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REFERENCE

1. Rowe L, Kidd MR. *First do no harm: being a resilient doctor in the 21st Century*. North Ryde, NSW: McGraw-Hill Education, 2009.

Are you OK?

‘I spend all my time offering advice to other people. They keep asking me for help. They don’t notice I’m struggling.’ My patient, a stalwart in the community, felt like she was going under with all the pressure she experienced after a recent tragedy. Then I hear my inner monologue: *‘I know how that feels.’*

A few days earlier, another patient needed time off work. *‘I don’t want to let anyone down, but I just dread going in. I get really anxious. I just can’t do it. Do you know what I mean?’* ‘Yeah, I think I know what you mean’, I answered, trying to keep my poker face. I didn’t say that I had been crying in the car on the way in for exactly that reason.

General practice can be emotionally draining work at the best of times, and when your personal life rolls off a cliff it can be hard to keep returning to the legitimate needs of others, especially when you keep hearing echoes of your own feelings in your patients.

But what to do? The bottom line is Don’t Burn Out! Professionalism doesn’t just require us to turn up. It also requires us to be well enough to keep doing the work safely. It takes a huge effort to look at the queues of people in our waiting rooms and our appointment lists and not feel like we are indispensable. The occasional ego-stroke from patients telling us we saved their life or they wish we were easier to get in to see only adds to this feeling. We are indispensable. But not to them. We are indispensable to our loved ones, our partners, children, parents, friends. We don’t get annual leave from those roles.

Being professional also means finding ways to be good enough when we don’t really feel up to it. I sometimes fall back on those ‘communication skills’ we were taught in medical school. On a good day, they’re never needed; they are just a meaningless checklist of statements and behaviours. On a bad day, reminding myself to choose to make an empathic statement — *‘Oh, that must be really hard for you’* — and point the lower half of my body at the patient makes the surface of the consultation look smooth. No one seems to have noticed that it’s not the real thing!

I’ve also managed to actively seek out moments of joy in the week. I did a little dance at the significant fall in someone’s HbA1c, and enjoyed a teaching moment from a slightly strange radiology report. In the meantime, aware of my inclination to mope accompanied only by red wine, I’ve deliberately avoided this, taking every opportunity to play music and sport.

Most importantly, as a profession, we need to look out for each other. In their book *First do no Harm: Being a Resilient Doctor in the 21st Century*, Leanne Rowe and Michael Kidd¹ say we should protect the wellbeing of our colleagues, as well as our patients. We’ve been looking out for each other more where I work, but I’ve also seen it done well on social media.

So when your patients’ concerns seem to be echoing your own, perhaps it’s time to do what they are doing and seek help from someone. I have. And I’m doing OK, thank you for asking.

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