partners, and lead to the ending of this important personal relationship. American law has similarly migrated from being a practice in which good counsel about justice and fairness was the primary goal, to being a big business in which billable hours long hours , take-no-prisoner victories, and the bottom line are now the principle ends. Win-loss games cannot simply be wished away in the legal profession, however, for the sake of a more pleasant emotional life among its practitioners. The adversarial process lies at the heart of the American system of law because it is thought to be the royal road to truth, but it does embody a classic win-loss game: Competition is at its zenith. Lawyers are trained to be aggressive, judgmental, intellectual, analytical and emotionally detached. This produces predictable emotional consequences for the legal practitioner: They came one a month in Oklahoma around South Carolina lost six lawyers within 18 months before July Kentucky has seen 15 known lawyer suicides since The most important component of a treatment protocol is information, with accurate facts on causes, symptoms, treatment options, and tips for coping. Kentucky starts its annual conference on continuing education with a presentation on behaviors that increase the risk of suicide. The online program has been accredited by most provincial law societies but unfortunately not all , and is free of charge and open to all members of the legal profession. The course allows our profession to address the stigma of mental health and foster a culture of support and empathy for our peers. Do not assume that someone else is taking care of the problem. Negative thinking, inappropriate behavior, or physical changes need to be addressed as quickly as possible. Your help may include the following: There are similar programs for law societies across Canada. Dedicated to helping lawyers, judges and law students and their families with personal, emotional and lifestyle issues through a network of Lawyer Assistance Programs, a national 24 hour helpline and through provincial programs. If aware, give suggestions of names and phone numbers of reputable therapists or psychiatrists. Encourage or help the individual to make an appointment with a professional and accompany the individual to the doctor. Encourage the individual to stay with treatment until symptoms begin to abate. Encourage continued communications with the physician about different treatment options if no improvement occurs. Offer emotional support, understanding, patience, friendship, and encouragement. Engage in conversation and fellowship. Refrain from disparaging feelings; point out realities and offer hope. Invite the individual for walks, outings, to the movies, and other activities. Be gently insistent if your invitation is refused. Encourage participation in some activity that once gave pleasure â€" hobbies, sports, religious, or cultural activities. Eventually with treatment, most people get better. Keep that outcome in mind and keep reassuring the depressed person that with time and help, he or she will feel better. Real progress will require strong involvement of our law schools, regulators, professional associations, and individual leaders within the Bar to encourage dialogue and acceptance. Depression, Suicide and Substance Abuse, January Seligman, Why are Lawyers so Unhappy?

PART I: HOW THE BURNOUT EPIDEMIC IS KILLING THE GREATEST CALL pdf

8: How Employee Burnout Became An Epidemic And What It Might Take To Fix

This epidemic is a personal one for us. We practice medicine in Charlestown, a Boston neighborhood with 17, residents. Last week, families held a vigil for loved ones lost to opioid overdoses.

A brief history of burnout 1. Herbert Freudenberger, a German-American psychologist, was one of the first to describe and study symptoms of professional burnout among physicians and mental health workers in the s. He coined the term "burnout" in his book, "Burnout: The High Cost of High Achievement. The first national study of burnout across all U. The study found 38 percent of physicians experienced burnout compared to 28 percent of workers employed in other industries. A growing epidemic 4. Physician satisfaction with work-life balance also worsened from to , according to a Mayo Clinic Proceedings study. In , physicians were 15 times more likely to experience burnout than professionals in any other line of work, according to a study in U. Physicians have a 10 percent to 20 percent higher divorce rate than the general U. From the first moments of gaining acceptance to medical school, aspiring physicians face the high-intensity culture of medicine. Medical students had a 15 percent to 30 percent higher rate of depression compared to the general population. Unlike many industries in which advances in technology have improved efficiency, EHRs and other technology in healthcare have intensified administrative burden and complicated processes in the clinical space. Physicians who experienced burnout attributed job dissatisfaction to two major sources: Clinicians complete a majority of administrative tasks on an EHR or other electronic system. Physicians spend, on average, 50 percent of their work day entering data into EHRs and completing clerical work, nearly twice as much as the 27 percent of work hours spent interacting with patients, according to a study in the Annals of Internal Medicine. Physicians cannot escape clerical requirements even when they are with patients. Physicians reported 37 percent of their time during patient visits is spent documenting in the EHR and completing desk work. Physicians attribute additional time in front of the EHR, in part, to inefficient data entry processes making clinical documentation tedious and time consuming. EHR interfaces requiring physicians to click multiple times to navigate a single medical record have given rise to a condition known as "click fatigue. Click fatigue is directly correlated to the number of mouse clicks the provider must make to use their EHR and related solutions. More clicks correspond to longer time spent on data entry. Internal medicine residents spent about five hours a day entering data for 10 patient records, according to a study in the Journal of Graduate Medical Education. Excessive hours of EHR box-checking and data entry have taken a toll on U. Providers who use EHRs and computerized physician order entry report lower levels of job satisfaction and higher rates of burnout compared to their counterparts who still use paper, according to a Mayo Clinic Proceedings study. Unfiltered data in the clinical space has given rise to "alert fatigue. Primary care physicians received While some alerts can be life saving, physicians consider most alerts excessive. Clinicians reported ignoring safety notifications between 49 percent and 96 percent of the time, according to a HarvardMedicalSchool study. Nearly 50 percent of physicians believe overwork, stress and fatigue among their colleagues significantly contributes to medical errors, according to a study in The New England Journal of Medicine. The more choices a person makes throughout the day, the more challenging each one becomes for the brain. Some studies have measured the effect of decision fatigue in physicians. Physicians become increasingly more likely to prescribe antibiotics as their workday progresses, even when antibiotics are not an indicated treatment, according to a study in JAMA Internal Medicine. Compared to the first hour of work, the probability of assigning a prescription for antibiotics increased by 1 percent in the second hour, 14 percent in the third hour and 26 percent in the fourth hour. Burnout prevention efforts The problem of physician burnout is well established, but effective solutions are less straightforward. Some medical schools have implemented student wellness programs designed to help young physicians develop healthy habits and attitudes around work-life balance. In Colorado, nonprofit company Lumunos aims to help physicians recapture their sense of fulfillment in medical practice. The program rebuilds collegial bonds among physicians in a workplace to reduce burnout through mutual support

and recognition. The American Medical Association and many hospitals have developed and implemented wellness committees. These committees are typically composed of physician leaders who convene regularly to discuss ways to combat burnout unique to their institution. Diverse organizations from graduate students to UX design, or user experience design, companies are working to address problems with EHR interfaces, usability and workflow to more seamlessly integrate with physician workflow. More articles on leadershpi issues:

PART I: HOW THE BURNOUT EPIDEMIC IS KILLING THE GREATEST CALL pdf

9: It's time to call the opioid epidemic a public health emergency

Despite their best efforts, Simonds adds, residents often come away feeling their work was futile. killing , people a year. Burnout undoubtedly is a critical factor, experts say, making.

Print Last month, the Obama administration declared a public health emergenc y in Puerto Rico to cope with the spread of the Zika virus. In contrast, we know that the opioid epidemic is killing more than Americans a week and harming thousands more. Obama administration declares Zika public health emergency in Puerto Rico This epidemic is a personal one for us. We practice medicine in Charlestown, a Boston neighborhood with 17, residents. Last week, families held a vigil for loved ones lost to opioid overdoses: Every day, we treat overdose survivors and others desperately seeking help for drug addiction. But we find ourselves stymied by our inability to get access to the treatments needed by our patients with opioid use disorders. Congress took a first step toward responding to this expanding epidemic by passing, nearly unanimously, the Comprehensive Addiction and Recovery Act this summer. The press covered the passage of the bipartisan bill in an extremely favorable light , highlighting the devastating impact the growth of opioid addiction is having across the country. It also elicited congratulations from leading addiction medicine and psychiatry organizations, signaling to Americans that addiction is not a moral failing but a chronic disease to be treated with compassion and urgency. As addiction and primary care physicians, we believed that the passage and signing of the act would get more addiction treatment efforts up and running in time for September, which is National Recovery Month. Lawmakers looked good by approving the act, but sadly, given the extreme partisan infighting and budgetary inaction in Congress, they never appropriated the money to fund it, rendering the bill and its good intentions effectively useless. How heroin took over an Ohio town In the eight weeks since the act became law, more than 4, Americans have died from opioid overdoses. They were young and old, some wealthy and some living on the margins of society. They were husbands, wives, parents, children, siblings, and friends. Recovery from opioid addiction is a challenging process. The early stages are extremely tenuous, and relapse can lead to unintentional overdose, especially as extra-potent opioids such as fentanyl and carfentanil enter the drug supply chain as adulterants in counterfeit pills and heroin. Sign up for our First Opinion newsletter Please enter a valid email address. We have seen in our patients how long-term treatment with medications like buprenorphine, methadone, and naltrexone can help those with addiction regain their lives. We know firsthand that deaths can be prevented by making naloxone, which quickly reverses an opioid overdose, universally available to treat overdoses before brain injury occurs from lack of oxygen. Yet without funding from Congress, our friends and community members will continue to die needlessly. In light of the failure of Congress to fund the Comprehensive Addiction and Recovery Act, we call on the Obama administration to do for the opioid addiction epidemic what it has done for Zika in Puerto Rico: Such a declaration could rapidly mobilize significant financial and human resources. Individual state governments would then have the power to declare a state of public emergency to make additional funding available in their communities and extend the reach of federal funds. A survivor on what opioid withdrawal did to his body Health care systems throughout the United States could use these funds to invest in our citizens in recovery, enhance the addiction prevention and treatment services urgently needed by millions of Americans and their families, strengthen programs to monitor and track prescription trends, and intervene to prevent our children from ever developing addiction. Frustrated by the lack of treatment availability and exhausted by the ever-mounting human toll, we are counting on President Obama, Department of Health and Human Services Secretary Sylvia Burwell, and other leaders to help us bring proven treatments to Americans who urgently need them.

PART I: HOW THE BURNOUT EPIDEMIC IS KILLING THE GREATEST CALL pdf

Poems. By Will M. Carleton. All my files changed to microsoft picture manager files Canadian research heritage To punish the hostiles Handbook of Acoustics, 1 Object oriented modeling and design michael blaha james rumbaugh Diplomatic missions of the United States to Cuba to secure the Spanish archives of Florida, by A. J. Hann Basic and clinical aspects of growth hormone Certified nurse assistant study guide Elements of language sixth course teachers edition Matching of asymptotic expansions of solutions of boundary value problems Core connections course 2 chapters Complete Handbook of Greek Verbs Sat exam preparation books 6. Reducing school violence: strengthening student programs and addressing the role of school organizatio Monarch Notes with Dayrunner 4-1-1 Student The source of love Cambridge ielts 1-11 Employee and union struggles : reconstruction to the Coal Wars 25 ski tours in New Hampshire Middle And High School Teaching Plus Lerner Guide To Differential Instruction Plus Guide Roots of reaction MIL Rainy Day Records The distant stranger Macroeconomics 6th edition hubbard Princeton hit parade word list gre Get in your Right Mind: Cultivating Rich-mode processes Dining at the Dunbar Hypnotherapy and hypnoanalysis Artifacts of prehistoric America Washington, D.C. a portait Battletech field manual crusader clans Little poems in prose The U.S. Constitution Fascinating Facts About It Flame of Recca, Vol. 28 Natural history and human evolution [by Olive T. Miller. Siemens s5 programming manual JOHN I. BROOKS III Beautiful brows nancy parker The Rules of Tyconius: Number 1 (Texts and Studies: Contributions to Biblical and Patristic L)