



Nudging towards the exit

I'm going, leaving, out-the-door, vamoose. My choice; after 15 years here, I've accepted another job. I'm working my notice now.

To some, my father included, it seems odd to have done it. But I do have reasons, positive ones. Besides, others have made far more dramatic career moves than this; I'm only changing practice.

In industry, I might well already have been invited to pack my things and go. Gardening leave, they call it; so commonplace now, it carries no shame. Indeed the opposite; I have a brother who has luxuriated in this form of extended break from work several times in recent years, long enough to get his book completed even. He is regarded with envy for his achievement — and I am not referring to the novel there.

Here it's different. Opposite, really. I will continue to do my best until the last day. Without me, I want it to continue to thrive. Not just because I will be staying on as a patient either.

Word of my leaving gets around quickly. 'I know I'm batty but I feel you're the first doctor who's been okay with that.' This is unsolicited, an oblique compliment. I would never have heard it had I elected to stay. On the other hand, my ego is kept in check hoping I will be spared the applause from those who will rejoice at seeing the back of me.

I will miss many patients. There are relationships I do not want to end but must. It might get pretty awkward with a few — tears may be shed, noses blown. I won't miss them all though. I have had few heartsinks over the years but still, a few relationships I will shake off like an unwanted Sumo suit.

Some folk I've seen many times too many. There have been consultations as interesting as repeats on daytime TV, old problems presented afresh as though I must have Alzheimer's or be having some sort of groundhog day.

While I appreciate the concept of the inverse care law,¹ much of the focus around it has been to do with the link between deprivation and poor access to care.² Frequent attenders presumably have no problem with access and not all are deprived. So, while I sympathise with the

notion that frequent attenders are at high risk of poor care,³ some of this must just be about poor choices. Even given plenty of access and plenty of support, some mortals just make rotten decisions.

'Natural selection lives!' a friend observed.

But how to resist that? One approach might be to turn to the burgeoning discipline of behavioural economics, the so-called 'science of nudge',⁴ But this is complex: for a start, whose choices should you be trying to influence? My patients' or mine? Maybe mine because after all, as my trainer was once wont to observe, every test, prescription or referral happens because the doctor agrees it's on the menu for the patient to choose.

Then which of my judgements matter most? Perhaps the key nudge might be to incentivise me to stay put. Maintaining personal continuity has both logic and advocates.⁵ Strange as it might sound, I am a supporter.

If that nudge became reality it would take me years to earn its reward. That's fair. The decision to move was mine. You can do anything in this world if you are prepared to take the consequences.⁶

With the phasing out of seniority payments⁷ perhaps there is even cash spare to give this a try? I'll look forward to earning it some day.

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DOI: 10.3399/bjgp14X677653

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