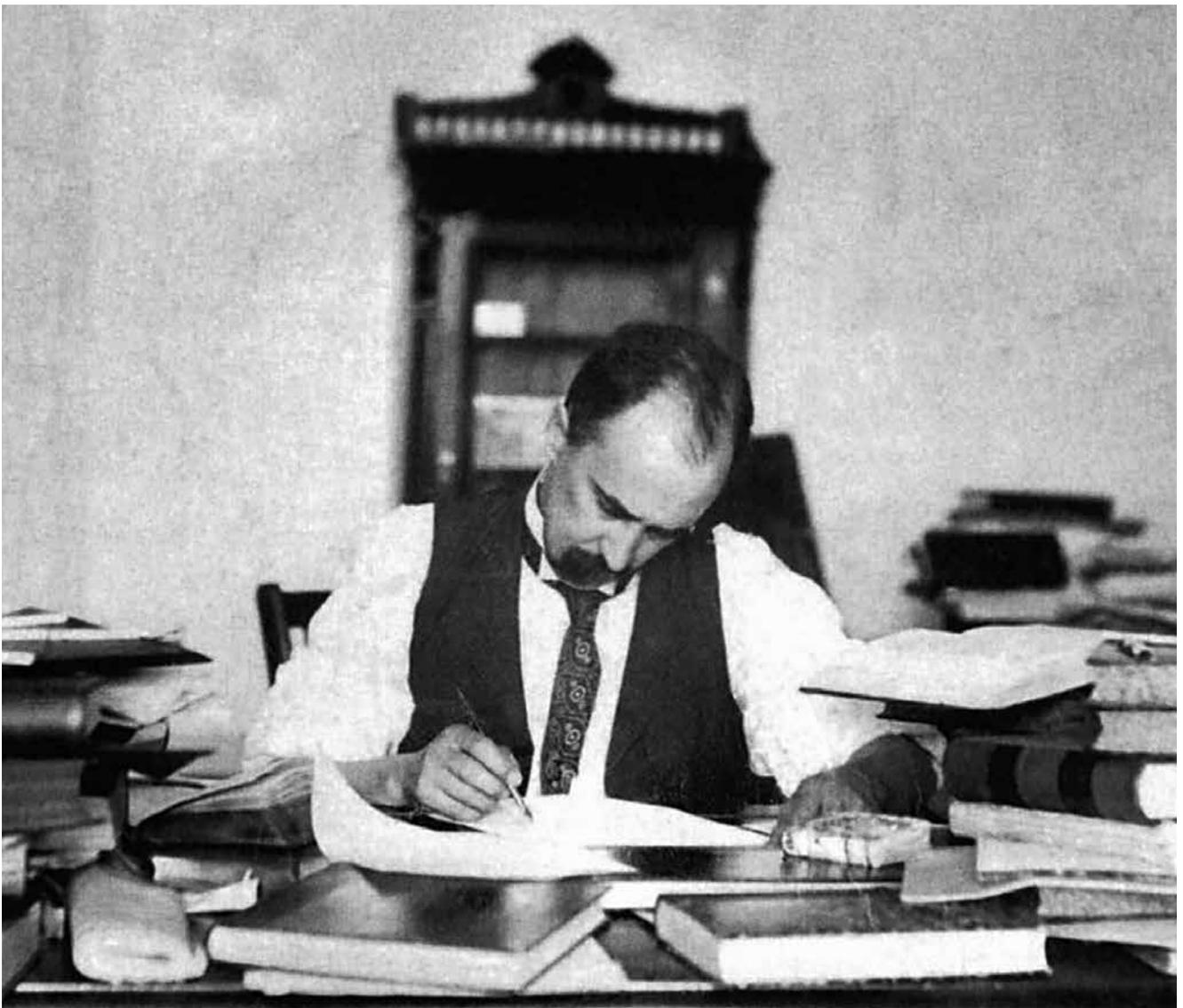


Life of the hunted: *Lessons from Osler on burnout and resilience*



Osler at work, circa 1892. Johns Hopkins Archives

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Not long ago, a resident confided in me the toll that her stint in the Medical Intensive Care Unit (MICU) at Parkland Health in Dallas, Texas, had taken on her. Parkland, as the safety-net hospital for Dallas County, offers deeply rewarding experiences—but the work is also unrelenting. The resident described her days dense with critically ill patients, the endless flicker of the electronic health record (EMR), and the constant tug between thoroughness and speed. Years earlier, a former trainee had captured these demands best: to thrive in Parkland’s MICU, one needs “the resilience of a Marine, the dedication of a medical missionary, and the compassion of Mother Teresa.” Perhaps these competing demands explain why residents tend to refer to themselves as the “Parkland Strong.”

Contemporary medicine often feels frayed at the edges.¹ The pressure to deliver care swiftly, to document procedures meticulously, and to satisfy an ever-growing catalogue of metrics can reduce the art of healing to the mechanics of performance reports. Many of those in the field wonder: has something fundamental changed? Has the soul of the medical profession been lost in the machinery of modern practice?^{1,2} For those grappling with these questions, the teacher, the clinician, and the philosopher-physician William Osler—arguably one of medicine’s most admired figures—can be of service. If anyone has embodied the ideals of a humane, meaningful medical life, it was Osler. Osler was, by all accounts, a good doctor.³ His contemporaries described him as a man of wit, deep curiosity, boundless energy, and radiant compassion.⁴ Although Osler published prolifically, authoring the first great textbook of internal medicine and hundreds of scientific articles,⁵ he distinguished himself not only by his output, but also by what one colleague called his “greatness in little things:” his punctuality, order, presence, and gentle mastery of time.⁶ Osler’s life story, rich with purpose yet punctuated by so much strain, offers timeless lessons for today’s physicians who seek similar resilience while all too often navigating burnout.

During his years in Philadelphia, Osler cultivated a deliberate rhythm. He kept no regular office hours,



Sir William Osler, his wife Grace and son Edward Revere Osler. Wellcome Library, London via Wikimedia Commons

saw few private patients, and focused on teaching and consultations.⁷ Whereas colleagues might rush through ten patient consultations in a morning, he would schedule three—each encounter thoughtful and unhurried. He preferred autopsies to outpatient visits, valuing autopsies for what they taught him and the chance that they offered to teach others in turn. By modern standards, this clinical volume would be judged inadequate,⁸ yet it allowed his practice to have greater meaning and depth.⁹

Ironically, it was at Johns Hopkins—where Osler served as one of the legendary “Big Four,” alongside William Henry Welch (AOA, The Johns Hopkins University School of Medicine, 1906), William Stewart Halsted, and Howard Kelly¹⁰—that the balance so carefully built in Philadelphia began to fray. As Osler’s reputation grew, so did his obligations. Consultations multiplied, correspondence mounted; afternoons became filled with patient appointments, evenings with correspondence and lectures. By 1904, Osler described himself as living the “life of the hunted:” “I

am on the down grade,” he confided to his colleague William Thayer, “the pace of the last three winters has been such that I knew I was riding for a fall. Better to get out decently in time, and leave while there is still a little elasticity in the rubber.”¹¹ That same year, Osler accepted a position that was prestigious but largely ceremonial—the Regius Professorship at Oxford—to halt the relentless forward march of his academic medical career at Hopkins. In his diary, Osler described the professorship as a “chance of escape from an ever-increasing pressure of work.”¹¹ Once in England, Osler reclaimed the sense of purpose that he had nearly lost in Baltimore. He lectured, mentored, read, and walked. He practiced medicine on his own terms, with time for family, for reflection, and for his beloved incunabula. The decision to step away had not been a retreat, but an act of wisdom.^{11,12}

Osler’s story shows that burnout is not a uniquely modern affliction. Burnout is not solely the byproduct of Relative Value Units, overcrowded email inboxes, or EMRs; rather, it results from an ancient tension between vocation and velocity—between what medicine asks of doctors and what doctors have left to give. Osler’s experience further reveals how resilience requires not just the capacity to persist under strain, but also the discernment to recalibrate. The boundaries that Osler set around his work allowed him to combine teaching with clinical care in ways that nourished both. And when the pace of this combination became unsustainable, Osler had the humility to change course.^{12,13}

Today’s physicians may not share Osler’s privileges, but they can still exercise some degree of choice. Even amid the relentless pace of a residency, for example, physicians can take practical steps to work with intention; residents can also prioritize depth over speed if the moment allows. Physicians of all kinds can treat patient care as a platform for teaching—asking what might be learned, not just what must be done. They can likewise build small boundaries within the workday to preserve energy: a protected hour for reflection, a pause to connect with a colleague, or a brief moment to think before reacting. Moreover, physicians can advocate for each other when their workloads become unsafe, recognizing—as Osler did—that recalibration is wisdom, not weakness, should the strain become too great. These qualities, perhaps, constitute the deeper strength behind the Parkland Strong: the strength not just to persist, but to summon the courage to adapt.

The profession demands not so much martyrdom in the name of duty than resilience in the service of sustainability.

References

1. Rosenbaum L. On Calling — From Privileged Professionals to Cogs of Capitalism? *N Engl J Med.* 2024; 390(5): 471–5
2. Guille C, Sen S. Burnout, Depression, and Diminished Well-Being among Physicians. *N Engl J Med.* 2024; 391(16): 1519–27
3. Johnson DH. The Good Doctor. In: Bolster MB, Liebowitz J, Seo P, eds. *Masterclass in Medicine: Lessons from the Experts.* Boca Raton (FL): CRC Press; 2025: 1–6.
4. Abbott ME, ed. *Sir William Osler Memorial Number: Appreciations & Reminiscences.* Montreal: International Association of Medical Museums; 1926.
5. Bliss M. *William Osler: A Life in Medicine.* New York: Oxford University Press, Inc.; 1999.
6. Wilson JC. Dr. Osler in Philadelphia, Teacher and Clinician. In: Abbott ME, ed. *Sir William Osler Memorial Number: Appreciations & Reminiscences.* Montreal: International Association of Medical Museums; 1926: 245–8.
7. Harrell GT. Osler’s Practice. *Bull Hist Med.* 1973; 47(6): 545–68.
8. Weitz HH. Sir William Osler: Would He Have Made His Relative Value Units (RVUs)? *Ann Intern Med.* 2019; 171: 208–9.
9. Pratt JH. The Influence of Osler on the Practice of Medicine. *Boston Med Surg J.* 1927; 196(3): 83–9.
10. Roberts CS. H. L. Mencken and the four doctors: Osler, Halsted, Welch, and Kelly. *Proc (Bayl Univ Med Cent).* 2010; 23(4): 377–88
11. Fye WB. William Osler’s Departure from North America: The Price of Success. *N Engl J Med.* 1989; 320(21): 1425–31.
12. Rodin AE, Key JD. William Osler and Aequanimitas: an appraisal of his reactions to adversity. *J R Soc Med.* 1994; 87(12): 758–63.
13. Cushing H. *The Life of Sir William Osler: 2 Volumes.* Oxford (England): Clarendon Press; 1925.

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