



The Vital Signs

A guide for doctors seeking help and advice

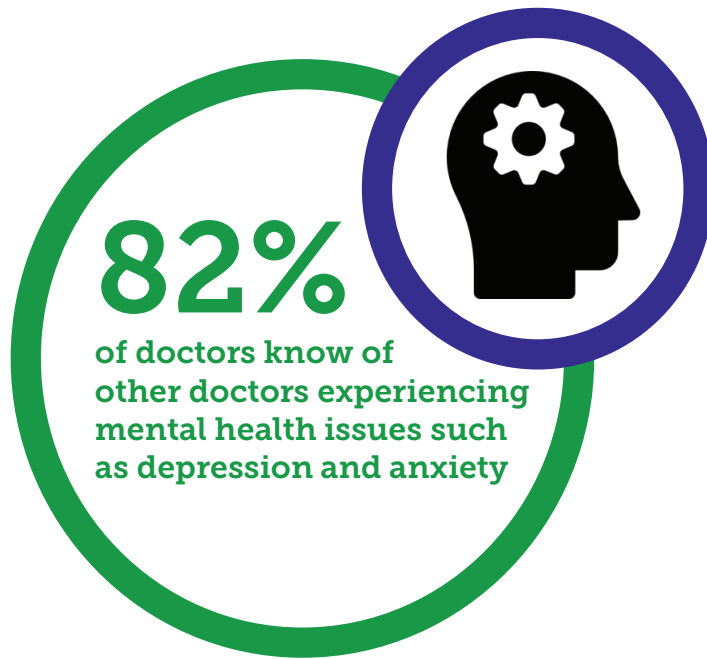


Wanted – medical staff

**High academic achievers only
with strong perfectionist and
self-critical traits preferred.**

Successful candidates will have had:
5+ years training in party-fuelled
student culture followed by sleep
deprivation and long hours in their
twenties; regular exposure to death,
loss and human misfortune; never-
ending exams and lifelong study;
constant onerous responsibility for
other people's health and wellbeing;
strict, hierarchical, conservative training
with a hint of bullying and intimidation.

Easy access to pharmaceuticals.



Doctors are different

Doctors deal with difficult situations every day. After a bad day they can't always say to themselves "that was a terrible day, but at least nobody died". Even if no one dies there is a chance that they dealt with loss of some kind; of health, expectations or future.

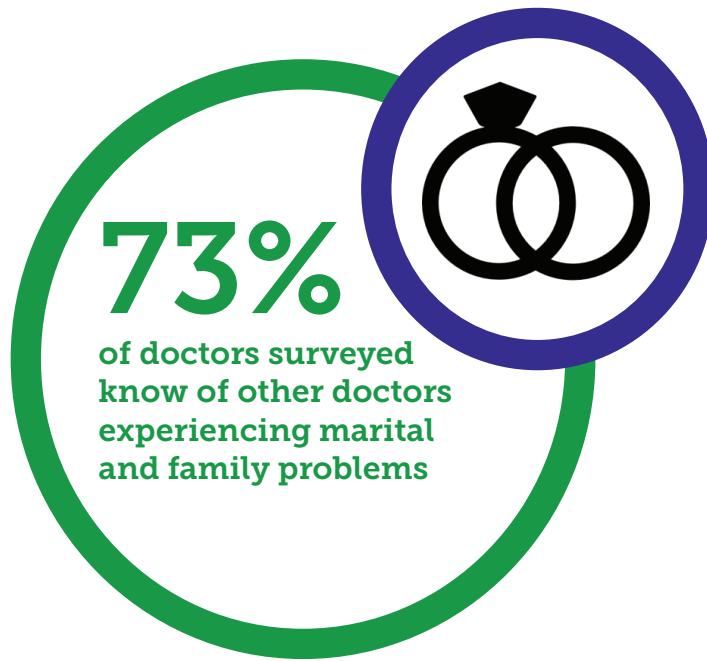
Almost uniquely in the caring professions there is very little support on offer. Doctors are expected to carry on and there is even a sense that needing support is a sign of weakness.

As a result, many develop a psychological strategy to cope by shutting off the parts of themselves that would otherwise find some aspects of the work unbearable. This 'survival personality' allows them to function well in the work setting, but at a cost

to other parts of their life. This process is seen in other settings too – the military in combat, and staff in long-term institutions, for example.

Other psychological strategies can also be seen. 'Medical narcissism' is a term coined to describe the attitude adopted by some doctors, especially when things go wrong (Banja 2004). Being a doctor comes with privileges and status but possibly at a cost.

Doctors often identify strongly with their role, and complaints are often sensed as personal attacks.



Doctors are the same

Doctors may have to deal with difficult situations and take great responsibility – often with little support – but they are not omnipotent. They are fundamentally the same as anyone else and have the same needs.

They will have their own personality quirks, fears, phobias, likes, dislikes, and ways of coping with stress and conflict. Their personas may be armoured to cope with their job, but they will be feeling the full range of human emotions too. And if these are unbearable, or just difficult, they can be suppressed. In this case doctors may not be consciously aware of these emotions, but they may still be there.

Doctors at times feel anxious, frightened, depressed, deluded, suspicious, bad tempered, irritable, bored, martyred, unappreciated, bullied, tired, taken for granted and every other emotion. Just like everyone else.

Strange, then, that seeking help often feels stigmatizing. The ‘caring profession’?

In fact, doctors are just as likely to suffer from physical, mental and emotional issues as their non-medical peers. Seeking help should be just as natural.



Prevention – mental hygiene

“You should sit in meditation for 20 minutes every day – unless you’re too busy; then you should sit for an hour.” – Zen adage

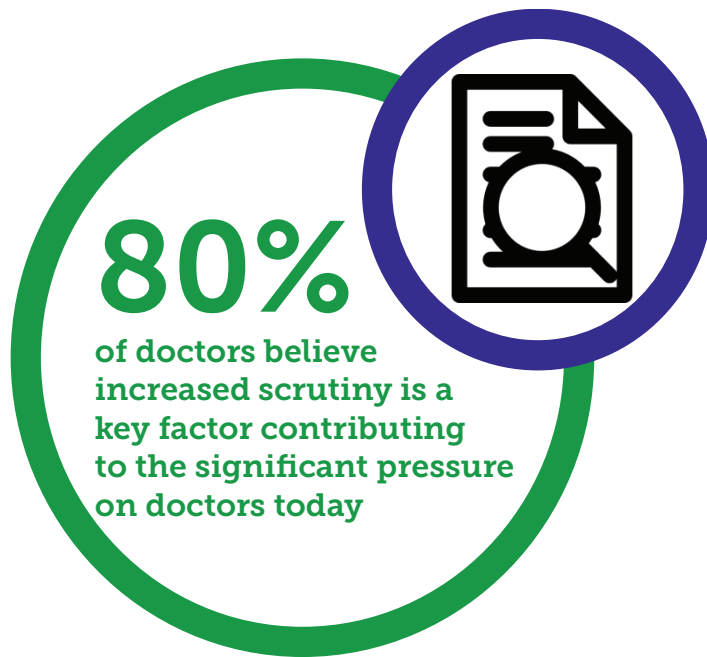
It is ironic that when we need to do the things that will help deal with a difficult time, it is the most difficult time to do those things. Those activities will be individual and personal but can include exercise, music, socialising, spending time with family, hobbies and other activities.

Management guru Stephen R. Covey uses the metaphor of trying to cut a tree down with a saw that gets progressively blunter. “Sharpening the saw means preserving and enhancing the greatest asset you have – you”. So often we continue sawing because we haven’t time to stop and sharpen the saw.

The key then is to know that you are functioning less well or feeling overstressed, and do something to improve the situation. This means monitoring yourself and being able to stop ‘frantically sawing away with a blunt saw’.

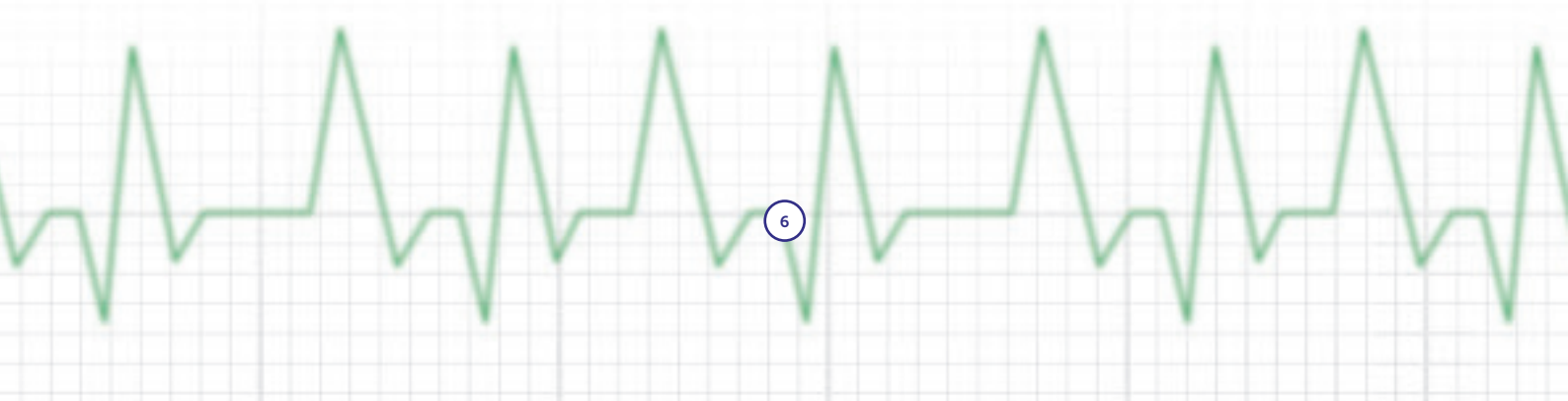
Developing a good degree of self-awareness will help you be a better doctor, and will have benefits in relationships outside work.

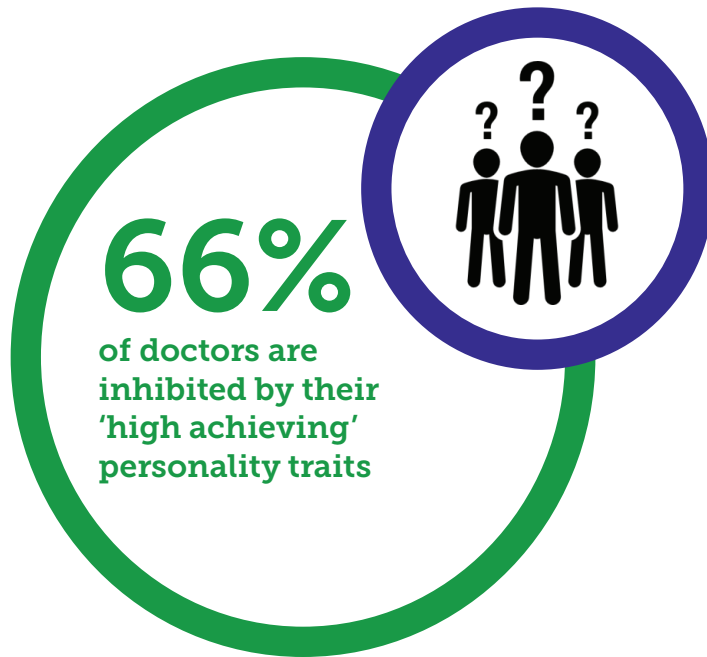
This awareness could ensure that help is sought early and before any harm is done clinically, professionally or socially.



Common trigger points to look out for

- Emotional toll resulting from the high level of interaction with patients and staff (doctors develop survival personalities to deal with huge losses)
- Unsociable and long hours resulting in sleep deprivation
- Lack of support at work
- Under-staffed
- Expectations of the NHS and patients
- Financial concerns such as a large amount of debt to train and then set up in practice
- Posts change and move providing an unstable situation for families
- Burnout





Recognising the signs and symptoms

As discussed, when under pressure we often lose our sense of perspective and cannot always rely on subjective feelings. The following list has been compiled to help identify trainees in difficulty (Paice 2006). With a little imagination and stretching it could be applied to established doctors too. Doctors may need additional support at any stage of their careers.

Seven key early warning signs

- **The 'disappearing act':** not answering bleeps; disappearing between clinic and ward; lateness; frequent sick leave.
- **Low work rate:** slowness in doing procedures, clerking patients, dictating letters, making decisions; arriving early, leaving late and still not achieving a reasonable workload.
- **'Ward rage':** bursts of temper; shouting matches; reacting badly to real or imagined slights.
- **Rigidity:** poor tolerance of ambiguity; inability to compromise; difficulty prioritising; inappropriate 'whistle blowing'.
- **'Bypass syndrome':** junior colleagues or nurses find ways to avoid seeking the doctor's opinion or help.
- **Career problems:** difficulty with exams; uncertainty about career choice; disillusionment with medicine.
- **Insight failure:** rejection of constructive criticism; defensiveness; counter-challenge.

Family, close friends and colleagues may provide feedback as well as support, though sometimes it is hard to hear it. They may notice changes in behaviour, such as drinking more or withdrawing, before you are aware of them.



78%

of doctors believe that doctors are so busy looking after others that they neglect to look after themselves



Burnout

Burnout can occur when our resources are overwhelmed by the emotional and physical demands made on us. The term was originally coined 40 years ago and has had growing acceptance and recognition as a genuine entity now supported by neuroscience. It is now included as a condition in ICD-10.

Although it is usually the result of a sustained period of exposure to stressors the time frame can be variable. Factors known to affect doctors include workload, control, reward, community, fairness, and values. A sense of autonomy in the job seems to be protective.

The hallmarks of burnout are:

- emotional exhaustion – characterized by a feeling of emptiness and emotional blunting.
- depersonalization - manifested by cynical attitude and negativity.
- reduced personal accomplishment – doubts about personal and professional effectiveness.

Early recognition and remediation is key. As is being prepared to seek help – it is a legitimate condition.



Seeking help

When doctors see a doctor, they too often feel the need to consult with a diagnosis and formulation ready. There is a temptation to medicalise, catastrophise and self-medicate. It sometimes helps just to be the patient and not a doctor for once.

When I was a GP, a professor at a distant medical school consulted me about his back pain. "I could have mentioned it to a colleague at work," he said, "but they would have had me in the scanner by lunchtime. I just wanted your perspective on whether I should worry and what I should do".

We should feel no pressure to self-diagnose or feel judged, but be allowed to be patients with no additional expectations placed on us. Likewise, doctors treating their colleagues should allow and expect them to be patients.

People are sometimes concerned about confidentiality and the stigma of seeking help. These are damning indictments on the profession. If you want to consult outside the usual structures, many areas and employers have access to Physician Health Programmes or Professional Support Units.



Sources of help:

The British Medical Association (BMA)

www.bma.org.uk/doctorsfordoctors

BMA Counselling

BMA Counselling is staffed by professional telephone counsellors 24 hours a day, 7 days a week. They are all members of the British Association for Counselling and Psychotherapy and are bound by strict codes of confidentiality and ethical practice.

Call 0330 123 1245 (24 hours a day, 7 days a week)

Doctor Advisor Service

The Doctor Advisor service runs alongside BMA Counselling, giving doctors and medical students in distress or difficulty the choice of speaking in confidence to another doctor.

Call 0330 123 1245 and ask to speak to a Doctor Advisor

Sick Doctors Trust

www.sick-doctors-trust.co.uk

Independent, confidential organisation offering support and help to doctors and medical students dependent on alcohol or drugs.

Call 0370 444 5163 (24 hours a day, 7 days a week)

Doctors Support Network

www.dsn.org.uk

Peer support by qualified doctors offering a confidential and anonymous service covering mental health, work problems, relationships and anything else.

Please contact via email: info@dsn.org.uk

NHS Practitioner Health Programme

www.php.nhs.uk

Based in London, this is a free confidential service for doctors and dentists with issues relating to a mental or physical health concern or addiction problem, in particular where these might affect their work.

Call 0203 049 4505

Cruse Bereavement Care

www.cruse.org.uk

Cruse Bereavement Care is here to support you after the death of someone close.

If someone you know has died and you would like to talk, please call 0844 477 9400

Royal Medical Benevolent Fund (RMBF)

www.rmbf.org

The Royal Medical Benevolent Fund (RMBF) is the leading UK charity for doctors, medical students and their families. We provide financial support, money advice and information when it is most needed due to age, ill health, disability or bereavement.

The RMBF occupies a unique place at the heart of the medical profession, being led and guided by doctors. The majority of our Board of Trustees, as well as more than 250 RMBF Volunteers, come from a medical background, so as an organisation we understand the unique pressures facing doctors on a day-to-day basis.

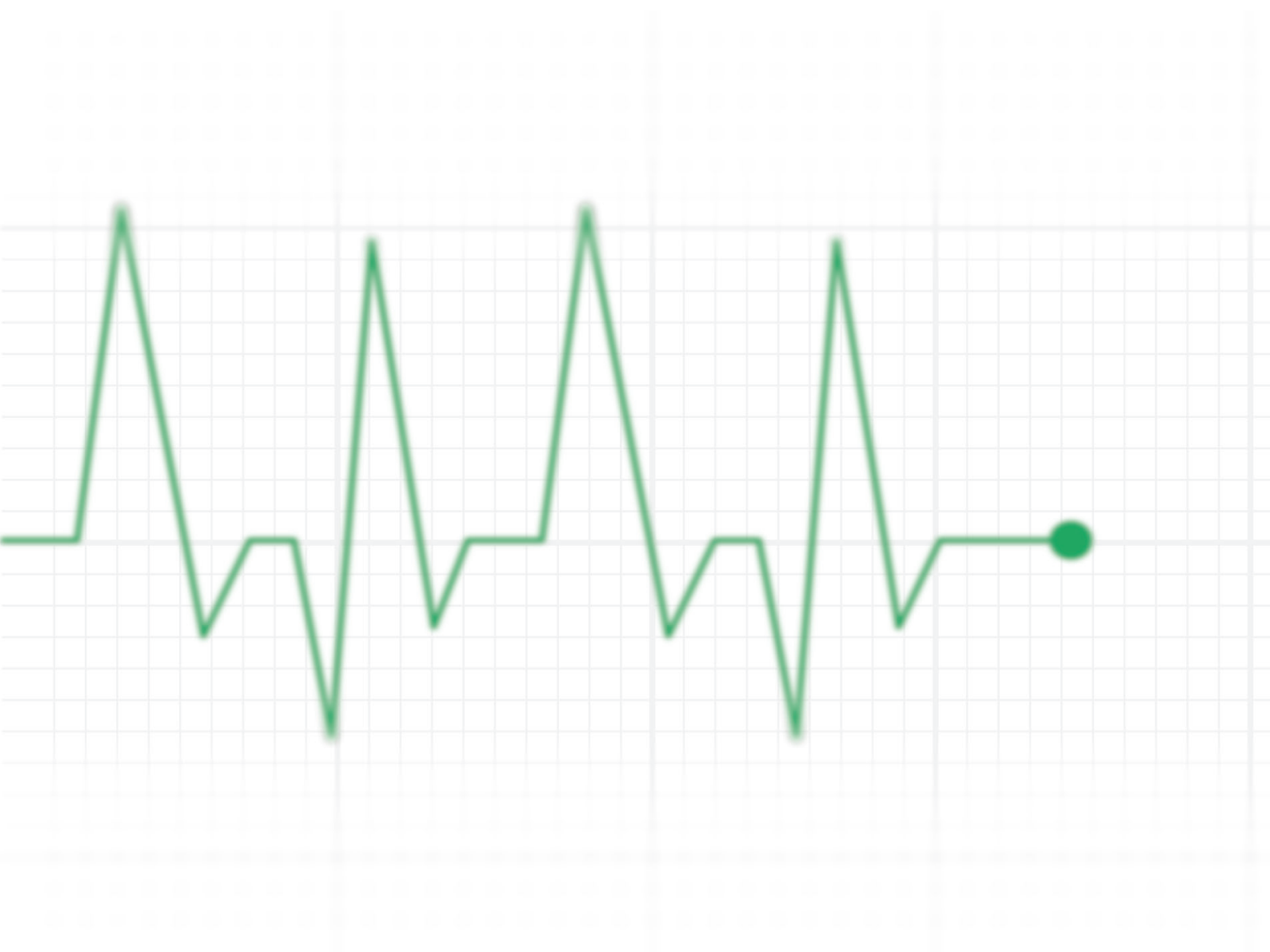
Call 020 8540 9194 (9am-5pm, Monday-Friday)
or email help@rmbf.org

GUIDE AUTHOR
Dr Richard Stevens
Coach, Thames Valley
Professional Support Unit



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