

“... foundation year doctors told me that they routinely worked unpaid hours and the European Working Time Directive was a fictitious paper exercise for them.”

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## Is our profession in need of occupational therapy?

As a former physiotherapist and occupational therapist, I noticed that becoming a foundation year 1 doctor in 2013 profoundly affected my work-life balance. Data published in 2010 suggests that 23% of doctors did not apply to continue training following their second foundation year.<sup>1</sup> Similarly, an emergency medicine recruitment and retention crisis was more recently highlighted. People leaving the profession may be sensitive to something the rest of us ignore. When I was a medical student, foundation year doctors told me that they routinely worked unpaid hours and the European Working Time Directive was a fictitious paper exercise for them. Research findings from a sample of 1065 doctors suggest that working un-rostered hours is common practice.<sup>2</sup> Knowing GPs who work 12-hour days 5 days per week has not increased my faith that a medical career can offer work-life balance. Antisocial working hours and poor work-life balance have been linked to stress, anxiety, depression, cardiovascular risk, gastrointestinal disorders, obesity in men, and workplace accidents possibly due to sleep and circadian rhythm disturbances, social marginalisation and poorer dietary habits. Excessive working hours have also been linked to increased alcohol consumption by women, lack of sleep and increased smoking for both sexes, and lack of exercise for men. Medical careers are a risk factor for substance misuse and suicide.

The GMC states 'You must offer help if emergencies arise in clinical settings or in the community ...' so there is arguably poor separation between professional and personal life at the core of our profession.<sup>3</sup>

One of my friends voluntarily starts work 30 minutes early each day to check his patients' blood results before ward rounds, and nurses have not hesitated to try to persuade me to do jobs after I have finished work instead of calling the on-call ward cover. Viral sharing by foundation doctors of a related news story last year suggests that doctors' natural breaks are widely disregarded.<sup>4</sup> This suggests the NHS has a culture of expectation that doctors will do

unpaid work. As long as we work unhealthy hours and voluntarily plug NHS gaps, the government can deny its onus to increase NHS staffing. The situation used to be worse, so some doctors may see unhealthy working hours as a rite of passage. I have heard well-established doctors suggest that a correlation between weekend on-calls and staff sickness is evidence of skiving, and that people who drop out of training lack the necessary spine. Inadequate occupational health service provision for GPs may reflect similar expectations from higher management, that doctors should simply be tough.

Perhaps the work ethic ingrained in our professional subculture reflects a lack of awareness of relationships between psychosocial stress and physical illness. I have chosen to continue my medical career because I am enjoying it, in the same way some patients with COPD may enjoy smoking or some obese patients may enjoy unhealthy food, but as a former occupational therapist I am aware of the damage my dedication is doing to my family and social life. Some of the people sensibly leaving our profession may be the very people we need to retain to help us develop a healthy work ethic. If we are unwilling to learn from them, perhaps we can learn from our occupational therapy colleagues, or older, wiser patients who say 'I wish I hadn't worked so hard.'<sup>5</sup>

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