Respite: A different kind of resilience

Oluwatobi Fasola

Division of Urology, University of Toronto, Toronto, ON, Canada

Cite as: Fasola O. Respite: A different kind of resilience. *Can Urol Assoc J* 2026;20(8Suppl2):S128. http://dx.doi.org/10.5489/cuaj.9905

I have done two residencies, and in the first, I took very few vacations because it was just expected that you pushed through. In the second, which is my current residency, I have taken all my vacations, and I feel much better, with less burnout.

I travel. I dance. I paint. I maintain deep relationships outside medicine. I see this not as a distraction but as a different kind of resilience — one grounded in a simple truth: respite during your peak years isn't a luxury. It's the condition for building something sustainable.

THE PEAK-YEARS PRINCIPLE

Most physicians operate on a deferred-living model: suffer now, live later. But this ignores a fundamental fact. Your capacity to work, think, and create peaks early. You have perhaps 15-20 years where your mind and body can sustain both high output and genuine experience. After that, the calculus shifts. Energy costs more. Recovery takes longer.

Deferring rest until you've "made it" means spending your peak years on the expectation of future capacity you may not have. That's not resilience. It's poor allocation. Research on physician burnout shows that this model doesn't work. A 2022 meta-analysis of 170 studies encompassing 239 246 physicians found that burnout doubled patient safety incidents (odds ratio [OR] 2.04), nearly quadrupled job dissatisfaction (OR 3.79), and more than tripled career choice regret (OR 3.49).[1] Grinding harder doesn't make you better, it makes you broken.

The alternative is clearer. Spend your peak years strategically, and factor in rest. Spend some on experiences that fuel you intellectually and emotionally, some on relationships that sustain you beyond medicine. This isn't just about balance. It's recognizing that these years are finite and choosing wisely how to use them.

HOW RESPITE STRENGTHENS THE WORK

Strategic respite doesn't undermine clinical practice. It sharpens it. When I step away from clinical work to travel, to create, and to rest, I return with better judgment. The best surgical decisions come from a mind that isn't depleted.

Cognitive science backs this up. The default mode network, activated during rest and reflection, is critical for creative problem-solving and pattern recognition.[2] Physicians who take genuine time off don't waste it. They use it to consolidate learning, generate ideas, and return to work with restored capacity. A 2024 study of over 3000 U.S. physicians found that taking more than three weeks of vacation per year was associated with 34–41% lower burnout, while spending 30 minutes or more on patient work during a typical vacation day was associated with 58–97% higher burnout.[3] During the urology residency years, patient care requires critical thinking alongside technical skill. You cannot have deep mentation from a place of pure survival.

Beyond the clinical work, respite shapes who you are as a mentor and colleague. A physician who is genuinely alive outside medicine models something critical: that this specialty doesn't require sacrificing your whole self. That's resilience too. It's contagious. It gives permission to the next generation to protect their own peak years.

REFRAMING RESILIENCE

Resilience isn't about enduring the hardest conditions. It's about sustaining high performance over time without burning out. That requires respite. Not as weakness or delay, but as the necessary condition for long-term capacity.

The most resilient physicians I know aren't the ones who suffered best. They're the ones who took their vacations, protected their time, and built practices that work for their lives rather than consuming them. They know that peak years are non-renewable. Spending them on deferred promises is not virtue. It's waste.

REFERENCES

1. Hodkinson A, Zhou A, Johnson J, et al. Associations of physician burnout with career engagement and quality of patient care: systematic review and meta-analysis. *BMJ* 2022;378:e070442.https://doi.org/10.1136/bmj-2022-070442
2. Raichle ME, Snyder AZ. A default mode of brain function: A brief history of an evolving idea. *NeuroImage* 2007;37:1083-90. https://doi.org/10.1016/j.neuroimage.2007.02.041
3. Sinsky CA, Trockel MT, Dyrbye LN, et al. Vacation days taken, work during vacation, and burnout among US physicians. *JAMA Netw Open* 2024;7:e2351635. https://doi.org/10.1001/jamanetworkopen.2023.51635