

Is Autonomy Important for Physicians? Readers Weigh In

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How Far Will Physicians Go To Attain Autonomy?

No one doubts that burnout is on the rise among US physicians. Scores of surveys, including Medscape's [Lifestyle Report 2017](#), note staggering increases in the percentages of physicians who self-report burnout. In Medscape's 2017 report, the overall rate was 51%—a more than 25% increase in just 4 years. A recent major survey supports these findings, reporting that burnout had worsened between 2011 and 2014, with more than one half of physicians reporting burnout.^[1]

What exactly is burnout? Although definitions may vary, it is most widely described as an experience of emotional exhaustion, feelings of cynicism and depersonalization, and a low sense of personal achievement.^[2] Loss of autonomy^[3-5] is well recognized as a contributor, though many of the studies that examined this issue are older and were conducted in a subset of physicians or in narrowly defined practice settings.

Given the rapidly evolving healthcare environment and the growing numbers of physicians who are employed, it is likely that the expectation of physician autonomy is evolving. Do employed physicians describe—and value—autonomy differently from self-employed physicians? Do those in hospital practices frame the issue differently from those in outpatient settings? And most important, what will physicians do in order to attain autonomy?

Last year, Medscape highlighted these problems in an article about an individual physician's decision to disobey a corporate mandate. Howard Waitzkin, MD, PhD, a primary care internist, [urged his fellow "doctor workers" to unite and suggested that collective disobedience might be the needed path to allow physicians to take back the practice of medicine](#).



In an [accompanying survey](#), we asked readers to comment about their own experiences—and those [replies](#) were passionate and numerous.

Physicians struggle with a rapidly changing healthcare environment that all too often results in a loss of autonomy. In responding to the needs of our readers, we are now trying to better understand how corporate mandates and this potential loss of autonomy play out in the real world. How would you react to the scenarios below—situations that most physicians will find all too familiar?

What Would You Do?

A primary care physician employed by a large for-profit hospital receives her annual evaluation, which concludes that is not seeing enough patients per unit of time. This will affect her performance bonus. She knows that her main gratification in medicine is to spend time with patients, offering emotional support and providing educational information about their problems. She is thinking again about early retirement rather than speeding up her work with patients in order to meet a quota. She faced that situation 3 years ago, when she sold her practice to the hospital system for which she now works. Which of the following strategies would you suggest as the most appropriate first response in this situation?

Your Peers Chose:

- Take the early retirement 8%

Begin the process of seeking employment in another practice setting 13%

Inform your supervisor that you disagree with the premise that "faster is better" and that you request renegotiating productivity requirements

63%

Contact your colleagues and try to organize with help from a doctors' union 8%

Decide to "adapt your attitude" and stick with it, because there is so much good about the job and every place is probably the same

8%

A cardiologist employed by a large multispecialty practice is instructed to comply with mandatory electronic health record training. His patient load does not allow him to meet this requirement during regular work hours. Additional time that may be required above his usual work day is not compensated. What would be your first step?

Your Peers Chose:

Complete the requirements after hours 13%

Refuse to complete the requirements 2%

Block the amount of time anticipated to be needed on your schedule and complete the requirements then—even if that means pushing the completion date back several weeks

31%

Approach management and negotiate additional compensation for this time 35%

Organize among colleagues who also feel burdened by such mandates and approach management for extra compensation as a group

19%

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