

# Letters to the editor We welcome original letters of less than 500 words; we may edit them for clarity and length.

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## Burnout and job mentality

Dr Keyes and colleagues<sup>1</sup> recently presented a study of burnout among oncologists in the *BCMJ*, with symptoms of exhaustion, cynicism, and inefficiency occurring at alarming rates. The authors concluded that “[b]urnout is primarily a system-level problem driven by excess job demands and inadequate resources and support, rather than an individual-level problem triggered by personal limitations and lack of resilience.” While that may be true, it may not be helpful unless the “system-level problem” is more clearly identified. I suspect that the problem is the delusion that medicine is a job, not an adventure.

Burnout is a common problem. A clue to its pathogenesis is in the old saying “All work and no play makes Jack a dull boy.” It may have become more prevalent in the industrial age when more people got jobs and developed a “job mentality.”

“Job mentality” means seeing life as a job—predictable, black and white. It is all about work, control, discipline, conformity, and responsibility. When you get a job, you get your job description. What happens after is your responsibility. If you follow the job description, you get paid; if you don’t, you get fired. It is boring, unimaginative, and stupid.

The opposite is a “game mentality,” seeing life as a game—unpredictable and full of challenges and surprises. This refers to games that are played primarily for fun, like tennis, hockey, or chess, not to devious strategies for taking advantage of others, which are also sometimes referred to as games. Games are about skill, experience, ingenuity, and quick thinking. At the beginning, their outcome is unknown, and it does not depend only on what we do; it depends also on all the other players, chance, luck, and circumstances beyond our control or even

knowledge. Games have rules, and fair play is essential. While we don’t have control over the course or the outcome of the game, how we play matters; it can make the difference between winning or losing. It is exciting, adventurous, and fun.

The “job mentality” probably occurs spontaneously in obsessive individuals, driven by the need for control, security, and predictability. It can be contagious and can become part of a toxic organizational culture, a system-level problem. The practice of medicine is replete with unexpected and uncontrollable situations, and it cannot be just a job. It is much more like a game, with an uncertain outcome. Doctors can be seen as professional players, facing formidable opponents—diseases and death. They cannot control the game, but their skills and ingenuity can make the difference between life and death.

This is probably particularly true of oncology, which I would not expect to become a specialty of fun and games anytime soon. However, most oncologists do not experience burnout, so there must be a way around it. Having seen (in psychiatric practice) people suffering from symptoms of burnout regardless of their line of work, if any, I think that burnout is related to the “job mentality” rather than work demands, and the idea that life is a game, not a job, could help to overcome burnout, replacing it with “a sort of ecstasy of curiosity and hope”<sup>2</sup> of earlier years.

—**Vaclav Hyrman, MD, FRCPC**  
Vancouver

## References

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2. Popova M. The six steps to cosmic consciousness: A pioneering theory of transcendence by the 19th-century

psychiatrist and adventurer Maurice Bucke. The *marginalian*. Accessed 2 November 2022. [www.themarginalian.org/2019/04/11/cosmic-consciousness-maurice-bucke](http://www.themarginalian.org/2019/04/11/cosmic-consciousness-maurice-bucke).

## CPSBC investments, fees, and impacts on members

I read the recent College of Physicians and Surgeons of BC (CPSBC) annual report with some interest, borne of a recent experience with lengthy delays in the approval process for a personal medical corporation. I admit this may have colored my judgment somewhat with respect to the CPSBC’s stewardship of the resources it is given to protect British Columbians.

The financial statements attached to the annual report show \$32.5 million in long-term investments, including \$10 million in US equities and \$5.8 million in international equities. There are no details on the reasons why a quasi-governmental organization with a captive payee base of physicians would require this level of savings. It is the \$1725 medical licence renewal fees that ultimately pay the CPSBC’s operating expenses. Since these can be (and have been) increased arbitrarily, there should be no concern regarding a shortfall of funds.

Despite these investments, the CPSBC continues to collect the highest application fees in Canada for new registrants (\$1290), in addition to the \$530 fee from the Medical Council of Canada ([www.mcc.ca/services/application-for-medical-registration](http://www.mcc.ca/services/application-for-medical-registration)). Once registered, physicians can look forward to paying their medical licence fee, for a total cost of \$3545, before being able to see their first patient.

Most importantly, we are at crisis levels of physician shortfalls. My Facebook feed is full of colleagues desperately searching for a locum to cover medical and parental leaves. Inability

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to find coverage has a huge impact on quality of life, especially for family physicians. High registration fees are undoubtedly a strong disincentive for anyone considering a locum in British Columbia, especially new graduates interested in trying out practice in a beautiful new province.

It seems unconscionable for the CPSBC to be sitting on this rainy-day fund while the rain is pouring. The CPSBC has a mandate to protect British Columbians. It should review the impact of its fees on the family doctor shortage and consider reducing them rather than using them to play the stock market.

—Kevin Wade, CD, MD, CCFP(PC)  
Victoria

### College replies

I write in response to a recent letter submitted by Dr Kevin Wade regarding the College's finances and application and licensure fees. First, I would like to apologize for the delay in Dr Wade's professional medical corporation (PMC) approval process. The College

acknowledges that the PMC program has experienced serious backlogs in the past, and we are actively working to address these delays. I am pleased to report that our average PMC approval time has dropped by more than 50% in 2022, and we are now processing applications within 2 weeks from the date of receipt.

I would also like to assure Dr Wade and all College registrants that the Board takes its fiduciary responsibility very seriously. Just this year, the Board reviewed the College's financial reserves policy with other medical regulatory authorities (MRAs) across Canada and our auditors. The Board's policy is to have 90% of annual operating expenses in reserves. The College's budget for 2022–23 is \$38.2 million, so the \$32.5 million that Dr Wade refers to comprises 85% of that amount. The Board has worked over the past 10 years to build financial reserves at a rate of 5% per year. Our peers generally have between 6 and 18 months' operating expenses in reserves.

The purpose of the contingency reserve, a so-called rainy-day fund, is to ensure that the College has sufficient financial resources to continue operations in the event of a significant event—for example, legislative changes, natural or economic disasters, or a pandemic. We are fortunate that the recent COVID-19 pandemic had only a minor effect on the College's finances. Had we experienced an extreme event such as a major earthquake that rendered the College's offices unusable, it would have been necessary to employ the existing reserve balance.

The College's investments are actively managed by TD Wealth, which was selected through an extensive request for proposal process. Long-term investments are invested approximately 60% in equities and 40% in fixed investments. In 2021, the College shifted to a socially responsible investment portfolio. Short-term operating funds are invested entirely in fixed investments, such as cash, GICs, and bonds funds. While 2022 has been a difficult year for the College's investments (–7.3%)—as it has been for all institutional investors—its long-term rate of return is > 5%.

The College's financial reserves help to keep registrant fees as low as possible to fund its operations and administrative obligations. Investment income from these reserves is projected to

**TABLE.** Annual licensure fees charged by MRAs across Canada in 2022.

Province	Annual licence renewal fees (2022)
BC	\$1725
Alberta	\$1792
Saskatchewan	\$1950
Manitoba	\$2050
Ontario	\$1725
Quebec	\$1735
Newfoundland	\$2350
New Brunswick	\$600
Nova Scotia	\$1950
PEI	\$2125

be approximately \$1.5 million in 2023, which allows us to charge the second-lowest fees of all MRAs while operating in one of the most expensive jurisdictions. The Table shows annual licensure fees charged by MRAs across Canada in 2022.

The College is also required to administer one of the most complicated legislative frameworks in the country and serves registrants by offering a medical library; both have associated costs.

Dr Wade also refers to the \$1290 application fee—a combination of the credential analysis and registration fee of \$640, plus the \$650 preliminary qualification of licensure fee. The registration fee ranks below the midpoint of other MRAs across Canada, and the preliminary qualification of licensure fee is applied only in cases that require additional review by the College's registration department.

I hope that in providing this level of detail I have addressed Dr Wade's concerns. The College is committed to transparency and accountability and always welcomes inquiries from registrants about how it conducts its regulatory business to ensure British Columbians receive safe and competent medical care.

—Heidi M. Oetter, MD  
Registrar and CEO, College of Physicians and Surgeons of BC



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Editorial: Protecting reproductive rights and freedoms  
As our neighbors to the south face the devastating effects of the US Supreme Court's decision to overturn Roe v. Wade, we must consider how this landmark decision may affect abortion care in Canada as well.  
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