



'Burnout' is now a medical condition

WHO Defines It As A 'Syndrome' Which Results From Chronic Workplace Stress

Geneva: We all know what burnout looks like: The boss who yells with such intensity you fear he might have a heart attack or the stressed-out manager who claims they've "had it" and books the next flight to Mauritius.

It is so common that everyone in any career is susceptible to burnout. On the work front, mental health is a hot topic for organisations everywhere because it's costing companies money. Despite being so common, many managers aren't aware of why burnout happens or how to keep it from happening.

The World Health Organization has for the first time recognised "burnout" in its International Classification of Diseases (ICD), which is widely used as a benchmark for diagnosis and health in-

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TIME FOR A BREAK

surers. The decision, reached during the World Health Assembly in Geneva, which wraps up on Tuesday, could help put to rest decades of debate among experts over how to define burnout, and whether it should be considered a medical condition.

In the latest update of its cata-

logue of diseases and injuries around the world, WHO defines burnout as "a syndrome conceptualised as resulting from chronic workplace stress that has not been successfully managed."

It said the syndrome was characterised by three dimensions: "1) feelings of energy depletion or exhaustion; 2) increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and 3) reduced professional efficacy."

"Burnout refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life," according to the classification.

The updated ICD list, dubbed ICD-11, was drafted last year following recommendations from he-

alth experts around the world, and was approved on Saturday.

"This is the first time" burnout has been included in the classification, said WHO spokesman Tarik Jasarevic.

The ICD-11, which is to take effect in January 2022, contains several other additions, including classification of "compulsive sexual behaviour" as a mental disorder, although it stops short of lumping the condition together with addictive behaviours.

It does however for the first time recognise video gaming as an addiction, listing it alongside gambling and drugs like cocaine.

The updated list removes transgenderism from its list of mental disorders meanwhile, listing it instead under the chapter on "conditions related to sexual health". AFP

Meet India's doctor-inventors who have patients and patents

Many young physicians are not content to stay locked in OTs and OPDs, they also tinker in labs to create affordable gadgets that make their patients' lives easier

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Sethoscope, heart monitor, pace-maker...Some of the world's greatest medical inventions were the result of doctors who used design thinking to solve pressing medical problems. In India, too, doctors are innovating to make health-tech that's more suited to local conditions, as well as more affordable.

Dr Vishal Rao, a cancer surgeon with HCG Hospital, Bengaluru, narrates a fascinating story of a patient from Bangladesh he treated a few weeks ago. This cancer patient had lost his voice after his larynx was removed. He was fitted with an artificial voice box, but it broke and he couldn't seek a replacement due to the high cost involved. For eight long years, silence was his companion.

Dr Rao gave him the Aum Voice Prosthesis, an artificial voice box he designed and developed that cost just Rs 50. To test the silicone contraption powered by the patient's lungs, Rao asked the patient to say a few words. The response was amusing: "Sheikh Hasina is already the prime minister; the Opposition got only three seats." All the pent up political angst of eight years finally found a vent.

The existing devices, mostly imported, cost between Rs 15,000 and Rs 30,000 — pretty much beyond what most throat cancer survivors can afford. But Rao's fix makes it available to all. The 40-year-old isn't alone in his passion for innovation.

Dr Jagdish Chaturvedi was a student at St John's Medical College, Bengaluru, in 2009 and was frustrated by the lack of large monitors to see the results of an endoscopy in rural health centres. "We used long mirrors and headlamps to detect cancer lesions. I used to struggle a lot as I couldn't always spot lesions on time, it was guess-work treatment," says Chaturvedi who went to his senior, Dr Ravi Nayar, with the problem. "Dr Nayar told me to do something about it rather than just talk," recalls Chaturvedi.

He purchased a digital camera, costing Rs 10,000 at the time, and got an engineer to attach an endoscope to it. Armed with this self-made portable recording device, he could see the insides of the throat clearly on the cam-



HEALING & FIXING: Dr Chaturvedi performs a procedure using Sinucare, a device developed by him. (Left) A portable endoscopy recorder is one of the 18 devices he has invented

era screen. He tried it out on patients and it worked. The device (patent pending) was commercially launched in 2013, and over 2 lakh patients have been screened so far using it.

Chaturvedi went on to invent 18 other devices, one of which was an extractor of foreign bodies from the nose. Children often shove coins, pebbles and erasers up their nose. "Around 38 million children need nasal foreign body removal in India every year. Parents usually take them to paediatricians but they are not trained in using a removal device. It can be used only by ENT specialists. And in rural areas, it's hard to find an ENT doctor. So, we developed a low-skill extractor that can easily be used by general practitioners and paediatricians. It's in pre-commercialisation stage at present," says Chaturvedi, who specialises in sinusitis and practises thrice a week at his clinic in Bengaluru and spends the rest of the time innovating at his company, Hiih Innovations Pvt Ltd.

So, how do these doctors who are often hard-pressed for time, get time to test and tinker? Many usually leave full-time practice and set up medical tech labs and hire designers, engineers and marketing professionals. Others cut down on their OPD hours. "A lot of doctors invent devices and publish results in medical journals. But people outside the community rarely get to know," says Dr Nayar who is also the dean of academics at HCG Hospital.

Rao, though, thinks differently. "If someone gives me a big chamber to sit in and innovate, I won't be able to. I need to see patients," says Rao who has patents for a drone-bot and for theory of onco-theology. He has filed for patents for another 14 devices.

However, Dr Sreenivas Dorasala left full-time practice in 2015 to work on an affordable and ergonomic body balance testing device. The existing alternatives were costly, at Rs 20 lakh, and hence not available with many doctors. The 43-year-old developed Balance Eye and launched it in 2017. Priced at Rs 4.5 lakh, it is lighter, more compact and easy to handle. Already, over 120 are in use nationally. "There was a pressing need for an alternative. Somebody had to do it, so why not me," asks Dorasala.

DOCTOR GADGET

Sinucare by Dr Jagdish Chaturvedi

A balloon device to dilate sinuses. Being used by over 100 ENT specialists

Cost Rs 30,000

Imported versions

cost Rs 1.2 lakh



Aum Voice Prosthesis by

Dr Vishal Rao | An artificial voice box being used by over 200 people.

Cost Rs 50

Similar devices cost Rs 15,000-30,000



Balance Eye by

Dr Dorasala Sreenivas

A handy device to test body balance.

Cost Rs 4.5 lakh

Alternatives cost Rs 20 lakh



Nautilus Hearing by audiologist

T Uday Raga Kiran | A booth-less portable audiometry test

device **Cost Rs 1.2 lakh**

(commercial launch next January) Alternatives cost Rs 10 lakh

