United European Gastroenterology Journal

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UNITED EUROPEAN GASTROENTEROLOGY ueg journal

LETTER TO THE EDITOR OPEN ACCESS

Waiting for Perfection or Acting on Reality? Burnout in Gastroenterology Needs Action Now

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Received: 6 August 2025 | **Accepted:** 9 August 2025

We thank Dr Brisson for his interest in our recently published systematic review and meta-analysis on the prevalence of burnout among gastroenterologists and endoscopists [1]. However, we reject the notion that our meta-analysis has 'little to do with burnout' and the suggestion that researchers should refrain from estimating burnout prevalence until a gold-standard diagnostic tool exists.

United European Gastroenterology (UEG) has recognised burnout as a serious and escalating issue affecting gastroenterologists and endoscopists [2]. In line with its broader commitment to workforce wellbeing, UEG commissioned this meta-analysis to quantify the extent of the problem and guide evidence-based interventions. Measuring prevalence, even with imperfect tools, is a necessary first step toward identifying modifiable risk factors and systemic change. Our study was not an academic exercise, it was driven by what we as a community observe daily in clinical practice; gastroenterologists and endoscopists facing escalating workforce pressures, emotional exhaustion and systemic challenges.

Estimating the prevalence of physician burnout and its consequences is not limited to the 22 studies included in our meta-analysis but supported by hundreds of studies across different medical disciplines, all pointing to a consistent and concerning reality; burnout is widespread, measurable and linked to adverse outcomes for both healthcare professionals and patients. In a meta-analysis including 210,669 healthcare providers, burnout was associated with an increased risk of safety incidents and poorer quality of care [3]. Therefore, framing burnout research as 'medicalising normal psychological strain' is a dangerous minimisation that risks perpetuating the very culture of silence and neglect that fuels this problem. Burnout is not akin to having a bad day at work, it is a result of sustained emotional exhaustion, detachment, and reduced professional efficacy. To dismiss this as ordinary stress is to ignore the lived experience of thousands of physicians and the evidence linking burnout to direct patient harm.

We have transparently acknowledged the lack of a universally accepted assessment tool or definition for burnout and accordingly included studies that used different definitions and tools to measure it. Brisson agrees with our assertion that burnout lacks a universally accepted definition but simultaneously objects to our inclusion of studies that reflect this reality. Excluding studies for failing to meet a gold standard that does not exist is not only illogical, but it would also introduce selection bias and obscure the true prevalence of bu.rnout. Rather than ignoring this heterogeneity, we embraced it as a reflection of the current published literature and performed extensive subgroup and sensitivity analyses to assess the robustness of our findings. We also acknowledged the multidimensional nature of burnout by providing separate pooled estimates for its different components, where data were available. This is not a methodological flaw, it is a methodological transparency.

Rome was not built in a day, and neither were the Rome criteria. Irritable bowel syndrome (IBS) is a prime example of how a clinical construct can evolve over time through iterative research, discourse, and refinement. Over the past 25 years, the definition of IBS has undergone multiple revisions, from Rome I to Rome IV, with each version redefining how we understand,

diagnose and study the condition [4]. At no point did the lack of agreement on a definition justify halting prevalence research. On the contrary, research proceeded despite imperfections, and it was the accumulation of data that shaped the Rome criteria we now use. And it is still a work in progress.

We would like to draw readers attention to a very similar letter by Brisson raising almost the exact points on a systematic review on the prevalence of burnout among orthopaedic surgeons [5]. This repeated attempt to shut down scientific inquiry because the burnout construct is not perfectly defined, is a rejection of the scientific process and minimisation of the problem. Progress does not come from refusing to study imperfect constructs, it comes from studying them transparently, acknowledging limitations, and working collectively to refine diagnostic tools and definitions. We believe that the field would benefit more from constructive efforts to improve research methods and develop better tools than from repeated calls to stop research altogether.

We and our patients do not have the luxury of waiting for perfection while the problem escalates. Burnout in gastroenterology is real, it is common, and the time to address it is now.

Conflicts of Interest

M.G.S. is a Trainee Editor at UEG Journal. All the other authors declare no competing interests.

Data Availability Statement

The authors have nothing to report.

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