

EDITORIALS

Doctors' health: taking the lifecycle approach

Next international conference on physician health to target transitions

Michael Peters *head of Doctors for Doctors Unit*¹, Omar Hasan *vice president, improving health outcomes*², Derek Puddester *director of physician health*³, Antony Garelick *co-director of Mednet*⁴, Christopher Holliday *director of population health*², Thomas Rapanakis *service coordinator*¹, Amber L Ryan *research associate*²

¹BMA, London WC1H 9JP, UK; ²American Medical Association, Chicago, IL, USA; ³Canadian Medical Association, Ottawa, ON, Canada; ⁴London Deanery, Tavistock Centre, London, UK

The importance of the health of medical workforces is increasingly recognised, and poor health can compromise performance and adversely affect standards of care.¹ As demands on doctors continue to increase, so too do their levels of stress related illness.²⁻³ To provide a forum for discussion of these matters, the BMA, Canadian Medical Association, and American Medical Association co-sponsor biennial international conferences on physician health. The 2014 conference will focus on transitions in the life of the doctor, considering their impact on the doctor's professional and personal life (box).

Transitions are major stressors in most people's lives.⁴ They can occur in many guises and are often accompanied by unease, enhanced vulnerability, and a degree of identity confusion. However, transitions may also be empowering and positive experiences, and a time for growth. Rates of referral to services for doctors are higher at points of transition—such as that from medical student to practising doctor or from trainee to senior professional—and at the prospect of career change or retirement. Larger social changes, such as globalisation and the increasing entry of women into medicine, bring additional transitional challenges. All these challenges need to be considered at the practical and the psychological level, with individuals being challenged to reconcile different demands and different aspects of their roles and identities.^{5,6}

How do these different transitions affect doctors? Medical students begin their training full of idealism, having gained a place at medical school through high academic achievement, which gives them a sense of mastery and control. This may manifest itself in the belief of error-free medical practice and be reinforced by a culture of perfectionism.⁷ After graduation they are propelled into caring for sick people and the anxiety associated with this responsibility. They must move abruptly from an idealised world to the real one, with its necessary compromises. In addition, their status suddenly changes—from final year medical student to the most junior and inexperienced doctor in a clinical environment. At the same time, many will

be negotiating important personal transitions, such as marriage or parenthood. Women doctors can face unique problems when moving in and out of medicine, sometimes several times during their career. They may have conflicting loyalties regarding the balance between home and work, which may lead to feelings of guilt and inadequacy.

Another key transition is that from trainee—where the focus is on attaining clinical knowledge and experience—to senior qualified doctor, with its leadership and management responsibilities. Such responsibilities may include fighting for scarce resources. This senior environment is far removed from clinical training and the student's fantasy of what being a doctor will be like.⁸ At this busy time in their professional life, many doctors also face equally difficult challenges in their personal lives, with teenage children and elderly or sick parents.

Geographical relocation, sometimes to a different country, can affect relationships with family, friends, and peer groups. It may involve adjusting to different cultures and different cultures of medical practice.⁹

The last years of a medical career may be complicated by ageing, with possible deterioration in dexterity, vision, memory, mental flexibility, and stamina. These challenges are often exacerbated by intercurrent illness, and may profoundly affect not only practice and opportunities but also the doctor's identity and self image.¹⁰ Such stressors can be compounded by impending retirement.

Another transition that doctors have to struggle with, over which individually they can exercise no control, is society's perception of the doctor. In the past, doctors' authority was unquestioned, services tended to be paternalistic, and patients did not make discomforting demands. Today, patients' expectations have changed—they are more aware of their rights and entitlements, and they have access to much more information.¹¹ Doctors can feel that their professional identity is under threat. In the face of medicine's unpredictability, any call for wisdom in addition

Details of next year's international conference on physician health

The International Conference for Physician Health 2014 will take place on 15-17 September in London. Further information including registration and abstract submission details is available at <http://bma.org.uk/icph2014>.

to technical ability renders doctors vulnerable to the charge that their decisions are neither transparent nor accountable. This is an age of performance tables and requirements for doctors to be much clearer about what they do, and how and why they do it.¹²

Transitions are major stressors in most people's lives; those in doctors' lives are no less difficult and may have a greater impact than is generally recognised. The 2014 international conference seeks to recognise particular problems facing doctors as they progress through their careers and highlight possible solutions to these problems. This will involve acknowledging the ongoing changes in medical culture and how society interacts with doctors. Medical schools will need to recognise this and prepare their students for a world where the spurious notion of invincibility will not help them with the challenges they will face at various points in their career. This perspective needs to be followed through all the way to retirement. We hope that the next international conference on physician health will provide a unique forum to learn from current best practices and contemporary research, and will establish a community of professionals to support doctors throughout their career.

Competing interests: "We have read and understood the BMJ Group policy on declaration of interests and declare the following interests: None.

Provenance and peer review: Commissioned; not externally peer reviewed.

- 1 Boorman S. NHS health and well-being—final report. *Crown* 2009:2-3.
- 2 Shanafelt T, Boone S, Tan L, Dyrbye LN, Sotile W, Satele D, et al. Burnout and satisfaction with work-life balance among US physicians relative to the general US population. *Arch Intern Med* 2012;172:1377-85.
- 3 Garelick A. Doctors' health: stigma and the professional discomfort in seeking help. *Psychiatrist* 2012;36:81-4.
- 4 Hayes J, Hopkins B, Adams J. Transition: understanding and managing personal change. Martin Robertson, 1977.
- 5 Khan M. Medicine—a woman's world? *Student BMJ* 2011;19:d7495.
- 6 Segouin C, Hodges B, Brechat PH. Globalization in health care: is international standardization of quality a step toward outsourcing? *Int J Qual Health Care* 2005;17:277-9.
- 7 Myers MF, Gabbard GO. The physician as patient: a clinical handbook for mental health professionals. American Psychiatric Publishing, 2008:242.
- 8 Wilkie G, Raffaelli D. In at the deep end: making the transition from SpR to consultant. *Adv Psychiatr Treat* 2005;11:107-14.
- 9 Morrow G, Rothwell C, Burford B, Illing J. Cultural dimensions in the transition of overseas medical graduates to the UK workplace. *Med Teach* 2013;35:e1537-45.
- 10 Shanafelt T. Finding meaning, balance and personal satisfaction in the practice of oncology. *J Support Oncol* 2005;3:157-62.
- 11 Garelick A, Gross S, Richardson I, von der Tann M, Bland J, Hale R. Which doctors and with what problems contact a specialist service for doctors? A cross sectional investigation. *BMC Med* 2007;5:206.
- 12 Working Party of the Royal College of Physicians. Doctors in society. Medical professionalism in a changing world. Royal College of Physicians of London, 2005. www.rcplondon.ac.uk/sites/default/files/documents/doctors_in_society_reportweb.pdf.

Cite this as: *BMJ* 2013;347:f7086

© BMJ Publishing Group Ltd 2013