



*"I came out of the cinema angry at my complicity, as a doctor, in this dehumanising system, my poor understanding of the benefits system (because I'm a doctor and I don't have time), and our practice policies of not writing supporting letters and charging for other letters."*

#### ADDRESS FOR CORRESPONDENCE

##### Jessica Drinkwater

Academic Unit of Primary Care, Leeds Institute of Health Sciences, 10.39, Level 10 Worsley Building, Clarendon Way, Leeds LS2 9NL UK.

E-mail: [j.m.drinkwater@leeds.ac.uk](mailto:j.m.drinkwater@leeds.ac.uk)

## I am a doctor

I recently had a conversation with an old trainer of mine about work-life balance. She said she finds this concept difficult because being a doctor is part of who she is, both in and out of work. She pointed out that, when asked what you do, most doctors say, 'I am a doctor', not 'I work as a doctor'.

So, this week when I went to see *I, Daniel Blake*, I wasn't surprised to come out reflecting on what the film meant to me as a doctor. I'd been told it's a film about a man struggling with the benefits system. But for me, it's about Dan, a man who has had a significant heart attack and is given unthinking advice from his doctor. Early in the film you see Dan with his doctor. She unhelpfully tells him to exercise, but not too much, and that she will see him at the clinic in a few months, when he may need a defibrillator (no explanation of defibrillator). She tells him not to drink alcohol, and, crucially, not to work. She does not ask him about the impact of the heart attack, or her advice, on his life. She is on screen for about 2 minutes, but her advice has a massive ongoing effect on Dan.

The film then shows the dehumanising impact of the benefits system (inexplicable bureaucracy, sanctions for not following impossible instructions, and having to ask and be grateful for help). But it also shows Dan losing his work identity, his social identity (he tells his friend he can't go to the pub as the doctor told him not to drink), and his increasing isolation. He is not depressed. But these social and economic factors are having a significant impact on his wellbeing.

I'm sure you recognise familiar stories. This week a 20-year-old requested a letter from me stating he needs more time to go to the bathroom. He has no medical conditions and no abnormal bladder or bowel symptoms. His employers have set a time limit of 4 minutes for a bathroom break. The toilet is one floor below, and my patient keeps being reprimanded for not getting back within 4 minutes. He wants a letter from a doctor, explaining that he needs longer. I said no, because he has no medical problem. But it doesn't feel right.

I came out of the cinema angry at my

complicity, as a doctor, in this dehumanising system, my poor understanding of the benefits system (because I'm a doctor and I don't have time), and our practice policies of not writing supporting letters and charging for other letters. These policies and practices are all supported by the BMA, to reduce my workload and protect my work-life balance. But what's my responsibility, as a doctor, to protect the consultation from becoming a transactional, dehumanising encounter? One where the patient feels they have to beg and justify their request? Where I don't have time to discuss the intricacies of cautious exercise? Where I give generic advice and fail to explore the context of my patient's life? Dan needed someone to listen to his story and understand the context of his life, before giving advice. He needed someone to reach out and provide support, like he reached out to other people, without them asking.

As a GP, I aim to provide generalist personalised care. Supporting people to improve their wellbeing *is* my role. Asking about the social aspects of my patient's life *is* my job. Speaking out about harmful employment practices *is* my responsibility. Telling patients to go away because neither the benefits system nor poor employment practices are biomedical problems is not the solution.

We are working in a broken and underfunded system. To protect our professional integrity we have a responsibility to ensure our systems are humane rather than bureaucratic and illogical for patients. Standing up for people gives me job satisfaction, makes me feel worthwhile, and improves my work-life balance.

*I am a doctor.*

#### Jessica Drinkwater,

GP and NIHR Doctoral Research Fellow, Leeds Institute of Health Sciences, Leeds.

#### Acknowledgements

Dr Avril Danczak, for thinking differently about work-life balance.

DOI: <https://doi.org/10.3399/bjgp17X689149>