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HOSTED BY DR. DAVID GRATZER

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## Double Take #5: One physician's experience with burnout

**David Gratzer:** Welcome to Quick Takes. My name is Dr. David Gratzer. I'm a psychiatrist here at CAMH and today the topic is physician burnout. We're joined by psychiatrist Dr. Murray Erlich. Doctor welcome to Quick Takes.

**Murray Erlich:** Thank you. Good to be here.

**David Gratzer:** You're a psychiatrist.

**Murray Erlich:** I'm a retired psychiatrist. Yes.

**David Gratzer:** And you're also a person who's experienced burnout.

**Murray Erlich:** Yes.

**David Gratzer:** How did you discover that you were experiencing burnout?

**Murray Erlich:** Well it wasn't the first time I ever had any degree of burnout. I think I knew I was prone to some degree of burnout – much milder in the past. And I think the first time I was burnt out was during my medical training as a clinical clerk and as an intern. Didn't have a name for it back then, but I had thoughts, just a few months from finishing medical school, I had thoughts of quitting and I just was putting one foot in front of the other trying to go on. Later times what would usually happen with me is I didn't have the energy to do everything that I wanted and needed to do. I worked very hard, as I think many physicians would do, to preserve my work life. To make sure that that I could do my very best there. And if I had to sacrifice something it was elsewhere – which, in and of itself, can be a problem if you start giving up some things that nurture you. There were things holding me in in place in my work: patient needs, a sense of wanting to contribute, and provide for my family as well. And then I started to get burnt out because, or at least partly because, I had a number of personal stressors. And the thing that really impacted me was that my sleep, which had always been pretty good, started to be very poor and I started waking up very early 4:00 or 5:00 a.m. And I just started getting more and more exhausted over time and it became just harder to do things. I worked really hard to make sure I didn't make any errors or do anything that might be harmful to a patient, but it became harder and harder to do that. And it became harder to be as present as I wanted to be.

**David Gratzer:** Looking over your career, what was the difference from when you graduated to when you were experiencing burnout?

**Murray Erlich:** Psychiatry was something – it wasn't a question – it was something I really wanted to do. At the end, or towards the end, as I was starting to have some questions about continuing in my practice, intellectually I think I still was all in. Wanting to do everything I could. But it was taking a toll.

**David Gratzer:** You described to me before – thinking about going home earlier and earlier in the day. Can you talk about that?

**Murray Erlich:** It used to be very easy for me to go through a full day of seeing patient after patient. And other people, as well, would say to me: “you know I don’t know how you do the work you do. I could never do that. I can never be a psychiatrist.” And I would think to myself, well you can’t, but this is what I do and I’m able to do it and it works. I started I think watching the clock during the day and thinking more about, well, how many more patients? How much time is left in my day? I knew I could get through it, but I didn’t know how I would feel at the end of the day. And then that just started getting earlier and earlier in the day and five minutes into the day, I would usually start my days at eight thirty in the morning, and I was aware that sometimes at eight thirty five I was thinking “oh boy, it feels like I’ve been here a while already, and I have a long day to go and how am I going to do this?”

**David Gratzer:** Completely different than earlier.

**Murray Erlich:** Oh yeah, very, very different.

**David Gratzer:** Did patients ever comment: “You look burnt out. You look stressed out”?

**Murray Erlich:** Not at the time. Since then, there’s a few people that have gone on to work with me in a coaching capacity that were previously my patients and I think when they saw me in the media talking about my burnout, they said, only then did a few people say, “You know, I did notice a difference. You weren’t... you weren’t the way you had been in the past.”

**David Gratzer:** But it’s a big decision for a doctor to talk about problems particularly problems practicing. Why did you choose to speak out?

**Murray Erlich:** I didn’t talk about it with many people when I was going through it, and I thought it’d be helpful to just be someone, who was visible as a physician, who had burnt out. I also found that I was feeling quite relieved after I did talk about it publicly, because now I felt like I could talk with anybody about the fact that I’d gone through this, and before I was selective.

**David Gratzer:** How did you deal with the burnout?

**Murray Erlich:** Well first thing I did was take a bit of time off. I really needed that, and I bet I benefited from it. In previous times, when it was milder, I would mostly keep going and I knew that I would equilibrate over a number of weeks because I’d finished whatever was stressful. Things had become easier now. And, slowly, I would just bounce back and that was all fine. This time I didn’t. And the big difference, for me, was the sleep – which was really the deal-breaker for me. And how did I deal with it? Well, for a while, I kept trying to go on. And I started, I think, if I remember rightly, I think I started to reduce my work hours a little bit hoping that you know maybe that will be OK. And it wasn’t. So, I spent a lot of time thinking about my previous thoughts about maybe not continuing, and whether it was best for me to not go on anymore as a psychiatrist. And this time I realized that I wasn’t going to equilibrate. That maybe it was no longer right for me to do what I was doing in my career. I’m no longer working with people that are very ill and one of the things that was quite stressful for me was working with people who had treatment resistant depression. Sometimes nothing one does is helpful. People who were chronically suicidal. And now I’m working with people that are, by in large, healthy, who have some issues in their life and want to change some things. And now most of my coaching work is coaching physicians as well.

**David Gratzer:** Doctor Erlich we appreciate your comments. It's a Quick Takes tradition that we put a minute on the clock and do a rapid-fire minute of questioning. Shall we begin? One minute on the clock? Let's go. Dr. Erlich, looking back on things, what would you do differently?

**Murray Erlich:** I think the main thing I would do differently would be to pay more attention to the warning signs and to take them more seriously instead of pushing through.

**David Gratzer:** What regret do you have?

**Murray Erlich:** In a way, I regret staying as long in the profession as I did because it became clear that it really wasn't so right for me anymore.

**David Gratzer:** Piece of advice to our colleagues?

**Murray Erlich:** Would be to pay attention to any warning signs. And if you think you may be experiencing any degree of burnout you probably are and do something about it. Get some help.

**David Gratzer:** And just at the buzzer, one last question. Are you sleeping better now?

**Murray Erlich:** Soon after I retired, I start sleeping about two hours extra a night almost immediately!

**David Gratzer:** Nice. Thank you very much for your comments and thank you very much for speaking out on this issue.

**Murray Erlich:** Oh, my pleasure.

(Outro): Quick Takes with CAMH Education is a production of the Centre for Addiction and Mental Health. You can find links to the relevant content mentioned in the show, a video version of the episode, and accessible transcripts of all the episodes we produce online at [porticonetwork.ca/web/podcasts](http://porticonetwork.ca/web/podcasts). If you like what we're doing here, please subscribe.

Until next time.

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