Break culture that tolerates risk to doctors' wellbeing

Dr Chris Wilson
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A genuine crisis within medicine was recently laid bare publicly. Doctor suicides have been reported as exposés of medicine's "dirty little secret".

Except it isn't a secret within the ranks of the profession. Most clinicians – senior and junior – know of someone they trained with who died by suicide. There are stories going back decades, yet we still find ourselves in this position.

In January, AMA DiT lost one of its own. At the time of her death, Chloe Abbott was Deputy Chair of the Federal AMA's Council of Doctors in Training. I hadn't known Chloe for long, but even after knowing her for a short time, I feel her loss. I don't want to feel that sort of loss again.

Risk factors are common to us all. We work in high-pressure workplaces – with that pressure multiplied by training selection, study requirements and all-or-nothing exams. We are perfectionists who have rarely experienced failure. Too often, our first experience of failure is at a high-stakes moment. We work unsocial and unpredictable hours, often with only weeks' notice of our rosters.

We do all this while trying to establish ourselves in life – buying a house, maintaining relationships, creating families. There are no extra hours in the day when you're a doctor in training.

We work in a time when medical staffing numbers are dictated by accounting firms, with no regard for DiT welfare. Forget that you haven't had a break in 12 months, the priority is maintaining 'service provision', not giving you leave.

We've seen staffing cuts gain little in efficiency but lose a great deal in morale, while creating anxiety and fever pitch burnout. We're employed by hospitals and are trainees of colleges that think having an 'employee assistance program' or contracting out support to a telephone counselling service ticks the box and absolves them of further responsibility. We work in a system that cares little for its employees.

We are not without blame as a profession. **We are the ones who run the system that cares so little.**

It's time to move past focusing on the individuals. We know there's a problem – and it's not with those pushed to breaking point – it's with the system we work within that first pushes people to the cliff edge before attempting to step in.

This is a problem for our employers, our colleges and our profession.

Excessive hours, poor access to leave, lack of educational support and inadequate debriefing are among the factors contributing to the work-related problems elevating the risk of anxiety, burnout and suicide.

It's time to break the culture of medicine that tolerates this risk. It's time to stop trying to 'build resilience' in DiTs instead of fixing the system we're asked to be resilient to. It's time to say it's okay to fail sometimes, it's okay to put life before work and it's absolutely okay to ask for help when you're struggling. It's time to normalise being normal and not expect we must always be exceptional.

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There's a burning desire in the Council of Doctors in Training to see real change, and we have the full support of the AMA's Federal Council, the States and Territories. For our part, the AMA (WA) DiT Committee is leading the discussion in our State and will continue to call out hospitals with workplace practices that place DiTs at unacceptable risk.

We should not expect this will be fixed by someone else. While there are champions of change amongst us, for too long we've asked too few to do too much.

As the representative body for all doctors, the AMA is uniquely placed to drive for real change, but it will take all of us to succeed.

After the successful introduction of the Doctors' Health Advisory Service nationally, we're now shifting the

Continued on page 35

Continued from page 34

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conversation from crisis lines and safety nets to more preventative on-the-ground measures.

I ask you to look at your unit and assess the burnout risk you place on your DiTs.

How do you support trainees studying for exams? What access to part-time work is there at your hospital? What happens after a MET call ends badly, or an adverse patient outcome – is there a debriefing process in place? Do you even know who was involved?

The path to crisis starts in the events and challenges we face day-to-day – as do the solutions. ■

AMA (WA) Dit Welfare Subcommittee: www.amawa.com.au/doctorsintraining/dit-welfare-subcommittee/
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