

EDITORIAL

The needs of the patient come first—but at what cost?



“The needs of the patient come first.” This is the mantra of Mayo Clinic that caregivers there firmly believe in. This phrase resonated with me early on in my training and has remained a constant guide throughout my professional career. I practice this philosophy each and every day, although I have begun to question its limits. We are all aware of various tolls that the professional demands of dentistry, medicine, surgery, academia, and private practice take on us and on our families. “Convincing physicians [surgeons] that their personal health and well-being are as valuable as their patients’ is no small feat.”¹ Herein lies the issue: The cost is that our personal wellness is sacrificed. It is easy to craft a list of ways our well-being is affected daily, weekly, yearly, and over time in general. I believe we are all aware of the many sacrifices we make for our patients, but how many of us truly consider our wellness? Our family members, friends, and others could easily provide further details. I recall my own children asking me why I always had to work so much when they had time off for holidays and summer breaks. We do not get this time back. Compromising work–life balance with the altruistic goal of caring for others before ourselves leads to burnout. Burnout, in turn, has been shown to increase the risk of making errors in judgment and action.² Clearly, this is not placing the needs of the patient first.

I have so much respect for my mentors and all those that paved the road to this tremendously rewarding profession. Our surgical specialty has such breadth and impact on society. We are all truly privileged to be able to care for patients as we do. We are also fortunate to have exposure to numerous scientific and surgical journals and continuing education courses that allow us to further our knowledge and hone our skills. Unfortunately, there is very little professional education offered in the area of wellness. It seems intuitive that wellness education would have a significantly beneficial impact on us as providers and, in turn, on our patients. We have witnessed advancements in approaches, techniques, instruments, technology, medications, and other aspects of our practice that we currently utilize but were unheard of during our training. Where is the progress for provider wellness? Some improvements to work–life balance, such as duty hour restrictions, have been incorporated into training programs, but little else has changed as it pertains to our professional development in the area of wellness.

Wellness is multifaceted and deeply personal; we all have our own sense of what it means. At a minimum, wellness incorporates physical health, mental health, nutritional health, and spiritual health. These are but a few of the key components of personal wellness, and they all interact together.

With regard to psychological health, burnout can lead to depression and may subsequently progress to suicidal ideation or action. Sadly, too many of us have had colleagues reach this point and leave behind grieving loved ones, friends, business partners, and associates asking themselves what they could have done to prevent such an outcome. It seems unfathomable that while working in one of the greatest of professions, one may be unable to obtain happiness or the necessary components for personal wellness.

Physical health is another important aspect of wellness that not only affects individuals but also their loved ones. Within the past few years, several colleagues have experienced significant medical conditions, such as cancer, vascular conditions, and neurologic and musculoskeletal diseases, and even death. We all know the physical demands placed on us to actually complete the surgical procedures we perform. It is imperative that we operate in the most ergonomic fashion possible and with attention to our physical health. We need to take time to care for our bodies with rest, exercise, stretching, massage, and the like to ensure that we can function in our best capacity.

Spiritual health can have different meanings to different people. It may have a religious undertone or take on aspects of internal reflection. Spiritual health helps keep the mind clear and focused.

Furthermore, nutritional health is paramount to our overall functioning and is intertwined with other aspects of wellness. All of us sacrifice nutrition at times by not eating enough, working through mealtime, or making poor food choices in general. Choosing a healthy, well-balanced diet is important to maintain nutritional health and prevent disease. We often counsel our patients about this, but then we fail to follow our own advice. Deficiencies in the key components of wellness lead to added mental and physical stress, which perpetuates burnout and other issues.

It is truly an honor and privilege to be afforded the opportunity to serve as President of the American College of Oral and Maxillofacial Surgeons. Similarly, it is an honor to address the members of our respective professions via this editorial. One of my goals for this

year and for the future of the College is to incorporate the topic of wellness into our discussions. While contemplating a subject for this editorial, I felt this topic was universally applicable and that discussing it here would remind us all to take a step back and reflect on our own wellness. Our profession is demanding in many ways. Working together and supporting each other in wellness will have significant impact. We should all take the time to exercise, rest, eat well, and care for both the mind and the body. In doing so, we will be at our best, and we will be able to appropriately meet the needs of our patients.

*Kevin L. Rieck, DDS, MD, FACS
President, American College of Oral & Maxillofacial
Surgeons, Washington DC, USA*

<https://doi.org/10.1016/j.oooo.2019.09.013>

REFERENCES

1. Edmonson EK, Kumar AA, Smith SM. Creating a culture of wellness in residency. *Acad Med.* 2018;93:966-968.
2. Shanafelt TD, Balch CM, Bechamps G, et al. Burnout and medical errors among American surgeons. *Ann Surg.* 2010;251:995-1000.