

Lifelines for Doctors

The Colleagues of First Contact has morphed into Doctors' Health Advisory Service – an organisation determined to improve the physical and mental wellbeing of doctors.

The Doctors' Health Advisory Service of WA (DHAS WA) has recently begun its expanded service after last year's decision by the Medical Board of Australia (MBA) to allocate \$2m annual funding nationally to address the growing needs of the profession for an independent doctors' health program.

As part of the MBA funding requirements, DHAS WA has become a formal association with a formal service agreement with the Board.



Dr David Oldham

Back in April last year, the MBA partnered with the AMA, which has historically funded doctors' health services, to administer the states' doctor health programs at arm's length from the MBA and AHPRA.

This distance from regulatory bodies is seen as essential for the

success of any program, a fact that DHAS WA medical director (and deputy chair) Dr David Oldham, said was strengthened in WA by the legislated exemption to mandatory reporting.

New age of service

DHAS WA has been operating in one guise or another since the 1980s and has operated a 24/7 advice line for doctors and medical students staffed by a panel of volunteer GPs. This confidential service continues along with a raft of new services – including education and training for doctors who treat other doctors; establishing dedicated health networks among colleges, universities and medical organisations; and education and promotion resources for self-care.

It has released an extensive Doctors Health Resource list which draws on existing resources and welcomes additions (see opposite).

DHAS WA's organisational structure enhances its focus. Alongside David are Chair Prof Geoff Riley, Secretary and psychiatrist adviser Dr Eileen Tay, Treasurer; paediatrician and Notre

Dame professor of clinical governance and professionalism, Dr Angela Alessandri; 2014 medical graduate Dr Rosalind Forward; GP registrar Dr Sarah Newman and cardiothoracic surgeon Dr Nikki Stamp. Dr Elizabeth Connor is manager.

Independent and confidential

"DHAS WA has always been, and remains, a wholly independent entity," David said.

While the AMA has a contract to provide administration support to the service, it is not involved in its decisions. However, input from all quarters is welcome from a planned reference group which will include representatives from various colleges, the AMA, doctors-in-training and rural doctor groups, which will advise on issues specific to their memberships.

At the time of writing, a blog from an Australian hospital physician, documenting his despair at the suicide of a colleague, went viral on national and international medical blog and news sites. (Search "Something's rotten inside the medical profession").

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Grim home truths

The anonymous author begins:

In the year it has taken for me to finish my medical residency as a junior doctor, two of my colleagues have killed themselves. I've read articles that refer to suicide amongst doctors as the profession's 'grubby little secret', but I'd rather call it exactly how it is: the profession's shameful and disgusting open secret.

Medical training has long had its culture rooted in ideals of suffering. Not so much for the patients — which is often sadly a given, but for the doctors training inside it. Every generation always looks down on the generation training after it — no one ever had it as hard as them, and thus deserve to suffer just as much, if not more.

This dubious school of thought has long been acknowledged as standard practice. To be a good doctor, you must work harder, stay later, know more, and never falter. Weakness in medicine is a failing, and if you admit to struggling, the unspoken opinion (or often spoken) is that you simply couldn't hack it.

The NSW AMA president Prof Brad Frankum wrote in response that mandatory reporting had a lot to answer for. Here in the West it has sparked other concerns from DHAS WA's David Oldham and Eileen Tay.

Toxic culture needs challenging

"The causes of stress and suicide in doctors are complex and multifactorial including individual, departmental, organisational, college and medical cultural issues. The problem is not only endemic in Australia but also most Western health systems," David said.

"A toxic culture is a factor common in these and, as the author indicates, is worse in medicine than most other professions. Unfortunately there is no simple fix — though recognising it is a problem is the first step."

David acknowledges the work being done by RACS, which reviewed bullying and harassment in its ranks and found that it was rife. The Anaesthetic and O&G colleges have similar concerns, he said, and all three were embarking on programs to address the problem.

Getting solutions happening

"The support of the Department of Health, hospital executive and senior consultants will be crucial to its success. In January 2017, the Postgraduate Medical Council of WA included 'Junior Dr Wellbeing' as a criterion that departments and hospitals must now meet if they employ an intern or resident."

"There is still a long road to travel, but at least the first steps are being taken."

For psychiatrist Eileen, the blog



a cohesive and comprehensive investigation process when a doctor suicides.

"Doctors suiciding is appalling and heartbreakingly sad but the fact that these investigations are often left to the Coroner's Court alone has a far more insidious impact on an increasingly fear-based culture of medical practice," she said.

Doctor deaths need investigating

"Progress into this very serious matter requires the attention and support of the Health Department by way of clear commitment and leadership in formulating timely and appropriate referral pathways for doctors needing assistance of an emotional,

psychological nature and simultaneously establishing processes to investigate doctor suicides, at the very least to the equivalent level of critical incident investigations undertaken for patient deaths on the wards or in community settings. Doctors are a very neglected group of patients in this regard."

"Without the establishment of these processes, with the clear intent of gathering more information to understand these suicides in detail, we will all be left with an ongoing sense of frustration and cynicism that our cries for help will ever be taken seriously." ●

By Jan Hallam

DOCTORS FOR DOCTORS WORKSHOP

The DHAS WA is hosting a full-day training workshop in doctors' health for interested doctors to help them better prepare to be 'doctors for doctors'.

Topics include:

- Doctors' health issues
- Barriers to doctors seeking health care
- What do doctors want from a check-up?
- The cognitively impaired doctor
- Doctors with mental illness
- The drug or alcohol affected doctor
- Tricky situations (eg billing)
- Self-treatment

Date: Saturday, May 6, 9am-5pm

Cost: \$55 (includes lunch, morning & afternoon tea and all materials); Category 1 RACGP QI&CPD points

RSVP: seminars@amawa.com.au; phone Liz Connor 9273 3097 or fax 9273 3073 by Thursday, April 6

DOCTORS HEALTH RESOURCES IN WA

- DHAS WA (24/7) 9321 3098
- JMO Health www.jmohealth.org.au
- RACGP members 1300 366 789
- Rural Health West Family Support Program 9389 4500
- Welfare of Anaesthetists 6188 4555 (WA Branch)
- Lifeline 13 11 14
- BeyondBlue 1300 224 636
- Alcohol & Drug Information Service <http://alcoholthinkagain.com.au> (live chat)

For the complete list email Elizabeth.Connor@amawa.com.au

