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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.1 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.2 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.3

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 ignored. When I was a medical student, occupational therapist I noticed that 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 ignored. When I was a medical student, occupational therapist I noticed that 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 ignored. When I was a medical student, occupational therapist I noticed that 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 ignored.