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UNION EUROPEENNE DES MEDECINS OMNIPRATICIENS



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PREVENTION of BURNOUT in GENERAL PRACTITIONERS

It is a fact that in the medical profession more people suffer from burnout than in the average population. Especially altruistic people are more susceptible to a burnout syndrome. General practitioners, with their usually altruistic attitude and their wide range of responsibility, are therefore at high risk.

Studies done in Australia (1), Canada (2,3), Germany (4), Great-Britain (5), Italy (6), Switzerland (7,8) and in USA (9,10) have investigated burnout syndrome in general practitioners.

These came to the following **conclusions**:

1. Job satisfaction decreased and burnout syndrome increased from 1986 to 1997 and during the last 10 years.
2. The main **causes** were:
 - Loss of autonomy
 - Increased workload
 - Lower income
 - Too many different and conflicting directives to follow
 - Increasing administrative work
 - Work interfering with private life and spare time
 - Lack of understanding and appreciation of the work of GPs/family doctors by politicians and the media
 - Heightened expectations from patients

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In some countries, measures have been taken to prevent burnout in General Practice/Family Medicine; mainly by the medical associations, who have provided information and offered counselling services. To date, governments have taken no action. Unfortunately rather the opposite is to be feared.

The goals therefore should be:

1. To **strengthen the self-confidence** of general practitioners in Europe.
2. *National medical organisations* should **plan actions for burnout prevention** in doctors (for example a counselling service, supervision possibilities, substitution possibilities, information about burnout prevention).
3. *Government/Health Ministries* should be convinced that if they want a high quality Health System at low cost, they have to **support and value General Practice/Family Medicine.**

This could be done:

- by **improving autonomy and income of GPs,**
- by **lowering administrative workload,**
- by **reviewing (evidence based) the need for existing directives**
- and by **supporting medical education of high quality for GPs to be recognised as specialists in General Practice/Family Medicine**

Litterature:

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