orders sufficient and requires the endocrinologist to certify that diabetic shoes are necessary and that a foot examination by the physician, not a nurse practitioner, has been done within 6 months of delivery of the shoes or inserts to the patient.\footnote{1}{2}

This is illogical, as nowhere in an endocrinologist’s 5 to 6 years of postgraduate medical education is one trained to diagnose foot problems or ascertain candidacy and prescribe specialized footwear for these patients. It is also beyond comprehension that a trained nurse practitioner who is licensed to practice medicine and prescribe even opioid drugs cannot prescribe diabetic shoes per Medicare.

Therefore, although there are numerous factors contributing to physician burnout in the United States, one wonders about the role of bureaucracy and additional nonclinical paperwork. Although some of these issues are specialty specific, in recent years there have been overall increasing clerical obligations set forth by the government or private insurers that affect every medical professional. Many of these changes were put in place within the past few years, with Stage 3 of Meaningful Use scheduled to take place in 2016.

Should Shanafelt et al repeat their survey in the upcoming years, one can expect further evidence that burnout rates are continuing to worsen.

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Editor’s Note: When publishing a letter that comments on an article published previously in Mayo Clinic Proceedings, it is the journal’s policy to invite the author(s) of the referenced article to publish a response. Drs Shanafelt and Ariely were invited to respond, and although they were supportive of this letter, they felt the content of the letter did not require a reply.


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Burnout and the Ethos of Medical Practice

To the Editor: The article by Shanafelt et al\textsuperscript{1} published in the December 2015 issue of Mayo Clinic Proceedings describes the very serious and worsening problem of burnout among American physicians, and the editorial by Ariely and Lanier\textsuperscript{2} attempts to elucidate the causes, noting asymmetrical awards, loss of autonomy, and cognitive scarcity. I could not agree more on one point that Ariely and Lanier made, that the “micromanaging of physicians’ time and decisions” in the name of productivity by their corporate overseers is a major factor in the burnout and that it needs to be addressed.

The social and cultural influences that have altered the ethos of medical practice are complex, and I have described them in detail elsewhere,\textsuperscript{3} along with possible remedies. In addition to that analysis, I strongly believe that medical societies need to be more proactive in developing and advocating positions to resist and modify the corporate control of medical practice. It is not a coincidence that physician burnout has grown exponentially and in parallel with the increase in the corporate control of medical practice. This organizational change has occurred without the careful scrutiny of serious research on the long-term unintended consequences such change engenders in health care processes. Both research into and advocacy for maintaining and strengthening the role of medical professionals in the face of managerial technocracy are urgently needed.

The scrutiny of the quality of medical care is here to stay, but quality medical care also requires professionals with a satisfying work environment who find their work appreciated and respected. No one expects to eliminate the corporate entities that control medical practice today, but with effort, we can get them to be mindful that respectful interaction with clinicians is essential to quality medical care and physician well-being.

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Spontaneous Bacterial Empyema: Its Association With Liver Disease

To the Editor: Spontaneous bacterial empyema (SBEM) is the spontaneous...