

## Physician burnout: let's talk



istock/Wavebreakmedia 17850378

See [Correspondence](#) page 1397

For systematic review of interventions to reduce burnout see [Articles](#) *Lancet* 2016; **388**: 2272–81

That half of doctors in the USA may have symptoms of burnout (work-related emotional exhaustion, depersonalisation, and a sense of diminished accomplishment) is shocking. Even more shocking is the disproportionately small amount of attention that burnout receives from the profession, health systems, and patients. One reason for the relative silence surrounding burnout and its adverse effects on physicians and patients might be the lack of consensus about aetiology. This is shown by an exchange of letters in today's *Lancet*, between Renzo Bianchi, Irvin Schonfeld, and Eric Laurent, who frame burnout within a mental health paradigm, and Ronald Epstein and Michael Privitera who advance a systems approach. The danger of dichotomising burnout solely as either an individual or a systems malady is that on the one hand it risks denying individuals beneficial support, while on the other it ignores institutional practices that predispose physicians to burnout in the first place. Both exclusive approaches limit understanding and options for prevention and treatment.

Although the epidemiology differs, with the symptoms of burnout being much more common among physicians than those of depression, there is undoubted overlap between the conditions, as the risk of depression increases with the severity of burnout. Colin West and colleagues, whose systematic review of interventions to reduce burnout sparked the above correspondence, concluded that a mixed approach of both systems-focused and practitioner-specific intervention is needed. But they were unable to identify a single evaluation of such a strategy.

April 7 is World Health Day. The theme for 2017 is Depression: let's talk, the aim is to promote dialogue and access to help. As part of a wider consideration of depression, the occasion must encourage discourse about structural determinants of mental health more broadly, particularly in developing countries with overburdened health systems. Differences over semantics must not obscure the truth: burnout damages physicians, patients, and health systems; it has no place in a truly caring, quality health service. ■ [The Lancet](#)

## Urbanisation, inequality, and health in Asia and the Pacific



istock/boigs 458666549

Asia and the Pacific region are rapidly developing, with half the population estimated to be living in urban areas by 2018. Generally, urbanisation is associated with economic gains and lifting people out of poverty. But there is also risk of furthering inequalities and excluding the poor and marginalised. Coinciding with the Asia-Pacific Forum on Sustainable Development 2017, held in Bangkok, Thailand (March 29–31, 2017), the Economic and Social Commission for Asia and the Pacific released a new report—*Eradicating Poverty and Promoting Prosperity in a Changing World*—which outlines challenges and recommendations for prioritising inclusive and sustainable management of urbanisation with the aim of building resilience for the most vulnerable populations.

Approximately 400 million people in Asia and the Pacific are living in extreme poverty. Unless steps are taken to address the structural dimensions of marginalisation, rapid development could result in widening inequality gaps both within and between countries, with the poor, women, migrants, older people, and minorities being most at risk of being left behind.

Urban poverty and slums are common outcomes of poorly planned, rapid urbanisation. Respiratory diseases attributable to increasing levels of air pollution are particularly concerning in the Asia-Pacific region, which has nearly 70 of the world's 100 most polluted cities. Prevalence of other non-communicable diseases (eg, diabetes) is also rising, due to ageing populations and changing lifestyles, such as unhealthy diets and reductions in physical activity.

In 2016, a *Lancet* Series on urban design highlighted the need to consider health when planning urban spaces to maximise sustainable city development. Another *Lancet* Series detailed measures to improve infrastructure and health services in urban slums. Innovative actions to reduce greenhouse gas emissions and solid waste, and the implementation of universal health care are also essential for reducing inequalities in rapidly developing urban landscapes. The Asia-Pacific region is poised for economic growth, and governments can and must harness this opportunity to leverage inclusive development and good health for all citizens. ■ [The Lancet](#)

For the ESCAP report see <http://www.unescap.org/news/increasing-equality-managing-rural-urban-transitions-and-investing-sustainable-infrastructure>

For The *Lancet* Series on slum health see <http://www.thelancet.com/series/slum-health>

For The *Lancet* Series on urban design, transport, and health see <http://thelancet.com/series/urban-design>