



Resource Document 01 (2011)

## WELFARE OF ANAESTHETISTS SPECIAL INTEREST GROUP

### PERSONAL HEALTH ISSUES AND STRATEGIES

Anaesthesia is a rewarding specialty, but it is also demanding, both physically and mentally.

Occupational hazards include:

- long hours, with frequent and irregular overtime.
- alternating low level activity with extremely demanding, precise, procedural duties.
- potential for unexpected, rare and/or stressful crisis situations.
- working to others' schedules - irregular meal and leisure breaks.
- "uncontrolled" work environment.

However, some relatively straightforward strategies can assist in maintaining your physical and mental health, as well as developing resilience and personal strength. These strategies can assist you to achieve a balance between work and all the other aspects of your life.

#### STRATEGIES

##### 1. SUPPORTS

- Find a mentor (or two, in case one is unavailable).
- Maintain your professional and personal networks.
- Avoid professional isolation - consider working in a department or private practice group, so that you have colleagues. One or more of these might provide support, if necessary.
- Ensure ongoing Continuing Professional Development activities that put you in contact with colleagues.
- Recognise times of high stress (e.g. examinations, critical incidents, relationship breakdown, unexpected death of a patient, complaints, legal action, approaching retirement) and ensure that you have sufficient support from others. In highly stressful times, it may be beneficial to consult your GP, a relationship counsellor, or clinical psychologist.

##### 2. SELF-CARE



Tips to assist you in assessing your ability to deliver high quality and safe care to your patients and to look after yourself:

- **ABC:** (Mental Health WA) “**Act – Belong – Commit**”.

**Act** be active physically, socially and mentally  
**Belong** belong, join in, socialise  
**Commit** hobbies, acquire skills, volunteer, contribute

- Remember **HALT** – don’t be **Hungry, Angry, Late** or **Tired** on arrival at work.
- Have breakfast every day. Try to take a lunch break outside the operating theatre.
- Another mnemonic:

**I’M SAFE:** (free from effects of:)  
**I**llness, **M**edication, **S**tress, **A**lcohol, **F**atigue, **E**ating.

If you are affected by any of these factors, ensure appropriate management, including taking leave (see RD 13 The Impaired Colleague).

- Reassess your diet, alcohol and tobacco intake regularly. Take heed of the recommendations of national bodies (e.g. the National Heart Foundation) – you’d expect your patients to do this.
- Remember the benefits of regular exercise. Find something that is enjoyable rather than a chore.
- Enjoy music, books, art, conversation, relationships, sport, or whatever you like to do for relaxation.
- Develop a hobby or two, especially hobbies that can be pursued in your retirement (see RD 04).
- Develop stress management/minimisation activities (e.g. exercise, mindfulness, Tai Chi, Yoga, meditation, movies, playing with the kids – whatever works for you).
- Develop a habit of mindful practice (Epstein, 1999) and mindfulness outside of work. There is lots of literature that can help you (e.g. Difficult Conversations, How Doctors Think, Blink).

Take stock of your life once a year:

Am I happy? Do I like my lists? Who/what is stressing me? What can I do about it?  
 Where is my life going both personally and professionally? What are my plans/aspirations? What are my concerns?

### 3. HEALTH CARE

- Avoid corridor consultations - ensure that you make *formal* appointments to see your doctor(s).
- Do not self-diagnose or self-medicate (especially with sedatives, analgesics or other psychoactive medications, or with medications that should be prescribed with regular check-ups, e.g. anti-hypertensives).



- Ensure you are registered and known to a general practitioner and see him/her regularly (at least annually). (See Resource Document 09). The advantage of having a GP is that he/she can coordinate your care and keep an eye on the need for screening (especially as you get older).
- Allow yourself to be a patient, and ensure your doctor treats you as one (consider raising this issue explicitly with him/her). Choose a GP who is used to dealing with doctors as patients. Many regions have lists of GPs who are prepared to see other doctors (contact your local GP division or network). The Doctors' Health Advisory Services may have lists of psychiatrists who are willing to treat doctor patients.
- Avoid the temptation to refer yourself directly to a specialist.
- Don't forget dental and ophthalmic care, as well as screening relevant to your age and circumstances (eg PAP smears, mammograms, BP and lipid checks, prostate checks, audiograms, ophthalmic and vision checks).
- Consider your family history.

#### **4. WORK ORGANISATION**

- Do not be manipulated into undertaking a whole day solo list without any breaks.
- Recognise yourself as an expert on a par with any of your colleagues. You are not a "slave" to "your" surgeon.
- Take sick leave and other leave when it is necessary.
- Take regular recreation leave. Do not be manipulated into feeling that time off is impossible. Ensure you have a holiday to plan, and to look forward to, as this can keep you going.
- Upskill yourself (e.g. do a Crisis Resource Management or ATLS Course) to ensure that you can continue to handle critical incidents and other stressful situations well.

#### **5. HOME ORGANISATION**

- Ensure appropriate home help (e.g. a cleaner), especially at times of stress (e.g. examinations, see RD 06).
- If you're not into DIY or you find it stressful, pay someone to do it (mow the lawn, clean the car, paint the house etc).
- If you have children, ensure appropriate child care, and consider regular scheduled time without them to maintain your relationship (e.g. organising a regular 'Date Night'); see RD 15).

#### **WHO CAN YOU CALL ON ?**

Trusted colleague and/or peer  
Mentor (s)  
General Practitioner  
Supervisor of Training or College Tutor



Employee Assistance Program in your hospital  
Doctors Health Advisory Service (DHAS) Australia and New Zealand  
UK : BMA Counselling and Doctor Advice Service (08459 200 169)  
Departmental/divisional support person  
Psychologist  
Psychiatrist  
WOA SIG representative  
Medical Board/Council  
Lifeline (Samaritans UK)

### Further Reading

- Australian and New Zealand College of Anaesthetists (ANZCA)  
PS 43 Statement on Fatigue and the anaesthetist. Available at [www.anzca.edu.au](http://www.anzca.edu.au)  
PS 49 Guidelines on the Health of Specialists and Trainees. Available at [www.anzca.edu.au](http://www.anzca.edu.au)
- Australian Medical Association  
2001. AMA Position statement. Health of Medical Practitioners.
- Beyondblue 2010. The Mental Health of Doctors. Literature Review. [www.beyondblue.org.au](http://www.beyondblue.org.au)
- BMJ book 2008. Finding the Balance – Drs Health & Work.
- Ed Cyna A, Andrew M, Tan SGM, Smith A  
2010. Handbook of Communication in Anaesthesia and Critical Care. A Practical Guide to Exploring the Art, ISBN 978-0-19-957728-6
- Firth-Cozens J, J Harrison.  
2010. How to survive in medicine, personally and professionally. BMJ Books, Wiley-Blackwell.
- Galambos G 2004. Doctors' Mental Health Literature Review NSW.  
[http://www.dmh.org.au/dmh/literature\\_review.html](http://www.dmh.org.au/dmh/literature_review.html)
- Gladwell M. 2007. Blink: the power of thinking without thinking. Back Bay Books.
- Groopman J. 2007. How Doctors Think.
- Mindfulness. <http://www.doctorshealthsa.com.au/index.cfm?id=6>. Presentation by Dr Maura Kenny
- Mindfulness Training  
Dr Bruno Cayoun. CD available from MiCBT Institute.
- Medical Journal of Australia  
2004. Doctors' Health & Lifestyle Issue 4 Oct.
- Medical Journal of Australia  
2009. Doctors' Health Articles. vol 191 number 8
- Myers MF. 2004. Medical Marriages and other intimate relationships. MJA; 181:392-394
- Nyssen AS et al  
2003. Occupational Stress and Burnout in anaesthesia. BJA, 90 (3): 333-7.
- Rowe L, Kidd M.  
2009. First do no harm. Being a resilient doctor in the 21<sup>st</sup> century. beyondblue. McGraw Hill.



Stone D, Patton B, Heen S

2000. Difficult conversations: how to discuss what matters most. Penguin Books.

Welfare of Anaesthetists' Special Interest Group Resource Documents

RD 04 Retirement

RD 06 Training, Examinations

RD 09 Why don't You Have Your Own GP ?

RD 13 The Impaired Colleague

RD 15 Training and Family Responsibilities

**Older references which may be useful:**

Epstein RM. 1999. Mindful Practice. JAMA; 282:833-839.

Gabbard & Menninger (eds)

1988. Medical Marriages. American Psych. Press

Harrington JM

1987. The health of anaesthetists. Editorial. Anaesthesia; vol 42:131-132

Higgs R.

1994. Doctors in Crisis: creating a strategy for mental health in health care work. J Roy Coll Phys. London 28 (6): 538-40

Kelner & Rosenthal

1986. Postgraduate Medical Training, Stress & Marriage. Can J Psych; 31:22-24

O'Hagan & Richards (eds)

1996. In Sickness & in Health. Doctors' Health Advisory Service, New Zealand.

Pullen D et al. 1995. Medical Care of Doctors. MJA 162 (9):481-4

Ramirez AJ et al

1996. Mental Health of hospital consultants: the effects of stress and satisfaction at work. Lancet vol 347 March 16, 724-728

Stress in Anaesthetists.

1997. Association of Anaesthetists of Great Britain and Ireland, 9 Bedford Square, London.

Sutherland & Cooper

1993. Identifying distress among general practitioners. Soc Sci Med, 37 (5): 575-581

Vincent.

1986. Symposium: The physicians own well-being. Annals RCPSC 19:131-5

*This Resource Document has been prepared in good faith and having regard to general circumstances and is intended for information only. It is entirely the responsibility of the practitioner as to the manner in which s/he follows this document, having express regard to the circumstances of each case, and in the application of this document in each case.*

*The information contained in this document is not intended to constitute specific medical or other professional advice. The College and Societies, their officers and employees, take no responsibility in relation to the application of use of this Resource Document in any particular circumstance.*



*The Resource Documents have been prepared having regard to the information available at the time of their preparation. They are reviewed from time to time, and it is the responsibility of the practitioner to ensure that s/he has obtained the current version. The practitioner should therefore have regard to any information, research or material which may have been published or become available subsequently.*

*Whilst the Welfare of Anaesthetists Special Interest Group endeavours to ensure that Resource Documents are as current as possible at the time of their preparation, it takes no responsibility for matters arising from changed circumstances or information or material which may have become available subsequently.*

*Promulgated: 1996  
Date of current document: 2011*

*© This document is copyright; if it is reproduced in whole or in part, due acknowledgement is to be given.*

ACECC is a joint initiative of the Australian and New Zealand College of Anaesthetists,  
the Australian Society of Anaesthetists and the New Zealand Society of Anaesthetists.

ANZCA HOUSE 630 ST KILDA ROAD MELBOURNE VIC 3004  
Telephone: (03) 9510 6299 Facsimile: (03) 9510 6786