

## References

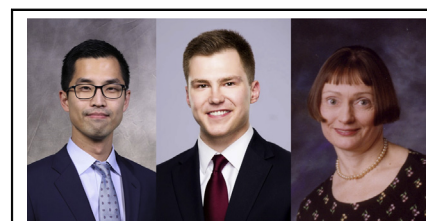
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## Commentary: Burning bright without burning out: Protecting the spirit of cardiothoracic surgery

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Cardiothoracic surgery is a demanding specialty for which career success has long relied on resilience, ingenuity, and a tireless work ethic. The field will continue to attract individuals with these characteristics and thrive, but during the past several decades we have collectively grown more aware of the importance of promoting wellness and mitigating burnout among providers. Recent studies have demonstrated that burnout is associated with increased rates of provider depression, suicidal ideation, and attrition, as well as overall worse patient satisfaction and outcomes.<sup>1-5</sup>

These symptoms are far more prevalent among health care workers than in the general population. Most studies estimate that a majority of providers experience some degree of burnout during training or throughout their career, which points to a systemic problem in medicine.<sup>4,5</sup>

The coronavirus disease 2019 pandemic already has and will undoubtedly continue to exacerbate these associations

### CENTRAL MESSAGE

Reducing burnout and promoting wellness among surgeons and trainees in cardiothoracic surgery should be a systemwide priority and requires a centralized solution.

at all levels of the health care system. This requires our attention.

It is at this necessary junction that Fajardo and colleagues<sup>6</sup> share their insights. Incorporating the wisdom of past and present leaders from the Thoracic Surgery Director's Association, the authors call for a top-down paradigm shift consisting of more robust, uniform definitions; establishment of institutional support and responsibility; increased research; and improved implementation of existing resources across programs. The strength of the article is in its bold and overarching vision that recognizes a need for a centralized approach toward creating a multi-institutional committee, mission statement, educational curriculum, and intervention plan. These suggestions can surely be the building blocks for an infrastructure surrounding wellness in our specialty. Yet, the other half of the

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equation, which remains to be elaborated on, includes matters that pertain to the soul and the culture of cardiothoracic surgery as a field. A top-down approach to a paradigm shift is a necessary first step. Ultimately, true cultural change occurs at the level of the individual who discovers meaning and fulfillment. Wellness must become a subject that we not only teach or define, but also embody and live.

The authors deserve our congratulations for this timely and important contribution. The personal welfare issues described pertain to the well-being of members of our profession as well as our patients, so we must treat it in earnest, even if the work that remains to be done is substantial. If there is an irrefutable takeaway from the coronavirus disease 2019 pandemic so far, it is that unprecedented circumstances have the power to spark and drive forward sweeping changes. So, too, in the field

of cardiothoracic surgery, we can begin to plan for the formidable road ahead.

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