Definitely not about wellbeing

Professional isolation. Stuck behind our closed doors it is easy to slide out of view and into trouble. It can, ironically, be very lonely seeing all these people. This professional isolation harms our, I hate to say it, wellbeing. Let’s pause there for a second. One has to be a proper contrarian to be against wellbeing as such. But let me try. We all know it started with the World Health Organization and their definition of health as ‘a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.’ It hasn’t been amended since 1948. Where’s the endpoint? The fantasy of an absurdist utopian society of perfect health drives medicalisation. It hasn’t been amended since 1948. Where’s the endpoint? The fantasy of an absurdist utopian society of perfect health drives medicalisation.

Wellbeing is a word, now a concept, that has been kidnapped, had a gun put to its head, and is now a mouthpiece of the well-intentioned, the gullible, and profiteering scoundrels. It has lost its value, a currency plunging in the face of hyper-inflated health claims.

Depression and open doors. First, a small digression into the agony of not-wellbeing and loneliness. I recently read William Styron’s Darkness Visible: A Memoir of Madness, the short account of his plunge into the abyss of depression and suicidality. As he put it: ‘the horror of depression is so overwhelming as to be quite beyond expression, hence the frustrated sense of inadequacy found in the work of even the greatest artists.’ Styron’s book was written in 1980s but little has changed and he is, given the injudicious prescribing of benzos that was a factor, admirably restrained towards the medical profession.

The recent proliferation of digital technologies may not be helping loneliness despite the siren call of greater connection. Michael Harris’ excellent book Solitude: In Pursuit of a Singular Life in a Crowded World puts forward a case that, paradoxically, the absence of real solitude contributes to loneliness.

There is a need for solitude but, when possible, prop the door open, literally and metaphorically. It’s a simple measure but should be a basic rule in practices, where confidentiality and security allow.

The coffee break. When I was a junior doctor we still had time for a coffee break in the morning. Halfway round the safari ward round, the boss would declare we needed to visit ‘Mrs Brown’ and we would troop off to the WRVS.

A BJGP study in 2017 recognised the importance of addressing professional isolation when coping with increased workloads and the value of the coffee break was cited. If the only sign of other doctors in the building is the blinking cursor next to their name on the screen you are in trouble. Coffee breaks are a simple, priceless opportunity to do what Homo sapiens do best — we are hard wired to socialise. They are a chance to gossip, laugh, and ask for help. Here’s a simple bit of research waiting to be done: I hypothesise that doctors working in partnerships with coffee breaks will have lower burnout and stress scores. The three-line-whip coffee break is superior and we should stake out the time and build a wall around it. The truly refined may consider adding an afternoon tea break.

Open your doors and look around at your next break; the doctor skipping coffee is the one who almost certainly needs your help. Here’s a simple bit of research waiting to be done: I hypothesise that doctors working in partnerships with coffee breaks will have lower burnout and stress scores. The three-line-whip coffee break is superior and we should stake out the time and build a wall around it. The truly refined may consider adding an afternoon tea break.

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