How is your colleague today?

An article from the AAGBI's Welfare Committee

Anaesthetists are typically talented, hard working and high achievers. We make difficult clinical decisions under pressure, undertake a series of professional exams and work on our CVs to compete for positions in an increasingly difficult job market. This all occurs at a time of our lives when we are forming long-term relationships, moving house or starting families. As the years pass, we find ourselves with increased clinical responsibility, with management, academic and training commitments, competing for clinical excellence awards or private practice, often with significant financial pressures from growing families – the majority of us seem to thrive, but for some, this is mix of life stressors may lead to constant worry and anxiety.

With the break-up of team structures and departments getting larger, our current working environment may make these normal life stressors more difficult to cope with. For consultants, management responsibilities may isolate them from the rest of their colleagues. For trainees, the new shift systems have weakened traditional networks of support; the mess no longer exists and trainees may drive long distances between base hospitals after on-call. Department meetings are increasingly poorly attended and it is difficult to get to know colleagues who head off before or after their shifts like ships passing in the night. The current career challenges and lack of job security are going to make the situation worse.

Anaesthesia safety has improved immeasurably over the last few decades, but we still work in a high-risk profession where human error is the leading cause of adverse incidents. A fertile imagination about what might go wrong often keeps us safe, but for some this may add to the stress of the job and make it difficult to manage day-to-day work. We know we will all make mistakes at some time during our career, but we are more likely to do so when we are tired, unwell or distracted by outside events; fortunately the effects are usually insignificant, but they may be catastrophic.

We are meant to exist in a fair blame culture, encouraged to discuss our failures openly so that others can learn from them. However, we also live in a culture that is increasingly intolerant of anything other than perfection. When I made a significant drug error as an SHO I was taken to one side by a consultant – we discussed it, he told me of mistakes he had made in his career, and he supported me through the next few weeks. Recently, doctors who have made errors have been suspended pending investigation, escorted off the premises, and even charged with a criminal offence, often with much interest from the Press. Most return to work, possibly to undergo a period of supervised retraining; it is important to investigate adverse events but it also is important to recognise the huge pressure these events place on our doctors. Death due to anaesthesia is rare, roughly 1 in 200,000 anaesthetics, once in every 200 years of the average clinician's practice. No wonder, when a death does occur, it has a devastating effect on the anaesthetist involved, and an anaesthetic catastrophe may become an intolerable burden (1).

Discuss "doctors in difficulty" with a psychologist and they will point out that doctors are not good at handling stress – they are frequently tired, live on a poor diet and snatched meals, and often relax by turning to alcohol, and worryingly these days, concoctions of drugs as well. In a few, the use of drugs or alcohol may be identified, but in the stressed doctor using them as a release, I suspect not. Highly self-critical individuals may be particularly vulnerable; combine this with poor team support, chronic lack of sleep and pressure from the workplace, and you have a potent mix for depressive illness. High levels of stress and depression are well described in doctors (2).

How good are we at identifying or supporting our colleagues who are having problems? We are very poor at recognising the doctor in distress and in my experience, when an anaesthetist experiences difficulties, and seeks medical help or requests reduced hours, they often feel that they are placing an additional burden on the department. Conversely, when a colleague is in trouble, apart from a sympathetic ear, it is not obvious how to support them - the high achiever may be reluctant to admit to failings and to consult their GP, and referral to occupational

health feels like a disciplinary procedure. Sadly, anaesthetists are at a higher risk of suicide than other professions, and many of us will know of anaesthetic colleagues who have taken this tragic path, and will have spent many hours wondering if we could have changed the outcome.

Employment law protects the confidentiality of the patient, so if a trainee is unwell, occupational health departments, anaesthetic departments and Schools of Anaesthesia are not allowed to divulge this information, and this is as it should be. Anaesthetists who have conditions such as diabetes are usually quick to disclose this, especially if they think that they are at risk of 'hypos'. If an anaesthetist suffers from an illness such as depression, the situation is much more difficult. Society attaches a stigma to mental illness, and the medical profession is no better at dealing with this than any other branch of society. Doctors have never felt comfortable in disclosing health problems as they fear the consequences to their career - but this is at great risk to them, should their illness progress. Maybe we should also recognise that there is another patient involved – the one that the doctor who is unwell may be called upon to care for whilst on duty? We need to look out for our colleagues who may be in difficulty and to encourage them to seek support so that we may be in a better position to help them, and also to protect their patients.

So what are the solutions? We must recognise the importance of supporting our colleagues, good leadership and team working (3). Work colleagues may be the only friends some have, particularly at difficult times of their lives. Listen to the secretaries and sound out the ODPs; ensure that concerns are heard and that members of staff can approach a couple of named consultants if they have any worries.

For the trainees, it is important to recognise the difference between mentorship and educational supervision or appraisal; the trainee who is concerned about their career progression may not come forward with their problems to an educational supervisor. Mentoring is a specific skill, a few may have a natural ability in this area, but the majority will need specific training.

We must all be registered with a GP and we should encourage those in difficulty to consult their GP or the one of the many support agencies that are available through the Deaneries, the BMA Doctors for Doctors Scheme and the resources listed below. The AAGBI Welfare Resource Pack was published last year and also contains much useful information – it is available on the AAGBI website (4).

We need to be open, proactive and encourage discussion. Dealing with stress should become part of the vocabulary of the workplace and sources of help and advice should be advertised on departmental notice boards. Illness may not be obvious; a dishevelled appearance or strange habits may be the presenting signs, and may be misinterpreted as lack of self-discipline. Social isolation, the 'odd' character, personal conflict, the individual who is drinking to excess, who seems under the weather, or who has had a clinical mishap - we need to look after them all. Take time out to listen - have a low threshold for saying 'how's things?' This is our duty as doctors, both to our colleagues and to the patients that they care for (5).

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References

1. AAGBI Catastrophes in Anaesthetic Practice 2005. www.aagbi.org
2. Firth-Cozens J. Doctors, their wellbeing, and their stress. BMJ 2003;326:670-671
3. Firth-Cozens J, Cording H. What matters more in patient care? Giving doctors shorter hours of work or a good night's sleep? Qual Saf Health Care 2004; 13:165-166
4. AAGBI Welfare Resource Pack 2008. www.aagbi.org/memberswellbeing.htm
5. The General Medical Council. Good Medical Practice 2006 www.gmc-uk.org

Useful resources (further details of support offered available on the AAGBI website)

1. The BMA Doctors for Doctors Scheme
   www.bma.org.uk/doctorsfordoctors
   Tel: 0845 920 0169
2. The Sick Doctors Trust.
   www.sick-doctors-trust.co.uk
   Tel: 0870 4445163
3. The British Doctors and Dentists Group
   Tel: (North of England) 07976 717 211;
   (South of England) 07711 197 850,
   or via the Sick Doctors Trust helpline:
   0870 444 5163
4. BMJ Medical Careers Information
   www.bmjcareersadvicezone.
   synergynewmedia.co.uk
5. Health Professionals Support Group
   Tel: 01327 262 823
6. Alcoholics Anonymous
   www.alcoholics-anonymous.org.uk
   Tel: 0845 769 7555
7. Narcotics Anonymous
   www.ukna.org