# WESTCHESTER PHYSICIAN

**February 2025** **Volume 41, Issue 2**

## PRESIDENT'S MESSAGE
## PHYSICIAN WELL-BEING IN A CHALLENGING ERA: STRATEGIES FOR SELF-CARE, BURNOUT PREVENTION, AND A HAPPIER PRACTICE ENVIRONMENT

Kham Ali, MD, MBA, MPH, FACEP, President

### Introduction

Physicians spend their careers focused on healing others, often under immense pressure. Long hours, administrative burdens, and the emotional toll of patient care accumulate into elevated levels of stress, contributing to a strikingly high incidence of burnout within the profession. Disturbingly, this stress can exacerbate unhealthy behaviors such as fast-food reliance, neglect of exercise, or even misuse of alcohol and drugs—all in a field dedicated to promoting healthy choices. Additionally, evidence indicates that physicians face elevated risks of suicide and other mental health crises, partly due to the rigorous expectations of their role. Given these realities, prioritizing physician well-being becomes both a moral and a practical imperative. Healthy, resilient doctors are better able to provide high-quality care, and an atmosphere of kindness and empathy benefits patients and practitioners alike.

This article explores key stressors that physicians face—ranging from burnout and poor dietary habits to substance abuse and mental health struggles—and examines how practical strategies, including new technologies such as artificial intelligence (AI), can help. We also consider the importance of compassion toward patients and colleagues as a way to build a supportive culture. By integrating these elements, physicians can protect their personal health and preserve the profession's core mission of patient-centered care.

### THE PREVALENCE OF BURNOUT AND ITS CONSEQUENCES

Even before the pressures wrought by the COVID-19 pandemic, burnout among doctors was a well-documented crisis. Characterized by emotional exhaustion, depersonalization, and a reduced sense of personal efficacy, burnout casts a wide shadow over both individual well-being and patient outcomes. Research shows that the rate of burnout can top 40% in certain specialties, with some fields reporting even higher percentages. Factors contributing to this phenomenon

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*KHAM ALI, MD, MBA, MPH, FACEP*
*President, WCMS*

**INSIDE THIS ISSUE**



***Upcoming Events:***
WCMS/WAM
Annual Meeting
Thursday, June 19, 2025
Westchester Country Club
Rye, NY
*Details to follow...*

***WESTCHESTER PHYSICIAN***

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**PETER J. ACKER, MD**
*Editor*



## *FROM THE GUEST EDITOR…*
## *WHAT I KNOW ABOUT DR. PETER ACKER*

**BRUCE MOLINELLI, MD**

*When the cats away….*

Dr Acker's monthly contribution to the this newsletter is on a brief hiatus due to his travels. But fear not, he will be back next month. Subsequently we needed to fill in this space with something. We could have chosen any of the many medical topics surrounded by controversy today. We could have isolated a discussion on some esoteric, rare but nonetheless interesting medical fascinoma. We even could have shamelessly used this space for self-promotion to remind members of the importance of your very own Westchester County Medical Society's (WCMS) existence. But what better use of Dr Acker's column would there be other than to discuss Dr Acker himself.

Here is where "free rein" could be dangerous when not applied to chickens.

So let's discuss Dr Acker. What do we really know of this austere physician? He is a pediatrician- the type of physician who encompasses our very first childhood encounter within the field of medicine. A pediatrician's composure and stature could make or break our psyche regarding medicine which might take years of psychoanalysis to undo or even worse, motivate us to enter the field as a doctor ourselves that can take an entire career to eventually overcome.

But I digress.

Dr Acker has entered our lives (at least for those readers of this column) exuding wonderfully stately anecdotes of his life as a pediatrician (and in turn, handing out anecdotes, I guess). His pieces are heartfelt, warm, empathic and genuine. His experiences as a pediatrician make us laugh and cry, bringing up all sorts of visions and memories we ourselves may have had with our own patients, or even our own pediatricians.

Dr Acker, I can tell you, is in many ways the prototype of what we might consider a "doctor", the veritable physician with his calm demeanor and reassuring eyes. He is truly vested in your well being. But how do we "know" this. Let's review the information we have on Dr Acker.

Starting with his Curriculum Vitae , he is a board certified pediatrician with an impressive educational legacy, coming from esteemed institutions that provided no doubt great experiences for learning and training. He has ascended to honored status as a Department Chair , and professional excellence as a Fellow of the American Academy of Pediatrics. He is resoundingly resilient and successful having been in practice starting in Rye NY in 1987.

He has been very active in our very own WCMS as a rare two-time President and is still active as a member of its Executive Committee and delegate to the Medical Society of the State of New York (MSSNY).

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# Attention Westchester County Medical Society Members

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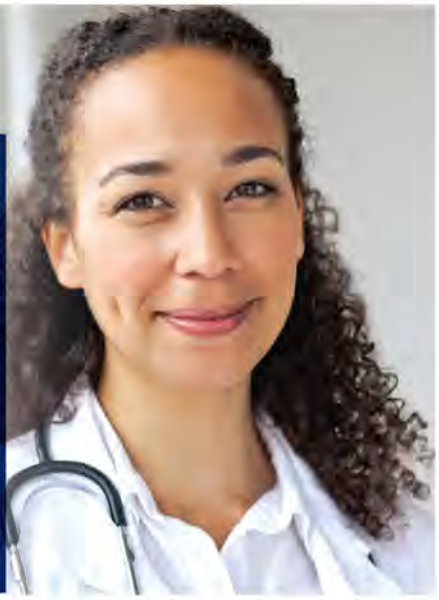

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## President's Message

## Physician Well-being in a Challenging Era: Strategies for Self-Care, Burnout Prevention, and a Happier Practice Environment

**Kham Ali, MD, MBA, MPH, FACEP, President**

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include increased paperwork, extended shifts, and the responsibility of life-or-death decisions—all in an environment where mistakes carry high stakes for both patient and provider.

The ramifications are substantial. Burned-out physicians may experience diminished concentration, which can lead to diagnostic errors or delayed treatment decisions. Patients sense this detachment, potentially harming the physician-patient bond and diminishing trust in medical advice. Over time, affected doctors might scale back their hours, switch specialties, or exit clinical practice altogether. Collectively, these decisions aggravate staffing shortages and limit healthcare access—particularly in under-resourced communities that can ill afford the loss of experienced clinicians.

In response, many healthcare institutions and professional societies have launched programs to mitigate burnout, ranging from peer support groups to wellness committees and mental health hotlines. Although these initiatives are laudable, they alone cannot resolve the systemic strains. A larger paradigm shift is required—one that promotes a sustainable work environment by balancing workloads, recognizing the emotional demands of the job, and equipping physicians with both structural support and personal coping strategies.

### Harnessing AI to Lighten the Burden

Amid the many proposals to address burnout, artificial intelligence stands out as a powerful ally. Far from replacing the irreplaceable human connection inherent to medicine, AI can automate rote tasks and optimize workflow efficiencies. In particular, administrative tasks—such as scheduling, billing, or repetitive data entry—often consume substantial amounts of a doctor's time, reducing the energy available for meaningful patient care.

Several AI-powered platforms can also support clinicians in the diagnostic process. For instance, systems designed to interpret imaging studies can help detect subtle abnormalities in X-rays or MRIs. Additionally, natural language processing algorithms can sift through electronic health records (EHRs), extracting key data points that might otherwise be overlooked. By delegating these tasks to robust technological tools, physicians can alleviate some of the mental burden that contributes to feelings of overwhelm.

Moreover, AI can help spot patterns in large sets of patient data, anticipating health trends or flagging patients at risk for specific complications—like hospital readmissions. This predictive capacity offers the potential for earlier interventions and more targeted treatment plans. However, adopting AI responsibly requires rigorous testing to mitigate biases in training datasets, as well as securing patient confidentiality. When properly integrated, AI-driven systems can foster a sense of relief among overtaxed physicians, allowing them to focus on their expertise in patient consultation and care.

### Physician Obesity and Lifestyle Factors

An often under-discussed but glaring concern is physician obesity. While physicians may, in general, have slightly better health markers than the general population, a notable portion still grapples with excess weight and related metabolic issues. These struggles arise, in part, from the demands of round-the-clock shifts and the scarcity of predictable breaks. When pressed for time, even the most well-intentioned clinician may resort to vending machine snacks or fast-food meals.

Over time, these poor nutritional choices compound, leading to weight gain, fatigue, and associated health problems. This situation presents a professional paradox: how convincing can doctors be when counseling patients to prioritize healthy eating and exercise if they themselves manifest signs of chronic poor nutrition or lack of physical activity? The credibility gap can strain patient relationships, especially if the advice being dispensed is at odds with the behavior of the practitioner.

Addressing obesity and other lifestyle issues involves multiple layers of intervention. On an institutional level, hospitals can ensure access to healthier dining options around the clock. Leaders can schedule designated meal times for staff, rather than leaving

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professionals to eat on the run. Further, short exercise breaks or walking rounds could become a routine part of the day, helping doctors stay active. Beyond logistics, peer support networks and educational sessions can reinforce the idea that caring for oneself isn't a luxury but a critical part of the professional duty to remain a reliable health advisor.

### PHYSICIAN SUICIDE AND SUBSTANCE ABUSE

Perhaps the most sobering aspect of physician well-being is the significantly higher rate of suicide among medical professionals compared to the general population. Longstanding cultural barriers in medicine have historically framed the admission of mental health challenges as a weakness—a liability that could threaten one's license or professional standing. Consequently, physicians may suppress or deny the initial symptoms of depression, anxiety, or post-traumatic stress, missing opportunities for timely help.

Substance abuse among physicians can also follow a hidden path, given that doctors often have comparatively easy access to prescription medications. Stressful schedules, traumatic patient outcomes, or feelings of isolation can push vulnerable individuals toward self-medication. The high stakes of medical practice further discourage open discussion, as many fear punitive measures from regulatory boards or institutional leadership.

The solution requires both institutional and cultural reforms. Medical boards and professional organizations are gradually shifting from purely punitive approaches to more compassionate, confidential programs that encourage seeking treatment without fear of losing one's livelihood. Peer-based initiatives, such as physician health committees or wellness officer roles, can create a safety net, offering discreet evaluations and support when signs of trouble appear. Encouragingly, some medical schools and residency programs now emphasize resilience training, stress management, and open conversations around mental health. By normalizing the idea that doctors, too, may face depression or addiction, the profession can more effectively address these hazards before they escalate to crises.

### BUILDING A POSITIVE PRACTICE ENVIRONMENT

A thriving practice environment does not materialize by accident; it is built through intentional leadership, cultural norms, and supportive teamwork. Crucially, one of the simplest yet most powerful tools in a physician's arsenal is kindness—toward patients, colleagues, and oneself. While the pace of healthcare can be frantic, small acts of empathy and patience can yield profound results, both psychologically and clinically.

**Fostering Patient-Centered Care**
Establishing genuine rapport with patients is central to both treatment success and physician satisfaction. Patients who perceive warmth and understanding are more likely to follow medical advice, which in turn boosts outcomes and fosters mutual respect. This sense of connection can help physicians derive a deeper sense of purpose, countering the cynicism that often accompanies prolonged stress.

**Emphasizing Teamwork**
Medicine is a team sport. Physicians, nurses, medical assistants, and administrators each play roles that can intersect or overlap. When communication is clear and respectful, everyone benefits. For instance, daily huddles or brief team check-ins can prioritize tasks and ensure that no single person shoulders the entire load. Recognizing each member's efforts—thanking a nurse for quick triage decisions or applauding an assistant for well-prepared patient charts—reinforces positive dynamics. Additionally, having open channels to discuss errors or near-misses without undue blame can help teams learn and adapt more readily.

**Encouraging Self-Compassion**
Doctors often hold themselves to extraordinarily high standards. While striving for excellence is admirable, an unforgiving stance toward personal mistakes can perpetuate chronic stress. Self-compassion involves acknowledging that to err is human, and that emotional reserves need replenishing. This mindset shift can reduce the sense of guilt

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**STOP THE TRAIN**
**Elliot Barsh, MD**
*(Links to articles mentioned are found in the body of this piece)*

*"WHAT'S IN A NAME? THAT WHICH WE CALL A ROSE*
*BY ANY OTHER NAME WOULD SMELL AS SWEET."*

Hi everyone.

I hope our column finds you well.

What is in a name?

Does it tell our whole story?

Does it reveal our essence?

Or, do we name in order to control who we see, and protect ourselves and who we imagine we are?

In Act 2 Scene 2 of William Shakespeare's Romeo and Juliet, Juliet asks...

*"What is so special about a name? A rose, even if it were called something else, would smell just as sweet. So Romeo would still have all the perfection that he has, even if he were not called Romeo."*

So what name do we use while we are "seeking and becoming".

The name we are given at birth, that is full of hopes and expectations?

The name we use while we work and achieve?

Or, the name we earn day in and day out?

Thanks for reading.

Be safe. E

***Articles with links:***

*"The secret of the care of the patient is in caring for the patient."*

*"A "small act" in the face of our profound needs can make all the difference."*
**When Your Only Job Is to Cuddle**
By cradling strangers' infants in the neonatal unit, I regained faith in the value of small acts of tenderness.

*"I like myself better when I am in the hospital."*
**The Man Who Lives in the Cardboard Box**

*"But no matter how fast I pedal, there are some things I will never be able to leave behind."*
**I Teach at Harvard. Store Managers See Me as a Threat.**
Maybe I just wanted to be seen as something other than a threat, a nuisance, because I happen to be Black.

**Everything That Was Broken** by Mary Oliver
Everything that was broken has
forgotten its brokenness. I live
now in a sky-house, through every
window the sun. Also your presence.
Our touching, our stories. Earthly
and holy both. How can this be, but
it is. Every day has something in
it whose name is forever.

♦

*FROM THE GUEST EDITOR…*

## *WHAT I KNOW ABOUT DR. PETER ACKER*

**BRUCE MOLINELLI, MD**

*(Continued from page 2)*

If we turn to the internet for information, he does have a glowing presence, which is not always easy for one to keep clean, especially with one's public image's vulnerability to disinformation, opinion and just plain old meanness. He is a 5 starred physician listed multiple times on various Top Doctors lists throughout the years. Kudos Dr Acker on those achievements!

How about another source of information such as the word on the street or facts about his personal life. Not surprisingly, he has a great reputation among his patients and his peers, that has persisted throughout the years. Testimonials abound. He is a family man who in partnership with his loving wife raised successful children, one of whom followed in his footsteps becoming a pediatrician. I am privileged, to know Dr Acker personally, through years of professional encounters and commonalities we share. He is knowledgeable, caring, reassuring and vested. I do mean this with no smart alecky quip connected to it ( uncharacteristic of me as you might imagine). My knowledge of him is first hand, interpreted by me and is visceral. I hold him in high regard , based on my own "information" culled with my own interpersonal experiences.

So do we feel we now know Dr Acker from this information? If we dig a little deeper (or perhaps just completely overthink it), the ostensibly simple word "information" has become a much more polarizing concept. Despite the clear 3rd entry in Webster Deluxe Unabridged Dictionary Second Edition (Simon and Schuster 1979), "*knowledge acquired in any manner; facts; data; learning; lore*", you can see where interpretation of the word may interfere with its understanding. The definition of information refers to the acquisition of acquiring knowledge. Knowledge is simply knowing something, or according to the aforementioned Daniel Webster, "*a clear and certain perception of something*", which does not have to be accurate, or true or real.

For example, I have information (which is also saying "I have acquired knowledge that") **George Washington had wooden teeth**. Although this is undeniably information (and a commonly believed tibit of information at that), it apparently is also undeniably not true. He had 4 sets of teeth made from various sources including gold and ivory, studded with human, donkey and most notably hippopotamus teeth— but not wood.*

So let me segue back to Dr Acker who happens to have a very engaging smile sourced from his own human DNA without any need for replacements (as far as I know).

We are therefore "knowing" Dr Acker through "information" gathered from various sources. The three contributing sources of "information" used here : self provided data(CV), general public opinion (internet) and interpersonal experience (human experience), develops our "knowledge" of Dr Acker.

So is there a 500 lb hippopotamus in the room?

Well, for the cautious, internet information can be equivocating and oral discourse can be interpretative … essentially all information is fudgeable. The author, Yuval Noah Harari suggests in his 2024 book *Nexus, A Brief History of information Networks from the Stone Age to AI*, (Random House) that humanity functions through information systems that achieve cohesive progress in development of better social, political and cultural structures but the success is not necessarily based on truth, but rather on outcome, i.e. information leads to power. So more and more information does not necessarily lead to truth or wisdom. (But that is for a different discussion at another time, perhaps over coffee or some other cherished drink which won't rot your teeth requiring hippopotami inserts.)

Let's get back to the more palatable topic of Dr Acker, who by now, I hope, we all agree is a truly remarkable physician and man. I can say that because I know him personally, it is my interpersonal data collection which formulates this impression of him, which generally, we humans utilize for a more accurate sense of the people around us. Although AI will undoubtedly have a greater handle on more information, and perhaps, if things work out well, formulate a more accurate description of the world around us, I am unsure it will ever get us to truth or instill wisdom of fellow humans which we biologics find through interpersonal interactions.

Dr Acker is truly a great physician and person. Trust me, I've met him and I know.

*Lloyd, J, Mitchinson, J (2006) *The Book of General Ignorance: Everything You Think You Know Is Wrong*. Harmony books pps 97-98.

♦

## President's Message
## Physician Well-being in a Challenging Era: Strategies for Self-Care, Burnout Prevention, and a Happier Practice Environment

**Kham Ali, MD, MBA, MPH, FACEP, President**

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or shame that many doctors harbor over not being able to handle all burdens perfectly. Breaks, vacations, hobbies, and non-medical interests should be viewed not as distractions but as vital parts of a well-rounded life that ensures sustainability in a demanding vocation.

### Institutional Support and Policy

Leaders at hospitals and private practices shape workplace culture through the policies they choose to implement. By measuring and rewarding outcomes tied to well-being—such as reduced burnout rates, greater retention, and lower rates of medical errors—institutions signal that physician health is not just a talking point but a strategic priority. Organizing periodic feedback sessions where physicians can discuss workflow barriers or emotional challenges can uncover hidden stressors. Over time, a systematic approach to improving practice culture can serve as a blueprint that other healthcare institutions might adopt, benefiting the profession at large.

### Practical Strategies for Sustainable Well-Being

While large-scale change may feel daunting, a series of tangible actions at both individual and organizational levels can collectively enhance physician well-being:

1. **Structured Time for Self-Care** Encourage scheduling policies that allow breaks for meals, short walks, and mental resets. Predictable work hours and limits on overtime, whenever possible, help physicians maintain equilibrium in their personal lives.

2. **Promoting Healthy Meals** Reevaluate the nutritional environment in hospitals and clinics. A shift away from calorie-dense, high-sugar snacks toward fresh fruits, vegetables, and lean proteins can help doctors practice the same dietary discipline they recommend to patients.

3. **Peer Mentorship** Connect junior doctors or residents with seasoned professionals in a formal mentorship structure. Encouraging open dialogue about challenges fosters camaraderie and destigmatizes seeking advice when confronted with demanding situations.

4. **AI Integration** Use AI tools for triage, documentation, and billing automation, reducing tedious administrative tasks that sap mental energy. Ensure that physicians receive training to use these technologies effectively, optimizing their potential to relieve stress.

5. **Mental Health Resources** Establish or publicize confidential counseling services, wellness check-ins, and stress management workshops. Communicate that utilizing these resources has no negative impact on professional standing.

6. **Kindness as a Core Value** Reward respectful interactions in performance reviews, and encourage employees to report positive peer behaviors. A well-timed word of thanks or empathy goes a long way toward creating a supportive work environment.

7. **Work-Life Boundary Setting** Encourage physicians to "unplug" when off-duty. Continuous access to electronic health records, email, or patient portals can amplify stress if boundaries are not clearly maintained.

8. **Ongoing Education and Research** Support continuing medical education that includes topics like burnout prevention, nutrition science, communication skills, and leadership. Building well-informed clinicians in these domains can help sustain a culture of wellness.

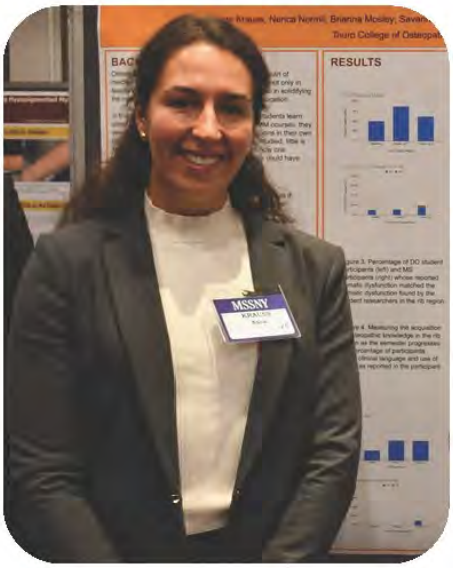
### Conclusion

The nature of medical practice has always been demanding, but never before have physicians contended with such a formidable combination of high patient volumes, complex administrative duties, evolving technologies, and systemic pressures. Burnout, obesity, mental health struggles, substance abuse, and even suicide reveal the human cost of these unrelenting demands. Yet, there are reasons for optimism. An increasing awareness of

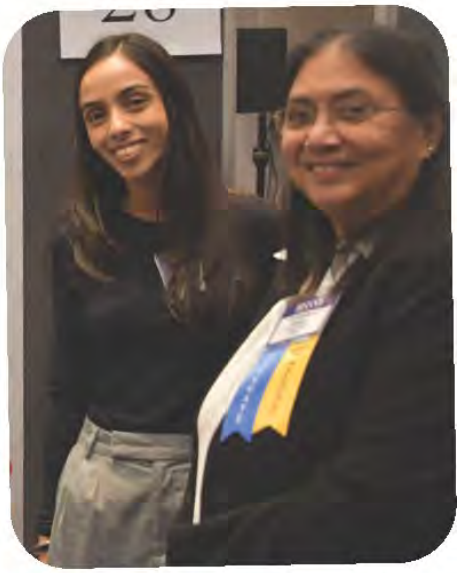
*(Continued on page 12)*

**Call for Abstracts**
**Deadline: JANUARY 6, 2025**

# 2025 Poster Symposium







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the crisis within healthcare organizations and medical schools has prompted broader conversations and tangible reforms—from streamlined workflows supported by AI to structured programs that address physician well-being head-on.

Central to these solutions is a renewed emphasis on compassion: for patients, for colleagues, and for oneself. By prioritizing kindness and empathy, physicians can transform the daily grind into a more rewarding professional journey. This shift not only benefits doctors but directly enhances patient satisfaction and outcomes, creating a virtuous cycle of better health for everyone involved.

Ultimately, caring for the caregiver is both a personal and professional responsibility. By recognizing that healthy, well-supported physicians form the cornerstone of an effective healthcare system, we can collectively nurture an environment where doctors thrive and deliver the best possible care. Whether through innovative technology, institutional policy changes, or a simple gesture of kindness, each improvement to physician well-being reverberates throughout the medical landscape—ensuring that those who have dedicated their lives to healing can do so from a place of resilience, balance, and renewed purpose.

♦

## MSSNY'S

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