

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.^{3,4} 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.

Teck K. Khoo, MD

Iowa Diabetes and Endocrinology Center
Mercy Medical Center
Des Moines, Iowa

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. Dr Shanafelt was invited to respond, and although he was supportive of this letter, he felt the content of the letter did not require a reply.

1. Shanafelt TD, Hasan O, Dyrbye LN, et al. Changes in burnout and satisfaction with work-life balance in physicians and the general US working population between 2011 and 2014. *Mayo Clin Proc.* 2015; 90(12):1600-1613.

2. How to attain meaningful use. HealthIT.gov website. <https://www.healthit.gov/providers-professionals/how-attain-meaningful-use>. Updated January 15, 2013. Accessed December 28, 2015.
3. Therapeutic shoes for persons with diabetes. CGS Administrators, LLC website. https://www.cgsmedicare.com/jc/mr/pdf/Thera_Shoes_DC_int.pdf. Published January 28, 2011. Updated June 24, 2015. Accessed December 28, 2015.
4. Centers for Medicare and Medicaid Services, Medicare Learning Network. Fact sheet: Medicare podiatry services; information for Medicare fee-for-service health care professionals. Centers for Medicare and Medicaid Services website. https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/MedicarePodiatryServicesSE_FactSheet.pdf. Published October 2011. Accessed December 28, 2015.

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Burnout and the Ethos of Medical Practice



To the Editor: The article by Shanafelt et al¹ 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 Lanier² 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,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.

Arnold R. Eiser, MD

Drexel University College of Medicine
Philadelphia, PA

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1. Shanafelt TD, Hasan O, Dyrbye LN, et al. Changes in burnout and satisfaction with work-life balance in physicians and the general US working population. *Mayo Clin Proc.* 2015;90(12):1600-1613.
2. Ariely D, Lanier WL. Disturbing trends in physician burnout and satisfaction with work-life balance: dealing with malady among the nation's healers [editorial]. *Mayo Clin Proc.* 2015;90(12):1593-1596.
3. Eiser AR. *The Ethos of Medicine in Postmodern America: Philosophical, Cultural, and Social Aspects*. Lanham, MD: Lexington Books; 2014.

<http://dx.doi.org/10.1016/j.mayocp.2016.01.007>

Spontaneous Bacterial Empyema: Its Association With Liver Disease



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