

# VIEWS AND REVIEWS



## ACUTE PERSPECTIVE

# David Oliver: Groundhog days for doctors

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I recently saw a wonderful stage adaptation of *Groundhog Day*. Phil Connors, a misanthropic TV weatherman, gets stuck in small town America, living out the exact same day on a loop.

He soon realises that he can act wilfully without consequences—unlike doctors. For us, every interaction and decision has potential consequences, from life saving to catastrophic, and many are remembered by patients for years. Adopting Connors's descent into complacency, recklessness, and nihilism isn't an option.

The cast received a deserved standing ovation. I reflected that, for the first 50 shows or so, they must keep refining and improving the performance—but that, nine months later, with eight shows a week, ennui might set in. Stage actors are often asked how they avoid boredom in long runs. They may answer that every audience is unique and that they respect how much the audience has invested in seeing the show. Professionalism and loyalty to the whole crew may drive them on in a job they feel blessed to do.

This sounds a lot like medicine. And we should make it clearer to those considering their career that all jobs, however privileged or glamorous, involve routine and repetition. With these come a need to fight burnout, boredom, and semi-engaged performance. This may avoid disappointment when medicine turns out to be no exception.

Many skills, including those in medicine, need thousands of hours' practice to develop unconscious competence. It's why we and our patients value hard won seniority and lengthy training. It's also true for actors. And it was true for Phil Connors, who, through endless repetition, became omniscient and multi-skilled and found release through empathy and generosity.

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In clinical practice, being semi-engaged at times is inevitable: for example, when doing your 300th four hour ward round performance that year with no interval, or when seeing your 100th new acute patient that weekend. Many of us have doubtless had our own out of body experiences while asking similar questions of patients with similar problems, hearing similar answers, and observing similar scenarios. This repetition also applies for senior doctors who see serial rounds of service reorganisation, with the same ideas coming round on a loop.

As with the actors, people have invested a lot in seeing us, and, even if we're tired, our values and professionalism usually carry us through. But we have to be more honest about the risks of tired doctors. Peer support, manageable workloads, adequate rest, portfolio careers, sabbaticals, and other forms of constructive breaks: these are all vital to keep people fresh and fit for purpose.

We don't want doctors with great values entering the NHS and taking Phil Connors's journey in reverse—ending up misanthropic, cynical, and trapped.

Competing interests: See [www.bmj.com/about-bmj/freelance-contributors/david-oliver](http://www.bmj.com/about-bmj/freelance-contributors/david-oliver).

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