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Practicing in a Climate of Fear and Anxiety

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There is a new challenge facing doctors working on the front line. It is the capacity to control the feelings of fear and anxiety while discharging one's clinical duties. These sentiments have been increasingly expressed by medical commentators in recent years. It is difficult to pinpoint when these concerns first emerged. For sure it wasn't there in previous decades. Medicine has always been challenging but the majority of doctors didn't go to work in a state of fear and anxiety. This is a new condition and it is real. It is particularly felt by those on call at night and at weekends.
It is a deep-rooted problem. It won't respond to a quick fix solution. A worrying feature is that it is affecting doctors who outwardly are professional, competent and caring. One hospital consultant[1] has stated 'I am a long serving doctor, secure in my job, with a series of national leadership roles behind me, and yet I feel apprehensive'.

The fear and anxiety experienced by doctors is due to a number of pressure points. On one front there are rising demands, insufficient capacity, and increased patient expectations. On the other front there is the real possibility of a medicolegal case, a Coroner's court encounter, or an investigation by a regulatory body. All of these stressful processes are conducted in public and are widely reported by the media. Doctors, who have been subjected to these adversarial encounters, describe them as being both bruising and career changing. It is difficult to get one's professional and private life back to normal even after the events have been concluded.

We have now reached an equipoise. Blame is stifling learning. It is increasingly more difficult for a doctor or group of doctors to review their clinical practice and determine what was done well and what could have been done better. The retrospective audit has become a casualty. Many units have discontinued the process because of medicolegal concerns. This is a concern for both medicine and society. If doctors are constrained in their ability to measure and analyse, future progress and development will be hampered.

The spectre of the Hadiza Bawa Garba story has cast a long shadow over medical practice. The case was that of a trainee paediatrician in the UK who was found guilty of gross negligence manslaughter and given a 2 year suspended jail sentence. This case, more than any other, brought the fear of criminalization in healthcare into sharp focus. The Medical Protection Society has voiced major concerns. It believes that the bar for negligence manslaughter has been set too low and that it has resulted in good doctors being charged and criminalized for unintended mistakes or system failures. Fear of prosecution damages a learning culture and is not in the public's best interest[2].

A worrying pattern is emerging. Fear is leading to anxiety, which in turn is followed by individual or collective low morale. The most pressing consequence is that frontline doctors will either move away from clinical practice or take early retirement. Management at times adopts the attitude that there are plenty more where they come from. This is not the case. There is no conveyer belt of good doctors. There is a shortage of well-trained, experienced doctors in all branches of medicine. When doctors leave their posts prematurely there are inevitable gaps in the delivery of healthcare. There needs to be greater investment in retention.

The solution to this vexed problem of work-related fear and anxiety will not come from management. The answer must come from doctors themselves. Doctors should all look out for each other and support those in difficulty. This is particularly the case when a colleague is being sued or is the subject of an investigation. Maintaining contact is important as defendant doctors frequently feel isolated. Be aware of worrying features of poor mental wellbeing in

a colleague such as poor sleeping, expressions of hopelessness, changes in routine, poor appetite, and changes in drinking habits. In adversity, doctors cope by putting their heads down and continuing to work hard. It is not a good option. They need to be proactive. They need to pause, reflect on the adverse event, seek good legal and medical expert advice, and call on their colleagues for help. They need to consider reducing their workload in the short-term until they have put a clear response and plan in place. It is important not to act on impulse. One's fellow doctors can be extremely helpful because they will understand the situation best[3].

Supporting colleagues must insist that management carry out the investigation process in a fair and compassionate manner. If it is badly handled it will be difficult to rehabilitate the doctor back to his previous full commitments within the hospital or the practice.

At times doctors can be overtly critical of both themselves and each other. Maintaining high standards is important but things need to be kept in perspective. The starting point is that most doctors work hard, do a good job, and act as advocates on behalf of their patients. In order to cope with the stressful nature of the work, they need to feel confident that they will be supported if things go wrong. Many do not feel that to be the case in the current healthcare setting.

Many doctors take their work home with them either through emails, checking results, or simply worrying about the clinical decisions that they made that day[4]. Uncertainty is possibly the largest factor contributing to anxiety. Clinical practice in unpredictable, and cases turn out differently than what we expected. That is not usually a reflection on one's ability, but rather the very nature of medicine.

Letting go is difficult. Many colleagues state experience helps, the longer you practice the more the fear recedes. Mindfulness training has been recommended but many doctors are dubious about its usefulness. The bottom line is that doctors must feel psychologically safe in the workplace. This can only be achieved through robust, effective support structures.

We need to make changes to the way that we practice medicine. It will require a series of new measures to ensure that doctors feel safe in the discharge of their daily duties.

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