

# Should there be preferential health care for healthcare workers?

The recent COVID-19 pandemic, a global health crisis, has highlighted how resilient healthcare workers can be. They often put the nation in front of their family, friends, and personal needs, worked collectively as a community, and tried to provide the best possible care to patients. In the midst of it all, they had to remain positive and do their utmost to support the wellbeing of their colleagues and loved ones.

The job of a healthcare worker is to care for and support society. The NHS and social care workforce in England is committed to and accountable for the health and wellbeing of the nation's population. Doctors and nurses are identified as the most trusted professionals in Britain,<sup>1</sup> with GPs alone providing the first-contact care to more than 1.2 million patients daily.<sup>2</sup> A healthy, resilient workforce is therefore vital for safe and effective patient care, and unsupported healthcare workers could help lead to the failure of the NHS. Concerns have been raised about staff wellbeing, stress, and burnout subsequent to the pandemic,<sup>3</sup> due to the increased workforce pressures, responsibilities, and staff shortages. Wellbeing of healthcare workers is vital as it is linked to staff retention. Therefore, it is essential that we support the welfare of this workforce at every opportunity. Unquestionably, there is a need to monitor the 'health' of these professionals, in order to have a sustainable, compassionate healthcare system.

### THE DEMANDS OF MEDICINE

Data gathered over the last 20 years consistently show about a third of doctors suffer from burnout at any one time globally, regardless of their specialty.<sup>4</sup> The medical profession is intellectually demanding and involves complex decision making, regularly involving mentally, emotionally, and psychologically challenging clinical encounters. The healthcare professional-patient relationship can be complex, as highlighted by many studies since the 1950s.<sup>5</sup>

Furthermore, primary care teams are exposed to increasing workloads, high patient expectations, and litigation, leading to escalating levels of stress, burnout, and low morale. The experiences of doctors treating other doctors (in particular, those of GPs) have been analysed and documented: some doctors found it rewarding, while others found the experience provoked emotional responses such as anxiety, awkwardness, self-doubt, the feeling of role ambiguity, and difficulty in defining boundaries of the relationship.<sup>5</sup> One could argue that patients who are doctors should be treated just like other patients. However, doctors are often reluctant to seek medical advice and frequently fail to follow preventive health guidelines for their physical health, perhaps due to embarrassment, delusions of invincibility, or simply inconvenience compounded by being so busy.<sup>6</sup> About half of doctors do not have an established relationship with an independent GP.<sup>6</sup>

### PROTECTING THE WORKFORCE

During the pandemic, the healthcare workforce was offered preferential treatment when buying food in supermarkets or receiving the vaccine; subsequently, healthcare teams were able to provide better care for patients. This begs the questions: should there be preferential health care for healthcare workers at all times? Could this encourage doctors to seek timely support from their registered GPs? Would this reduce burnout and ultimately reduce workforce crisis?

It is not unheard of for healthcare workers to receive preferential treatment over the general population, formally or informally. Preferential treatment, however, does raise many issues — who should be eligible, what should be provided, and is this a way of keeping people working or thanking people for their service? For example, preferential treatment that improves the wellbeing of this workforce arguably benefits the delivery of better-quality patient care. This

might have a domino effect in protecting the workforce and ultimately help sustain the long-term health of our profession.<sup>7</sup>

If we are attempting to tackle the continuous external pressures of regulatory bodies, escalation of the unmanageable workload, and the added workforce crisis, we should work in collaboration: listen more, understand each other, and support each other. It is essential that, as healthcare workers, we support not just our co-workers in the workplace but also widely. Together, we can continue to deliver a resourceful, high standard of care that patients deserve and ensure the sustainability of our healthcare system. We need a public conversation about whether improving healthcare workers' access to health care is preferential or restorative.

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This article (with references) was first posted on *BJGP Life* on 6 April 2022; <https://bjgplife.com/preferential>

DOI: <https://doi.org/10.3399/bjgp22X719645>

### REFERENCES

1. Ipsos. Ipsos Veracity Index 2020. 2022. <https://www.ipsos.com/en-uk/ipsos-mori-veracity-index-2020-trust-in-professions> [accessed 29 Apr 2022].
2. Gerada C, Warner L, Jones R, Al-Najjar Z. *The wounded healer: report on the first 10 years of Practitioner Health Service*. NHS GP Health Service, 2018. [https://www.practitionerhealth.nhs.uk/media/content/files/PHP-report-web%20version%20final\(1\).pdf](https://www.practitionerhealth.nhs.uk/media/content/files/PHP-report-web%20version%20final(1).pdf) [accessed 10 May 2022].
3. NHS Providers. The impact of the pandemic on the workforce. n.d. <https://nhsproviders.org/recovery-position-what-next-for-the-nhs/the-impact-of-the-pandemic-on-the-workforce> [accessed 29 Apr 2022].
4. Staten A, Lawson E. *GP Wellbeing. Combatting burnout in general practice*. Abingdon: CRC Press, 2018.
5. Svantesson M, Carlsson E, Prenkert M, et al. 'Just so you know, the patient is staff': healthcare professionals' perceptions of caring for healthcare professional-patients. *BMJ Open* 2016; **6**: e008507.
6. Kay M, Mitchell GM, Del Mar C. Doctors do not adequately look after their own physical health. *Med J Aust* 2004; **181**(7): 368-370.
7. Hewett M. Ethics and toxic high-workload work environments. *Br J Gen Pract* 2022; DOI: <https://doi.org/10.3399/bjgp22X719333>.

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