



Review RD 01 (2011)

WELFARE OF ANAESTHETISTS SPECIAL INTEREST GROUP

PERSONAL HEALTH ISSUES AND STRATEGIES

Anaesthesia is a rewarding specialty, but it is also demanding, both physically and mentally.

Occupational hazards include:

- long hours, with frequent and irregular overtime.
- alternating low level activity with extremely demanding, precise, procedural duties.
- potential for unexpected, rare and/or stressful crisis situations.
- working to others' schedules - irregular meal and leisure breaks.
- "uncontrolled" work environment.

However, some relatively straightforward strategies can assist in maintaining your physical and mental health, as well as developing resilience and personal strength. These strategies can assist you to achieve a balance between work and all the other aspects of your life.

STRATEGIES

1. SUPPORTS

- Find a mentor (or two, in case one is unavailable).
- Maintain your professional and personal networks.
- Avoid professional isolation - consider working in a department or private practice group, so that you have colleagues. One or more of these might provide support, if necessary.
- Ensure ongoing Continuing Professional Development activities that put you in contact with colleagues.
- Recognise times of high stress (e.g. examinations, critical incidents, relationship breakdown, unexpected death of a patient, complaints, legal action, approaching retirement) and ensure that you have sufficient support from others. In highly stressful times, it may be beneficial to consult your GP, a relationship counsellor, or clinical psychologist.

2. SELF-CARE



Tips to assist you in assessing your ability to deliver high quality and safe care to your patients and to look after yourself:

- **ABC:** (Mental Health WA) “**Act – Belong – Commit**”.

Act be active physically, socially and mentally
Belong belong, join in, socialise
Commit hobbies, acquire skills, volunteer, contribute

- Remember **HALT** – don’t be **Hungry, Angry, Late** or **Tired** on arrival at work.
- Have breakfast every day. Try to take a lunch break outside the operating theatre.
- Another mnemonic:

I’M SAFE: (free from effects of:)
Illness, **M**edication, **S**tress, **A**lcohol, **F**atigue, **E**ating.

If you are affected by any of these factors, ensure appropriate management, including taking leave (see RD 13 The Impaired Colleague).

- Reassess your diet, alcohol and tobacco intake regularly. Take heed of the recommendations of national bodies (e.g. the National Heart Foundation) – you’d expect your patients to do this.
- Remember the benefits of regular exercise. Find something that is enjoyable rather than a chore.
- Enjoy music, books, art, conversation, relationships, sport, or whatever you like to do for relaxation.
- Develop a hobby or two, especially hobbies that can be pursued in your retirement (see RD 04).
- Develop stress management/minimisation activities (e.g. exercise, mindfulness, Tai Chi, Yoga, meditation, movies, playing with the kids – whatever works for you).
- Develop a habit of mindful practice (Epstein, 1999) and mindfulness outside of work. There is lots of literature that can help you (e.g. Difficult Conversations, How Doctors Think, Blink).

Take stock of your life once a year:

Am I happy? Do I like my lists? Who/what is stressing me? What can I do about it?
 Where is my life going both personally and professionally? What are my plans/aspirations? What are my concerns?

3. HEALTH CARE

- Avoid corridor consultations - ensure that you make *formal* appointments to see your doctor(s).
- Do not self-diagnose or self-medicate (especially with sedatives, analgesics or other psychoactive medications, or with medications that should be prescribed with regular check-ups, e.g. anti-hypertensives).



- Ensure you are registered and known to a general practitioner and see him/her regularly (at least annually). (See Resource Document 09). The advantage of having a GP is that he/she can coordinate your care and keep an eye on the need for screening (especially as you get older).
- Allow yourself to be a patient, and ensure your doctor treats you as one (consider raising this issue explicitly with him/her). Choose a GP who is used to dealing with doctors as patients. Many regions have lists of GPs who are prepared to see other doctors (contact your local GP division or network). The Doctors' Health Advisory Services may have lists of psychiatrists who are willing to treat doctor patients.
- Avoid the temptation to refer yourself directly to a specialist.
- Don't forget dental and ophthalmic care, as well as screening relevant to your age and circumstances (eg PAP smears, mammograms, BP and lipid checks, prostate checks, audiograms, ophthalmic and vision checks).
- Consider your family history.

4. WORK ORGANISATION

- Do not be manipulated into undertaking a whole day solo list without any breaks.
- Recognise yourself as an expert on a par with any of your colleagues. You are not a "slave" to "your" surgeon.
- Take sick leave and other leave when it is necessary.
- Take regular recreation leave. Do not be manipulated into feeling that time off is impossible. Ensure you have a holiday to plan, and to look forward to, as this can keep you going.
- Upskill yourself (e.g. do a Crisis Resource Management or ATLS Course) to ensure that you can continue to handle critical incidents and other stressful situations well.

5. HOME ORGANISATION

- Ensure appropriate home help (e.g. a cleaner), especially at times of stress (e.g. examinations, see RD 06).
- If you're not into DIY or you find it stressful, pay someone to do it (mow the lawn, clean the car, paint the house etc).
- If you have children, ensure appropriate child care, and consider regular scheduled time without them to maintain your relationship (e.g. organising a regular 'Date Night'); see RD 15).

WHO CAN YOU CALL ON ?

Trusted colleague and/or peer
Mentor (s)
General Practitioner
Supervisor of Training or College Tutor



Employee Assistance Program in your hospital
 Doctors Health Advisory Service (DHAS) Australia and New Zealand
 UK : BMA Counselling and Doctor Advice Service (08459 200 169)
 Departmental/divisional support person
 Psychologist
 Psychiatrist
 WOA SIG representative
 Medical Board/Council
 Lifeline (Samaritans UK)

Further Reading

- Australian and New Zealand College of Anaesthetists (ANZCA)
 PS 43 Statement on Fatigue and the anaesthetist. Available at www.anzca.edu.au
 PS 49 Guidelines on the Health of Specialists and Trainees. Available at www.anzca.edu.au
- Australian Medical Association
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 2010. Handbook of Communication in Anaesthesia and Critical Care. A Practical Guide to Exploring the Art, ISBN 978-0-19-957728-6
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- Mindfulness Training
 Dr Bruno Cayoun. CD available from MiCBT Institute.
- Medical Journal of Australia
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- Myers MF. 2004. Medical Marriages and other intimate relationships. MJA; 181:392-394
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 2003. Occupational Stress and Burnout in anaesthesia. BJA, 90 (3): 333-7.
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 2009. First do no harm. Being a resilient doctor in the 21st century. beyondblue. McGraw Hill.



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2000. Difficult conversations: how to discuss what matters most. Penguin Books.

Welfare of Anaesthetists' Special Interest Group Resource Documents

- RD 04 Retirement
- RD 06 Training, Examinations
- RD 09 Why don't You Have Your Own GP ?
- RD 13 The Impaired Colleague
- RD 15 Training and Family Responsibilities

Older references which may be useful:

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Gabbard & Menninger (eds)
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Harrington JM
1987. The health of anaesthetists. Editorial. Anaesthesia; vol 42:131-132

Higgs R. 1994. Doctors in Crisis: creating a strategy for mental health in health care work. J Roy Coll Phys. London 28 (6): 538-40

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Ramirez AJ et al
1996. Mental Health of hospital consultants: the effects of stress and satisfaction at work. Lancet vol 347 March 16, 724-728

Stress in Anaesthetists.
1997. Association of Anaesthetists of Great Britain and Ireland, 9 Bedford Square, London.

Sutherland & Cooper
1993. Identifying distress among general practitioners. Soc Sci Med, 37 (5): 575-581

Vincent. 1986. Symposium: The physicians own well-being. Annals RCPSC 19:131-5

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ACECC is a joint initiative of the Australian and New Zealand College of Anaesthetists,
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