On Oct. 15, 1997, the Cassini spacecraft lifted off from Cape Canaveral in Florida. It was purposefully launched away from its ultimate destination – Saturn – and toward the sun. Using gravitational forces from Venus, Earth and Jupiter, through a series of slingshot maneuvers, Cassini reached a speed of approximately 42,500 miles per hour. At that speed, the probe could cover the distance between Chicago and San Francisco in about 2.5 minutes. After a journey of six years and 261 days, Cassini entered the outer rings of Saturn.

Students in their first year of medical school when Cassini took off would have just been finishing their residency when the satellite reached its destination. The parallels between a seven-year mission to explore deep space and embarking on a medical education are worthy of consideration. Both involve a leap of faith that a target we’re aiming at seven years away will still be there when we arrive. And both endeavors are anchored in idealism. Realism is inherently limiting. Cynicism is potentially defeating. Idealism is aspirational.

Only an idealist would fire a rocket in the wrong direction, counting on the gravitational pull from three different planets to sling it back on course, and at warp speed. And a healthy dose of idealism goes a long way when a patient has an urgent need at 3 o’clock in the morning. The world is a better place – or at least it seems so – when idealism is not crowded out by realism or cynicism. A lot has been written and said about “physician burnout” recently. As right as we are to worry about the demise of idealism, we should be very concerned about what is happening to doctors and other health care providers.

In 2015, researchers at the Mayo Clinic, in collaboration with the American Medical Association, found that more than 50% of physicians in the U.S. were experiencing what they referred to as professional burnout, which they said manifests as emotional exhaustion, loss of meaning in work and feelings of ineffectiveness. Comparing survey data from 2014 to responses in 2011, the study found an increasing prevalence of the manifestations in almost every specialty. Numerous other studies have arrived at the same conclusion.

At least some doctors are uncomfortable with the term “burnout,” because it has a negative – or even pejorative – connotation. That made me start thinking about the phenomenon a little more carefully, and to ponder what factors might be causing medical providers to experience the manifestations described by the Mayo Clinic and others. Where that thinking took me is entirely intuitive – there is no data to test my hypotheses; I offer them only to stimulate others smarter than me to think.

One of the factors contributing to the disillusionment of medical providers may be the adversarial nature of relationships that has evolved over the last 40 years since the inception of managed care. Without necessarily intending to do so, insurers and other fiscal intermediaries have found themselves in a “we/they” environment in which physicians and other health care providers have become “they.” It would be Pollyannaish to assume that providers and payers will eliminate tensions entirely, but we would be well-advised to look for opportunities to relieve some of the pressure caused by needlessly adversarial systems and processes. Armies in wartime limit the duration of soldier exposure out of concern for battle fatigue. The adversarial nature of health care finance can be exhausting.

At the same time, it might be worth considering efforts to change the expectations of providers. A commonly cited source of physician frustration is the “loss of autonomy.” As a patient with considerably more recent firsthand experience than I would have chosen for myself, the concept of physician autonomy is not one that elicits unequivocal endorsement. Medicine is increasingly a team sport, and we would do well to include the predisposition for collegiality among the criteria for initial selection and to embed collaboration rather than perceived autonomy into our training programs. It’s unfortunate when idealism is a casualty of the environment, and we should avoid the collision whenever possible, but we’re setting ourselves up for disappointment if we allow an expectation for unfettered autonomy to emerge from a provider’s preparation.

I recently exchanged emails with an old and dear physician friend whose dad – also a doctor – had passed. In response to my observation that his dad had been a doctor at a time before we had turned medicine into a business, he replied that his dad had lived in “Bedford Falls,” an elegant way of saying that his father had lived a wonderful life. In many ways, the world that we have created is so unlike the idealistic view that many medical students bring with them that it’s almost inevitable that many will end up disillusioned before they retire. We can soften the landing by tempering their expectations without extinguishing their idealism, and by toning down the adversarial environment that we have allowed to evolve.
Imagine the disillusionment had there been no rings around Saturn when Cassini arrived. What if the engineers had invested seven years of exhausting work and anticipation only to find that deep space looked nothing like what they had expected? In the case of Cassini, that was not the experience. The mission actually exceeded expectations. But it’s not a stretch to imagine the emotions that would have taken hold had the rings not been there.

On Sept. 11, 2017, with its fuel running out, to ensure a safe disposal and to avoid an unplanned impact on icy satellites like the ocean-bearing moon Enceladus, Cassini made a distant flyby with another moon - Titan - to get the final gravitational assist needed to put the spacecraft on its impact course with Saturn. Four days later, the signal disappeared. To the physicians, nurses and other medical providers on whose idealism we rely as patients – here’s to a fulfilling mission.

About the author and the Vizient Research Institute™. As executive director of the Vizient Research Institute, Tom Robertson[7] and his team have conducted strategic research on clinical enterprise challenges for 20 years. The groundbreaking work at the Vizient Research Institute drives exceptional member value using a systematic, integrated approach. The investigations quickly uncover practical, tested results that lead to measurable improvement in clinical and economic performance.