

Burnout or depression: both individual and social issue

In view of the profound problems attached to the construct of burnout, we recommended in our Correspondence (April 8, p 1397)¹ that occupational health specialists focus on (job-related) depression rather than burnout to help workers more effectively. In a reply to our letter, Ronald Epstein and Michael Privitera (April 8, 1398)² rejected our recommendation on the grounds that burnout is not a “purely individual syndrome”. The authors further argued that “considering burnout solely as a mental illness of individual workers rather than work-related distress would be disastrous”. Problematically, Epstein and Privitera attributed to us an idea that is not ours. In these authors’ view, equating burnout with depression is synonymous with mistakenly individualising a social problem. In our estimation, the argument that depression cannot replace burnout because burnout is a social problem whereas depression is an individual problem is specious and part of a false debate.

First, the phenomena of interest (burnout or depression) should not be confused with the perspectives (individual or social) adopted to elucidate those phenomena. Second, both burnout and depression are best explained through the interaction of social or external conditions with individual or internal dispositions.^{3,4} Unresolvable stress—the putative cause of burnout—has a key role in the aetiology of depression in individuals with no noticeable susceptibility to depression.³ Crucially, in human beings, most sources of stress are rooted in social life (eg, work). Therefore, social factors are central to the development of depressive symptoms or disorders.⁴ Depression can be job-related.^{4,5} While leaving our recommendation intact, the authors’ argument allows us to address an objection that is commonly

raised when the burnout construct is questioned.

We declare no competing interests.

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- 1 Bianchi R, Schonfeld IS, Laurent E. Physician burnout is better conceptualised as depression. *Lancet* 2017; **389**: 1397–98.
- 2 Epstein RM, Privitera MR. Physician burnout is better conceptualised as depression—Authors’ reply. *Lancet* 2017; **389**: 1398.
- 3 Willner P, Scheel-Krüger J, Belzung C. The neurobiology of depression and antidepressant action. *Neurosci Biobehav Rev* 2013; **37**: 2331–71.
- 4 Bianchi R, Schonfeld IS, Vandel P, Laurent E. On the depressive nature of the “burnout syndrome”: a clarification. *Eur Psychiatry* 2017; **41**: 109–10.
- 5 Niedhammer I, Malard L, Chastang JF. Occupational factors and subsequent major depressive and generalized anxiety disorders in the prospective French national SIP study. *BMC Public Health* 2015; **15**: 200.



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Department of Error

Avidan MS, Maybrier HR, Abdallah AB, et al. *Intraoperative ketamine for prevention of postoperative delirium or pain after major surgery in older adults: an international, multicentre, double-blind, randomised clinical trial*. *Lancet* 2017; **390**: 267–275—In this Article, the eighth author’s name should have read “Hilary P Grocott”. This correction has been made to the online version as of July 13, 2017, and the printed Article is correct.

van der Hulle T, Cheung WY, Kooij S, et al. *Simplified diagnostic management of suspected pulmonary embolism (the YEARS study): a prospective, multicentre, cohort study*. *Lancet* 2017; **390**: 289–297—In the author list of this Article, the study group should have been included and read “Tom van der Hulle, Whitney Y Cheung...Menno V Huisman, for the YEARS study group*”. On page 1 of the margin information, the following text should have been included: “*YEARS study group is listed at the end of this paper”. Finally, on page 9, the Adjudication committee and Contributing authors should have been combined under the YEARS study group, with a Writing group also listed, and read “YEARS study group Writing Group: Netherlands T van der Hulle, F A Klok, C Heringhaus, M V Huisman (Leiden University Medical Center, Leiden); ...R F Loeffen, R C J van Klink (Alrijne Hospital, Leiderdorp). Contributing authors: Netherlands A J Fogteloo, L J M Kroft (Leiden University Medical Center, Leiden); ...A Iglesias del Sol (Alrijne Hospital, Leiderdorp). Adjudication committee: Netherlands H ten Cate, K Hamulyak (Maastricht University Medical Center, Maastricht).” These corrections have been made to the online version as of June 27, 2017, and the printed Article is correct.

Reich K, Papp KA, Blauvelt A, et al. *Tildrakizumab versus placebo or etanercept for chronic plaque psoriasis (reSURFACE 1 and reSURFACE 2): results from two randomised controlled, phase 3 trials*. *Lancet* 2017; **390**: 276–88—In the findings section in the summary of this Article, the sentence “186 patients (59%) in the 200 mg group, and 168 patients (55%) in the 100 mg group achieved PASI 75, compared with ...”, should have read “186 patients (59%) in the 200 mg group, and 168 patients (55%) in the 100 mg group achieved a PGA response, compared with ...”. This correction has been made to the online version as of July 13, 2017, and the printed Article is correct.