The author reported no conflicts of interest.

The *Journal* policy requires editors and reviewers to disclose conflicts of interest and to decline handling or reviewing manuscripts for which they may have a conflict of interest. The editors and reviewers of this article have no conflicts of interest.

REPLY: I'VE GOT SOME GOOD NEWS AND SOME BAD NEWS

Reply to the Editor:

Here's the bad news: it has been said that most humans only have the capacity to be truly successful in 3 domains of life. The good news is those 3 domains are up to us as individuals to define. For me, those 3 domains are family, academic surgery, and cooking—in that order. If I tried to master one more domain and get *really* good at golf, almost certainly 1 of my primary 3 domains would suffer. I think most people could rattle off their 3 life domains pretty quickly and confidently. Deep down, we also know the percentage of our time and being that should be devoted to each domain for our optimal happiness. I certainly do not split my effort equally—if I did, the Culinary Arts Academy in Switzerland would have a lot more of my money, I would probably be divorced, and my chairman would not be pleased!

All too often I have seen colleagues give one life domain, usually surgery, too much focus, at the expense of the others. After all, that is how we were trained, “suck it up, you can't learn to be a chest surgeon from home!” Unfortunately, the domain that is first to be neglected is often family life. When one domain takes up more of your time and being than it should, the other domains will start to suffer, and so will your happiness. This often results in worse performance in all aspects of life, including the domain that too much energy was devoted to in the first place. You spend your entire life in the hospital at the expense of your family, your significant other leaves you, making you miserable and unable to be the exceptional surgeon you worked so hard to become.

I thank Luc and colleagues¹ for submitting an insightful letter to the editor that I fully endorse. The only thing left out are recommendations on how to implement their proposed focus on “personal values and goals.” Well, I think one can interchange “personal values and goals” with “domains.” As we approach the beginning of a new academic year, perhaps it is time for program directors to sit down with each of their residents and try to understand their 3 unique life domains and strategize ways to help the trainees achieve the appropriate division of their time and being to each domain. Chairpersons should do the same with their

faculty. Mentors should do the same with their mentees. It must be done with an open mind, no judgment, and an understanding that everyone's personal values and goals (or domains), and the time required for each, are different than your own. Again, this is called being a normal human being.

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Reference

1. Do-*Nguyen* CC, Han JJ, Luc JGY. Checklist manifesto for our specialty's wellness. *J Thorac Cardiovasc Surg*. 2021;161:e439.

<https://doi.org/10.1016/j.jtcvs.2020.07.109>

REPLY: WELLNESS IS A PERSONAL AND INSTITUTIONAL DECISION THAT NEEDS TO BE MADE JOINTLY

Reply to the Editor:

In their letter, Do-*Nguyen* and colleagues¹ have raised the importance of the need for individual wellness. More often, physicians fail to care for themselves to care for their patients. In addition, there is a perceived fear that our colleagues will see us as weak and not having the ability to cope with stress. We as a profession strive for perfection; that is what we demand from ourselves and what we give to our patients. Is it, however, taking an unhealthy toll on us? Physician type A personality traits of perfectionism, overachieving, and high organization are all associated with adverse health issues, which include, burnout, depression, anxiety, and cardiovascular disease.² These traits are what has aided cardiothoracic surgeons in achieving and excelling in a demanding and intense surgical specialty, but they also may what has led to our high burnout rate.

Unfortunately, there continues to be a stigma associated with seeking help. Many hospital credentialing and medical licensing boards discriminate against physicians who seek help for physical and mental health issues, or for substance abuse, despite the fact that these physicians have completed treatment or the illness had no effect on their ability to treat patients safely. Often, they are required to divulge this information every time they apply for privileges for years after the initial incident. Thankfully, the fear of ruining a medical career or losing a license for seeking treatment is receiving attention.³ The next generation of surgeons should be trained not to be apprehensive or fear retribution when dealing with a mental or physical ailment. It is also our