

Editorial

Our stories matter

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Am I good enough? Am I smart enough? Am I dedicated enough? Am I kind enough? Am I enough? The overwhelming answer is YES! But, it doesn't always feel this way, especially in medical training and practice. As physicians, these questions may haunt us as we face moral injury, burn out, depression, and even thoughts of suicide. To experience these things is NOT weakness. Our career path and day-to-day clinical practice is tough. It is emotional. It is practically impossible to compartmentalize our work and not carry it with us, all the time. We feel a great responsibility for our patients, particularly for those who have poor outcomes or prognosis. It is nearly impossible not to question yourself at some point in medical education, training, and/or practice.

Dr. Brandenburg's story

For me, matriculation at medical school was a culture shock. I grew up and went to school in the Upper Peninsula of Michigan ("U.P."). My world, my cultural experiences, were quite homogenous. The University of Michigan was a culture shock. I was now with individuals who were much more varied in life experiences, who looked very different from me, who seemed born for medicine and medical school. I couldn't imagine how I could succeed. This self-doubt grew, even with doing well on my exams. At a study session early in medical school, one of my friends mentioned that I seemed off. He thought I might be depressed. He disclosed that he too had some challenges and had someone he talked to. I was

shocked by both his struggle and his openness. This made me more receptive to seeking care. Therapy and medications helped pull me through. I again experienced something similar in residency. This time, I recognized that something wasn't right and I spoke to my doctor. However, I still didn't speak about this to anyone else. I was afraid I would be judged as weak, fragile, incompetent, or incapable of being a PMR physician. I didn't want to jeopardize my fellowship opportunities. I also didn't want to be fodder for gossip. I suspect my feelings and story are not unique. My personal experience has helped me speak up with my patients when they seem a little off.

Dr. Erlandson's story

I was diagnosed with Autoimmune Arthritis and Sjogren's syndrome as a 2nd year resident. Similar to many others with such disorders, it took multiple medications and two years to identify a regimen that would control my illness. But it came with a cost. It completely derailed my "planned" career path and goals. And even worse, it made me question whether I could be successful as a physician.

So here I was, a resident in Physical Medicine and Rehabilitation, a specialty focused on caring for people with disabilities and helping them achieve their greatest functional independence. And now I had physical limitations, but I didn't feel I deserved for myself what I worked so hard to offer my patients. I didn't believe there was a place in medicine for activity modification, adaptation of daily tasks, and managing chronic illness. I feared being seen as weak, lazy, and unable to pull my weight. This took a toll on my emotional health as well. I was often over-

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whelmed, and it was increasingly difficult for me to separate work and life. Often, I didn't have the energy to fight the "system" as I felt my patients deserved. Like Dr. Brandenburg, someone reached out and helped me get the help I needed, both physically and mentally. And today, I'm convinced, this experience has improved the care I can offer to my patients.

Dr. Srinivasan's story

Becoming a pediatric rehab physician was a dream come true for a physician who had immigrated to the US as an adult and was looking to establish herself. I had worked with patients with cerebral palsy, spina bifida and autism in India and England. Pediatric rehab appeared to be an ideal field that appealed to me. I loved the ability to provide a continuum of care in an inpatient setting. To follow up in the clinics and to see the progress made by the patients was fulfilling. This was the icing on the cake! During the course of my career, I faced the closure of inpatient rehab units either due to lack of support or system changes. The cumulative effect of these events was very stressful. I had difficulty speaking about it and suffered in silence. Not accepting that it would be beneficial to actually reach out to someone and try to sort my emotions, I tried to be the lone warrior. I had reached a point where I felt I did not want to be a physician and instead was looking for options, either as an interior designer, or a yoga teacher, or a music teacher to do something totally opposite of what I had started out to do. Realizing that I would be giving up my calling, I changed my approach to ask for help, learn to say no, and accept that it was ok to not be always stoic. Finding help in the form of wellness committees, coaching, and lifestyle medicine to balance work and burnout has helped me continue my journey.

The importance of speaking up

All too often, physicians suffer moral injury, burnout, depression, anxiety, and suicidal thoughts

in silence and alone. Some may feel ashamed, weak, or vulnerable. In telling our stories, we show our strength, hope, and resilience, which were made possible by appropriate interventions. Why bring this up now? Because we have a voice and opportunity to show that we are not ashamed of our experiences, but rather, we are empowered. As physicians, we are far more comfortable with offering care than receiving it. It is time to remove the stigma and support our colleagues, students, and trainees. Encourage them to speak up. Check in on each other. We can't afford to lose another individual to suicide or to have them leave medical practice due to moral injury or burnout.

In this special issue we highlight the importance of wellness as it relates to our pediatric rehabilitation community. This includes moral injury, burnout, and other wellness topics as they relate to physicians, patients, and caregivers [1–7]. We hope that you find value and support in the included manuscripts and feel empowered to tell your own story.

References

- [1] Osterwald AC, Tsinberg J, Sukhov RR. New kid on the block: Artificial intelligence just moved into town. *J Ped Rehabil Med.* 2023;16(3). doi: 10.3233/PRM-230039
- [2] Brandenburg JE, Schultz BA, Prideaux CC, Driscoll SW. Physician Distress: Where are We and What Can be Done. *J Ped Rehabil Med.* 2023;16(3). doi: 10.3233/PRM-230032
- [3] Erlandson E, Ramirez C, Dean W. Medicine shouldn't be this hard: The intersection of physician moral injury and patient healthcare experience in pediatric complex. *J Ped Rehabil Med.* 2023;16(3). doi: 10.3233/PRM-230027
- [4] Turk MA, Gans BM, Kim H, Alter KE. A call for action: Increasing the pediatric rehabilitation medicine workforce. *J Ped Rehabil Med.* 2023;16(3). doi: 10.3233/PRM-230044
- [5] Khalil MT, Rathore FA, Dy R. Wellness in residency: Addressing the neglected need in lower middle-income countries. *J Ped Rehabil Med.* 2023;16(3). doi: 10.3233/PRM-230031
- [6] Middleton K. Why working expectations need to change to protect doctors and the quality of patient care: A perspective from down-under. *J Ped Rehabil Med.* 2023;16(3). doi: 10.3233/PRM-230040
- [7] Srinivasan R. Managing burnout with lifestyle medicine principles. *J Ped Rehabil Med.* 2023;16(3). doi: 10.3233/PRM-230047