

# Safeguarding your health: a guide for the foundation year doctor

## Introduction

Maintaining good mental and physical health is important for anyone, but particularly so for foundation year doctors. Many will never have worked such long hours or taken on such responsibility before.

In the early stages of your job, you may feel tired and experience a range of emotions. It may be difficult to tell if this is a normal or pathological reaction. You could ask your peers if they are experiencing the same. However, many doctors act macho and you cannot be sure if they are being truly honest with you.

It is important to work out if you are stressed by the current job rather than medicine as a whole. Things may improve when you are at last embarking on a desired career path. However, there is a lot of uncertainty surrounding Modernising Medical Career, which affects all foundation year doctors. During war time, the incidence of depression was said to be low as everyone was in a bad situation together and there was little isolation.

## Basics

It goes without saying that you should try to eat properly and obtain adequate sleep. Sometimes this is more easily said than done. If you rely on hospital food, the quality can be variable, as can canteen opening hours. Under the New Deal (NHS Management Executive, 1991), trusts are obliged to make hot food available day and night in some form. In times gone by, this was vital as doctors were confined for long hours and not permitted to vacate hospital premises to get provisions. Nor could they necessarily prepare and bring in meals that would last all weekend, even if they had got access to a fridge or freezer.

If you live in hospital accommodation, the relative lack of comfort and thin walls

can prevent you relaxing and sleeping well. You may have difficulty in switching your mentality between being on duty and off duty.

If you have a partner, try not to neglect him or her. If he or she is medical, they should understand what you are going through. However, they may not be truly objective and you could both become too immersed. If your partner is not medical, then it is frustrating when you have to explain yourself yet again. However, you may be able to get a useful external view on your circumstances.

It is good to achieve a decent work–life balance. If you are based in your university town, you may already have medical and non-medical friends and outside contacts. However, if you are posted away, it may not be so easy. If you socialize solely with colleagues or in the mess, you will never escape from the hospital. Doctors who are moving on every 4 months can find it difficult to integrate into the local community. Subscriptions for local organizations, clubs and societies may be for a whole year rather than just part. Gyms may tie you in to a strict contract. Leisure may consist of an unhealthy bias in favour of the local hostelrys and excess alcohol.

Make sure you take all your annual leave, as you can become burnt out surprisingly quickly. It may be wise to find out beforehand the procedure for claiming leave, or whether it is fixed as part of the rota. If the system is complicated, requiring intricate swaps and numerous signatures, then do not leave it too late. If you are having real problems, talk to consultants, medical staffing and colleagues, but make sure that you have done your homework first. You may be able to carry over leave between jobs, particularly if you are in the same trust. However, with new arrangements, this is becoming less easy and you should not rely on it.

Also, watch your back. Doctors have traditionally not undergone manual handling training, and you could easily injure yourself (Hooke, 2006).

## Local health service

Register with a GP in your area (General Medical Council, 2006). This should apply even if you are moving every few months and not on any regular medication. Some junior doctors do not bother, but just sign on as a temporary resident when absolutely desperate, hoping that they will not need a doctor out of hours.

It is not advisable to self-prescribe, unless it is for something you can purchase over the counter. Many hospitals will not let you prescribe for yourself or even buy any medication. Some may let you have a small amount of medication in an emergency. Do not ask colleagues to prescribe, unless you are officially under their care and they have assessed you properly. If you need a hospital referral, go via the GP rather than initiating a corridor consultation. If you are worried that you will have moved on by the time of your appointment, explain to the GP the duration of your rotation (remember, many GPs will not realize that some jobs are as short as 4 months). Ask if you can be fast-tracked. If you live at the hospital, a local GP will be used to dealing with resident hospital staff, although that does not automatically guarantee sympathy or empathy.

## Occupational health

Your occupational health department can help if you are suffering from mental or physical symptoms caused by work, or that affect your work. Whether you are very stressed or enduring eczema from powdered gloves, it is worth consulting them.

Every trust has an employee assistance scheme which can offer independent confidential counselling unknown to your consultant. It is useful to have their extension number, which you should be given at induction.

## Recognizing ill-health

It can be difficult to have insight into your own illness. There is a fine line between excessive tiredness and depression, between indigestion and an ulcer.

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Listen to others if they think you are ill. Having said that, they can be wrong. Slim people with normal dietary habits have been accused of anorexia or bulimia nervosa, depending on whether or not they are seen to be eating, and miserable or anxious colleagues have been labelled as depressed or obsessive-compulsive, only to be reassured by psychiatrists that they are not.

You are obliged to seek help for ill-health if you may be jeopardizing patient care (General Medical Council, 2006). Many doctors worry about stigma and implications for life assurance. However, it is important to get appropriate and timely treatment.

Doctors are often reluctant to go off sick. There is a perception that peers will be critical, particularly if they have

to cover at short notice, causing them inconvenience. However, it may be better in the long run to take leave. GPs and occupational health can provide medical certificates if necessary.

## Conclusions

Look after yourself and do not be too hard on yourself. Make sure you have access to services in case you become ill. **BJHM**

*Conflict of interest: Dr Hooke has worked in both management and medicine.*

General Medical Council (2006) *Good Medical Practice*. General Medical Council, London: paragraphs 77–9 ([www.gmc-uk.org/guidance/good\\_medical\\_practice/health.asp](http://www.gmc-uk.org/guidance/good_medical_practice/health.asp) accessed 19 January 2007)

Hooke R (2006) The Way I See It...Doctors should undergo manual handling training. *BMJ Career Focus* **332**: 201

NHS Management Executive (1991) *Junior doctors. The new deal*. NHS Executive, London

## KEY POINTS

- Register with a local GP.
- Find out your trust's employee assistance telephone number.
- Consult with occupational health if appropriate.
- Do not prescribe for yourself.
- Listen to friends and colleagues if they express concerns about your mental or physical health.