Editorials

Damaged doctors:

it's time for a binding covenant of care between the NHS and its doctors

INTRODUCTION

It is time at last for a binding covenant of care to be drawn up between the NHS and its doctors.

In caring for patients in the environment of the NHS, doctors' health is being damaged, and damaged doctors provide worse care for patients.[1–3]

For too long the needs of doctors with mental illness or addiction have been neglected. Consequently and tragically, doctors continue to give up their lives for their vocation. The NHS must respond with the provision of universal, free, and standardised mental health and addiction support for all of its medical staff.

Reviewing the literature surrounding the issue of physician health in the UK reveals a sad story of stuttering progress and lost momentum, represented as it is by far too many articles such as this, and far too little change in the real world. The many reviews highlighting the price doctors pay for their vocation in terms of poor mental health, addiction,[4] and an increased rate of suicide[5] have been infrequently punctuated by national reports and blueprints seeming to understand the problem, its impact on doctors and patients, as well as on the finances of the NHS.[6] The Department of Health's 2010 publication *Invisible Patients*, and its contributing reports, brought together evidence relating to doctors' health, as well as offering a framework for support service development.[2] It concluded that something had to be done, recommending improved care for doctors and recognising the positive impact such care has. Yet, in the 6 years since the report, there has been little in the way of translation into action.

WHAT DO WE KNOW ABOUT DOCTORS' HEALTH EXPERIENCES?

We know that concerns over confidentiality and the impact of illness on career progression mean doctors as a group are less likely to seek help with health problems, particularly around mental health and addiction, and when they do so, they are treated more as colleagues than patients.

Despite likely under-reporting, doctors have higher rates of mental ill health and addiction than other professional groups. A survey in 2009 of 600 doctors revealed that 85% have suffered with mental health problems in the past, with 32% suffering depression. Worryingly, 13% had experienced suicidal thoughts.[7]

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Doctors are less likely to take time off work with ill health, taking a third as many sick days as other NHS staff.[8] This doesn't represent their better health, more their reluctance to accept illness or to be absent from work for fear of being seen as weak or letting colleagues down. Over time this is, of course, detrimental to health.

Doctors are more likely to try to kill themselves and more successful at doing so than the general population and almost any other professional group.[5] Tragically, between 2005 and 2012, an average of 10 doctors per year took their own lives.

It can be argued that there are aetiological factors explaining doctors' health experience, but the truth is not that people selected for medical training are more prone to mental illness than other professional groups, it is that the workload and environment is more damaging than in other professions. There have been suggestions that we should build in greater training in resilience for doctors, to prevent ill health and suicide.[9] But rather than blaming a lack of professional robustness, and accepting damaging working conditions, it is surely better to tackle the root cause.

It is not the act of caring for patients or dealing with relatives that impacts most on a doctor's mental health, it is the environment in which they do so.[1] We now know that the UK has the most stressed primary care physicians in the Western world[10] and the various contributing factors were well summarised recently by Doran *et al*, with the 'boiling frogs' analogy.[11]

WHAT IS ALREADY BEING DONE?

While generally there is provision of traditional occupational health services for secondary care doctors, such services, directly linked as they are with the employing organisation, are not ideally sited to deal with the unique needs of doctors with mental health or addiction problems. Not only that, we know that for GPs, occupational health provision is patchy and in some cases non-existent. Representative bodies, charitable, and third sector organisations offer what support they can,[12] and scattered across parts of the country are some dedicated services supporting doctors' mental health.

What is lacking is consistency of service and equality of access — the support doctors receive depends entirely on where they happen to be working when they need it.

WHAT NEEDS TO BE DONE NOW?

The Department of Health needs to do no more than to dust off and read *Invisible Patients*,[2] then implement its recommendations.

Foremost, everything has to be done to make the health service a safer place for doctors to work, not least to protect patients. The NHS constitution promises its staff *'healthy and safe working conditions.'*[13] Is it delivering on this promise? The burden and intensity of working hours, of bureaucracy, and regulation must be tackled. Policy makers should examine all their work through the lens of protecting and enhancing the health of those delivering care. Regulators must balance with sensitivity their responsibility to protect

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patients, with the impact of their processes and actions on individuals.

NHS England, along with the RCGP and BMA have commissioned and developed a support service for GPs, as part of the delivery of the '10-point plan' to tackle the recruitment and retention crisis in general practice.[14] In only developing a service for GPs, with the reasoning that general practice is a specialty with recruitment difficulties and workforce shortages, they run the risk of sending the message that they only care about supporting doctors in specialties where recruitment is difficult.

A free, confidential national support service for mental health and addiction, independent of employment, should be available to all doctors in the UK. Any service established for GPs should be extended to all doctors as quickly as possible.

Providing a national service for all will be expensive, but it is simply a matter of spending to save. Sickness absence and doctors' tendency to presenteeism, costs many billions of pounds a year[2] and the financial savings of support services — through return to, or continued employment — have been demonstrated by existing support services.[15] Put simply, establishing support services for doctors is expensive, but not doing so costs us more.

CONCLUSION

Sadly, this editorial has said little new, just what many more have said before. It is time for an end to rhetoric and a move to action, not just for GPs, but for all doctors. There is no need for more evidence, no need for more discussion or debate. From the moment a doctor chooses to devote their life to serving patients they must always feel valued, supported and cared for.

There is now a generational opportunity for the NHS to send a message to its doctors — you are valued; the work you do is vital. If in caring for your patients, you are damaged, then we will take responsibility for healing you.

It is time at last for a binding covenant of care to be drawn up between the NHS and its damaged doctors.

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REFERENCES

1. Chief Medical Officer. *Good Doctors, Safer Patients*. London: Department of Health, 2006
2. Department of Health. *Invisible patients. Report of the Working Group on the health of health professionals*. Crown, 2010. http://www.healthcare-today.co.uk/doclibrary/documents/pdf/349_invisible_patients.pdf (accessed 4 Mar 2016).
3. Department of Health. *Mental health and ill health in doctors*. DH, 2008. http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_083090.pdf (accessed 19 Feb 2016).
4. Brooks S, Gerada C, Chalder T. Review of literature on the mental health of doctors: Are specialist services needed? *J Mental Health* 2011; **20(2):**146–156.
5. Schernhammer ES, Colditz GA. Suicide rates among physicians: a quantitative and gender assessment (meta-analysis). *Am J Psychiatry* 2004; **161:** 2295–2302.
6. Harvey S. *The mental health of health care professionals. A review for the Department of Health*. London: Kings College London, 2009.
7. Medical Protection Society. *85% of doctors have experienced mental health issues, reveals Medical Protection survey*. MPS, 2016. http://www.medicalprotection.org/uk/for-members/press-releases/press-releases/85-of-doctors-have-experienced-mental-health-issues-reveals-medical-protection-survey (accessed 19 Feb 2016).
8. Workforce and Facilities Team, Health and Social Care Information Centre. *NHS sickness absence rates January 2015 to March 2015*. HSCIC, 2015. http://www.hscic.gov.uk/catalogue/PUB17903/sick-abs-rate-jan-mar-2015%20rep.pdf (accessed 19 Feb 2016).
9. Horsfall S. *Doctors who commit suicide while under GMC fitness to practise investigation*. GMC, 2016. http://www.gmc-uk.org/Internal_review_into_suicide_in_FTP_processes.pdf_59088696.pdf (accessed 19 Feb 2016)
10. The Commonwealth Fund. *2015 Commonwealth Fund international survey of primary care physicians in 10 nations*. 2016. http://www.commonwealthfund.org/interactives-and-data/surveys/2015/2015-international-survey (accessed 19 February 2016).
11. Doran N, Fox F, Rodham K, *et al*. Lost to the NHS: a mixed methods study of why GPs leave practice early in England. *Br J Gen Pract* 2016; DOI: 10.3399/bjgp16X683425.
12. Royal College of General Practitioners. *GP wellbeing help and support*. http://www.rcgp.org.uk/membership/resources-for-members/gp-wellbeing.aspx (accessed 19 Feb 2016).
13. Department of Health. *Guidance. the NHS Constitution for England*. https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england#staff-your-rights-and-nhs-pledges-to-you (accessed 03 Mar 2016).
14. NHS England and Health Education England, RCGP, BMA. *Building the workforce — the new deal for general practice*. https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/01/building-the-workforce-new-deal-gp.pdf (accessed 03 Mar 2016).
15. The Practitioner Health Programme. *The first five years of the NHS Practitioner Health Programme*. PHP, 2013. http://php.nhs.uk/wp-content/uploads/sites/26/2014/05/Five-Year-Report.pdf (accessed 19 Feb 2016).