

# PHYSICIAN ESSAY: Burnout led to my retirement

By William M. Gilkison, MD

After 40 years of practicing family medicine, I had had enough. Years of progressively increasing obstacles in the path of good medical care that stalled my economic livelihood led me to decide to retire. They won! They beat me down!

Who's "they"? Well, they are Medicare, commercial insurers, HMOs, Medicaid, HIPAA, Clinical Laboratory Improvement Amendments (CLIA), nurse practitioners, physician assistants, prior authorizations, pre-certifications, retail clinics, healthcare economists, and the assassin-in-chief, Meaningful Use (MU); that's who! They all did their part to emasculate physicians and make the business of medicine nearly impossible. If I were paranoid, I would think there was a concerted effort to devalue physician importance, control and reduce our financial well-being, and relegate us (at least those in primary care) to employee status.

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Every day was met with new challenges, new policies, or denial of payment. When they did pay, it was pennies on the dollar. The threat of fines and disenrollment in payer contracts by these entities scared me into submission. I was tired. Becoming an employee of a large multi-specialty group for my last seven years eased the burden some, but then MU came along, and I was done. It was the final insult. My productivity plummeted. My frustration and anger grew, and

there was no solution other than backing away from clinical practice.

Being a physician used to command respect and prestige, but now that only exists in the hearts of loyal, long-term patients. It is healthcare economists, hospital administrators, insurance company executives, CMS, et al., who now call the shots.

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visits to talk to an unknown person on the phone to justify a test I ordered, and attesting to the multiple stages of Meaningful Use so I didn't get docked another 5 percent. How many ways could they make it more unpleasant? I never had to deal with a Medicare audit, CLIA inspection, or HIPAA violation, but they succeeded in making me fear it could happen. In a large group practice, one could have a lot of staff members to help with the busy work, but I was still responsible for the final say.

When I went from seeing 35 to 28 patients a day (due to EHR and MU), when I realized these policies and programs were disguised as good-for-patient-care outcomes, and when I saw the focus of a visit shift from the patient to the medical record, I gave up and retired. It was a decision I needed to make, because I felt my importance was waning.

I feel bad for those doctors new to medicine and those who aren't

financially able to retire, because the nightmare continues daily. Young doctors will know a different medical profession than I knew. Primary care will be managed by NPs and PAs; physicians will be salaried depending on specialty, tenure, and maintenance of certification; and some PhD at Harvard or MIT will decide what's best for patients. It will be a sad day I hope to never see.

I'm afraid the AAFP, AMA, and ACP haven't been the influential force they needed to be. The government and insurance companies control the purse strings, so they are in charge. We physicians must do as their policies dictate.

I'm very glad I practiced when I did and was able to make a comfortable exit at the right time, but I could have practiced longer if things hadn't changed so drastically. My advice for young physicians is do the best job you can for your patients because they are your real concern. ☹️



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