The author reported no conflicts of interest.

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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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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

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role as mentors to show them how to be mentally and physically healthier providers.

In addition to checklists as has been proposed by Fajardo and colleagues,⁴ health care organizations need to place physician wellness as one of its quality measures. The costs to a health system from absenteeism, suspension, and early retirement as a result of physician issues can be substantial, not to mention the additional cost of lost revenue from lack of clinical productivity. Much effort is placed on ensuring that our patients are satisfied with the care that they receive during their hospitalization and physicians are penalized when the desired metrics are not surpassed. Perhaps that same amount of effort should be placed on ensuring the physicians are satisfied with the treatment that they are getting from their administration because physician wellness has a direct effect on patient safety. Errors as a result of burnout include failure to discuss treatment options, inability to answer patient questions, medication or treatment errors and ordering an inappropriate tests.^{5,6} All these unfortunate events have a negative impact not only on the patient but also on the organization.

Checklist and metrics can be formulated, wellness committees can be created, but it comes down to the individual to make a commitment to being both physically and mentally well. It will require a culture change in which physicians place their own well-being first. By taking on a self-centered approach physicians will hopefully enjoy increased job satisfaction, less burnout, and improved overall well-being.

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REPLY FROM AUTHORS: CALL TO ACTION FOR INSTITUTIONAL SUPPORT ON CARDIOTHORACIC SURGERY WELLNESS

Reply to the Editor:

We thank Do-Nguyen and colleagues for their thoughtful comments regarding our work, "Implementation of Wellness into A Cardiothoracic Training Program: A Checklist for A Wellness Policy."¹ We propose a checklist tool for program directors to assess wellness implementation in the training environment. While we do agree that trainees have responsibility to assess and manage their individual wellness, many contributors to burnout are beyond the control of the individual. For example, asking trainees to perform tasks with low educational value, such as phlebotomy, not only increases the perception of workload but also increases burnout.^{2,3} Organization-directed interventions that altered workload or schedule had greater wellness benefits than did interventions directed at individual physicians.⁴ Individual change and organizational change are not mutually exclusive. In fact, meaningful implementation of wellness will require coordination at multiple levels involving trainees, faculty, sections, departments, and health systems. Cardiothoracic training programs can offer wellness assessment tools and resiliency training, but trainees must engage in the effort and organizations must allow for protected time for wellness so that it does not devolve into a task for trainees.

We agree that there needs to be a "balance" between implementation feasibility and information overload. We prioritized dissemination of wellness resources to cardiothoracic training programs to address the Common Program Requirements of the Accreditation Council for Graduate Medical Education (ACGME). This requirement holds program leadership and program directors accountable for wellness implementation. Regardless of whether programs have comprehensive wellness policies or are just beginning to address the Accreditation Council for Graduate Medical Education requirements, our checklist should serve as a framework for a wellness initiative. Programs can examine their efforts against the checklist and look to improve wellness with program specific goals and values.