The quiet currency of energy

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"Don't spend it all at once."

We heard it as children, a warning delivered alongside a crisp $10 allowance. Most of us ignored it. We spent freely on candy and small indulgences, then endured the long wait for the next refill, learning, in the simplest way, what it meant to run out.

As we grew older, we learned to budget, save, and eventually invest. By the time residency arrived, most of us were financially literate — medical school debt is an unforgiving teacher.

And yet, despite this, we routinely bankrupt something far more critical: our energy.

Imagine your mental energy as a wallet.

You start the day with $100. Morning rounds: -$5. A busy clinic: -$30. A patient says thank you: +$3. A slice of pizza between cases: +$10. A snarky hallway comment: -$12. Forty unread emails: -$10. Laundry waiting -$20.

Your day finishes at 11 pm; you are at $40, hoping that six hours of sleep will restore you to full. It doesn't. You wake up at $90; already in deficit, negotiating with a smaller reserve. Still, you push forward. There are tasks to complete, patients to see, expectations to meet.

The cycle repeats.

One day, a difficult call shift sets you back $60. You hover near zero. The margin disappears and something shifts. Exasperation sets in, and the comments come out sharper than intended.

"I really couldn't care less."

"This patient is too much."

Or more concerning still,*"I can't do this anymore."*
"I almost fell asleep at the wheel."

We expect the person running on empty to perform as though they are fully stocked. A $3 task is a drop in the bucket for someone running on a full $100 tank. But to the person barely clinging to the remaining $5, it is almost everything they have. When there is nothing left to spend, they grasp for survival and must compensate by cutting corners out of desperation. Unfortunately, there is no room for cutting corners in medicine, so we respond with correction.

"Step up."

"Your notes aren't good enough."

"Are you sure you're fit for this?"

The failure didn't begin in that moment. It began much earlier, when the account was quietly draining without replenishment. We frame this as a problem of resilience: how do we push through when things get hard? But perhaps that's the wrong question. The better question is: how do we keep the account from emptying in the first place?

As with any system, there are only two levers: increase income or decrease expenditure. We can build in sources of return — moments, habits, or relationships that genuinely replenish. We can be deliberate about where our energy goes, learning to say no to low-value drains. We can prepare for predictable deficits — meal prep before call, small buffers for difficult rotations. We can invest early, so that when demands spike, we are not starting from nothing.

But this economy is deeply personal. What restores one person may deplete another. For some, yoga is +$30. For others, it is -$5. A cutting comment in the OR may devastate one trainee and leave another untouched. There is no universal exchange rate.

And that is precisely the point.

If we continue to treat wellness as a standardized prescription, we will continue to miss the problem. This is not about resilience as an abstract virtue. It is about recognizing limits, variability, and cost.

This is the economics of wellness.

