EDITORIAL

Helping sick doctors get back to work

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MANY DOCTORS STILL HOLD ON TO THE TRADITIONAL BELIEFS THAT THEY SHOULD BE infallible and invincible, that they should not become ill, and that they should not let colleagues and patients down by taking time off work.[1]

Mental illness in particular is regarded as a sign of weakness, inferiority and self-indulgence. We should be able to cope with the inevitable vicissitudes of life, we should not bother our partners with our personal problems, and we should carry on regardless.[2]

Such attitudes represent a serious obstacle for sick doctors who are attempting to return to work. A qualitative study has found that many of them complain of uncaring, unsupportive and judgemental colleagues.[3] They fear a negative response when returning to work, they see themselves through the hostile eyes of their colleagues and their self-esteem spirals downwards.

'Doctors are extremely reluctant to admit vulnerability and are late in seeking help'

With the help of the GMC, the Royal Medical Benevolent Fund and the Practitioner Health Programme, the researchers identified doctors who had been on sick leave for more than six months. A total of 77 doctors were contacted, of whom 19 agreed to participate. Eighteen had a mental health or addiction problem, of whom six also had a physical health problem; only one doctor had a physical health problem alone.

Participants attended for an in-depth semistructured review. Four main areas of difficulty were identified: loss of work identity; lack of support from family and friends; negative reactions of colleagues; and self-stigmatisation.

The most enthusiastic and dedicated doctors are those most likely to become burnt out, with the attendant risks of depression and/or substance misuse.[2] Unfortunately, overcommitment to work leaves little room for anything else, and participants felt diminished and empty without their role as a doctor.

The demands of a medical career can place great strain upon relationships: spouses may rightly resent a lack of time together, lack of emotional support and lack of shared involvement in child-care responsibilities.[2] Therefore, it is not surprising that several participants reported negative reactions from their families; indeed, it is possible that their illnesses may have been caused by relationship problems in the first place.

The authors suggest that a fundamental problem is black and white thinking: we are either invincible or we are completely useless. As a result, doctors are extremely reluctant to admit vulnerability and are late in seeking help, with a detrimental effect on outcomes.[4]

This is a small study of doctors with relatively severe health problems. We do not know whether the participating doctors were representative of the sample as a whole, nor do we know whether their colleagues actually had the negative beliefs and attitudes which were attributed to them.

Unfortunately, it is not easy to change entrenched beliefs and attitudes, or prevent them from being handed down to the next generation of doctors. Medical schools and the Royal Colleges have a shared responsibility to tackle stigmatisation,[1] to foster self-awareness and warn against overcommitment. More enlightened attitudes would be encouraged if greater support were to be provided to the work colleagues of sick doctors, rather than expecting them in turn to be invincible and cope with the increased workload.

I believe that we have a duty to support our partners and to watch out for any signs that they may be experiencing difficulties; 360° appraisal may facilitate this by providing an opportunity for positive feedback and by improving our mutual understanding. However, in my experience, anonymous feedback questionnaires of the type proposed for revalidation can be difficult to interpret, and important individual feedback is lost as a result of averaging scores. Instead, I would recommend the use of just two questions:

- Of the things which colleague X brings to the partnership, what do you particularly value?
- What difficulties do you think that he or she faces: how can we help him/her to overcome them?

A supportive partnership, in which doctors feel valued by their colleagues and in which personal vulnerabilities are acknowledged and mitigated, will both protect us from developing health problems and facilitate a return to health and work should they occur.

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