



Doctors for doctors

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Across the country, there are doctors working to improve the health of their colleagues at all stages of their professional lives. They may be providing crisis services on a 24/7 phone service; facilitating emergent review in response to significant distress; shaping the working environment to better support prevocational medical officers; devising methods to ease stressful points of transition; or using their platforms to share their own experiences and insights about doctors' health.

A breadth of cultural, organisational and personal factors make up doctors' health – and a broad range of interventions are essential to enable doctors to maintain their own personal health and support the health of their colleagues. Every state and territory in Australia has their own approach which is crafted, or has evolved, to best fit their local doctors and health services. Now, these state and territory services have come together under one banner – the Doctors' Health Alliance (DHA).

DHA's mission is to improve the health and wellbeing of the medical profession for the good of the community, through national coordination and capacity-building of existing and emerging doctors' health programs in Australia. It formalises the network of doctors' health programs across Australia and New Zealand, who for years have informally shared resources, research, innovative programs and services.

Put simply, DHA provides a means for the state-based doctors' health services to collaborate, and to share experiences of one state that may provide solutions to issues elsewhere:

- Small-scale interventions in one state, for example rural locum relief programs, may be generalised to other states with similar geography and workforce needs.
- A dataset that provides longitudinal monitoring of medical student health is more powerful when student numbers are combined.
- A doctor-specific mental health service may seem unfeasible for one state, but becomes achievable when a model from another state is shared.

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DHA will provide leadership and support for these and other existing and emerging initiatives, and a united voice when engaging with organisations such as the medical colleges, regulators, medical schools, indemnity providers and government, on matters affecting doctors' health.

Work has begun to develop national datasets of doctors' health services and users, so that (confidential, anonymised and pooled) data can be used to measure the impact of services – in turn driving funding, which then supports sustainability and capacity within doctors' health services.

Work is also underway to develop an expanded research profile and a national doctors' health curriculum applicable to each training and career stage; to devise guidelines for use in critical incidents; and to deliver comprehensive and accessible training on how to care for the doctor-patient – all grounded in the wisdom of those who work with and for individual doctors in their clinical practice.

DHA recognises that doctors provide care to their patients in an environment of unrelenting pressure and personal risk, and no single strategy will address the myriad contributors to distress or impairment in doctors; rather, the individual, community, organisational and systemic factors need acknowledgement. DHA will use its collective experience to support each state to do just this.

DHA knows that healthy doctors practise better medicine, and acknowledges the universality of its mission: to have healthy well-supported doctors with a stable and fulfilling home life coming to work and practising safe, high-quality medicine on a grateful community with good health outcomes. ■