



“The students had felt obliged to follow [the consultant], staying with the ward round. But they had felt upset to see the distressed, crying patient left with her unanswered questions.”

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Thresholds

Some students told me a story. They'd been on a ward round and a patient had just had pelvic surgery following chemotherapy for ovarian cancer. At operation, the tumour mass had not been able to be fully removed. The consultant broke this news but when the patient started asking questions, the consultant was immediately evasive. When her phone rang, the consultant answered it and moved away. The students had felt obliged to follow, staying with the ward round. But they had felt upset to see the distressed, crying patient left with her unanswered questions.

We spent some time discussing this. We speculated that the consultant did not feel she necessarily had answers to the questions. Yet still her abandonment of the encounter seemed harsh and unkind.

The media is full of talk of NHS staff being 'exhausted' and 'running on empty' — a quick look on the BBC website today reveals yet another article referencing this theme.¹ What does it mean though, I asked? We agreed it is not about length of working days, lack of sleep, or missing out on holidays abroad: it is about emotional state.

People can only absorb so much negative emotion without becoming overwhelmed by it. In any job, negativity comes from things like workload, unhelpful management and systems, and from unsupportive interactions with colleagues. In health services, encounters with patients and families in varying degrees of difficulty and distress also contribute.

Metaphors of war are not necessary here: there is no frontline. Nor though is there any doubt that many staff in almost every corner of the NHS have been forced to absorb a huge surge in negative emotion last year and this. On the surface, the vast majority continue to function just as they always have despite everything that has gone on. But below that surface lies the issue.

We all have a threshold. This is the point implied by talk of exhaustion: push us too far and we reach our limit. That limit is called many things: burnout, anxiety, illness, depression, early retirement, career change, and so on.

Of course we all have a home life too, and stressors there can play a part just as it can for our patients. That threshold is not fussy: it accepts all contributions.

This past week has seen countless 'routine' blood tests cancelled across the land, hospitals instructed to cut their blood testing similarly at a time when there is already a vast backlog of 'routine' care and procedures. It has also seen a major supplier of flu jabs announce an eleventh hour delay to deliveries, citing a lack of delivery drivers as the reason, triggering a widespread cancelling of flu clinics.² Despite earlier planning guidance, news on phase 3 of the COVID-19 vaccine booster programme, officially due to start tomorrow (at the time of writing), remains uncertain even in terms of whether it will happen at all, never mind its practical details.³

Each of these things represents a burden of negative emotion on already close-to-the-limit practice teams. They are all extraordinary problems, not factored into any staffing or organisational model. Meanwhile, ignoring this context, practices are also being subjected to an attempted return to normal contract management expectations by NHS England. The Care Quality Commission has resumed its inspections too.⁴

It all adds up. How many of us will cross our threshold in the months ahead? Had that consultant already reached hers? I feel only sympathy.

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