

Pandemic dangers drive some doctors to switch jobs, retire early

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(HealthDay)—Dr. Brad Cotton enjoyed working on the front lines as an

emergency room doctor. Yet in March, as the coronavirus pandemic burst through the doors at hospitals across the world, Cotton left that more dangerous work behind.

"I left emergency medicine because that was much higher risk. I'm actually still working full time for urgent care, but the urgent care—as we have it structured—is much, much lower risk," said Cotton, 66, a doctor at Immediate Health Associates in the Columbus, Ohio, area.

"I'm not intubating patients who are breathing lungfuls of COVID in my face," added Cotton, who is also a fellow with the American College of Emergency Physicians.

Cotton isn't alone. Doctors throughout the United States reported in a recent survey that they are closing practices, cutting staff, moving out of patient-care roles and switching to telemedicine.

The Physicians Foundation survey of more than 3,000 U.S. physicians looks at the impact COVID-19 has had on [medical practices](#) and its emotional toll on doctors. Results from parts one and two of the three-part survey have been released so far.

"We realized the pandemic had changed things quite a bit for physicians," said Dr. Gary Price, president of the nonprofit Physicians Foundation and a plastic surgeon in New Haven, Conn.

The survey found that 8% of physicians had closed their practices, a number Price called "staggering." With more than 200,000 medical practices in the United States, that means about 16,000 had closed. Another 4% of doctors planned to close shop within 12 months. A majority reported losing income during the pandemic.

"Physicians in independent practice were under a lot of unusual stresses

even before the pandemic hit, and the pandemic made that situation much worse," Price said.

Inappropriate anger

Key findings about emotional impacts of COVID-19 included that half of physicians had experienced inappropriate anger, tearfulness or anxiety as a result of the pandemic. About 30% felt hopeless, and 8% had thoughts of self-harm. Others turned to drugs and alcohol or sought mental health help.

The number of doctors who reported feeling burnout was 58%, much higher than 40% just two years ago. Physicians were already feeling burnout for a variety of reasons, including regulations they felt impeded patient care, Price said. The public's response to science during the pandemic has added to that.

"The number one source of frustration for physicians was the lack of adherence of the public to the requested guidelines," Price said. "In particular, wearing masks and social distancing. I'm proud to say our physicians went right out into the trenches, but it's been very difficult to keep their morale up."

The final motivation for Cotton to switch jobs was a letter he received in March from the American College of Emergency Physicians that cautioned older physicians and those with health risks. Cotton's age and some preexisting conditions put him at risk of severe COVID disease. He and his wife have raised their now-teenage grandchildren since the kids were small.

"I was worried about getting it and then my grandchildren not having a father, so to speak, and my wife not having a husband," Cotton said. "Given my druthers, I would be back in the ER if I could. It's not all

about me."

Doctor shortage

The closing of practices and burnout raise the specter of an even greater doctor shortage than is already expected.

Physicians typically tend to work beyond the average retirement age, Price said. Yet, even in earlier surveys they noticed a general trend of physicians considering early retirement, he said.

Meanwhile, more than half of the U.S. [physician](#) population is over 50. "We know we're going to have a progressively worse shortage of physicians over the next 10 years even without all this happening," Price said. In July, the Association of American Medical Colleges estimated there will be a shortage of up to 139,000 physicians in the United States by 2033.

The doctor shortage could lead to longer wait times and farther travel, especially for people in rural areas, Price said. Some of that may be alleviated by telemedicine.

Dr. Steven Gordon, who lives in Sioux City, Iowa, had been traveling to different jobs since 2014. He canceled plans to work at a [family practice](#) in the spring and an urgent care this summer because of the pandemic.

Now, he's doing family practice telemedicine for Doctor on Demand. "Number one, I really love medicine and I don't want to stop doing it. Number two, I'm 70 and I have too much to lose if I get COVID-19," said Gordon, who is also affiliated with the American Academy of Family Physicians.

Gordon would eventually like to return to in-person medicine. He's not

surprised that many doctors are shuttering practices and that some are suffering emotionally.

"The only surprise is that it's not worse," Gordon said. "If you start with a community that's tap-dancing on the knife edge of burnout and you throw in a crisis like this, a lot of docs are going to say, 'Why am I doing this?' Can I make more money in real estate?"

More information: The U.S. Department of Health and Human Services explains why health care workers may suffer from [occupational stress](#).

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