“Going the extra mile” endangers doctors, patients, and NHS

Jan Wise, BMA medicolegal committee chair, tells Tom Moberly that the culture of doctors stretching themselves to work beyond their shifts and cover rota gaps has to end

Tom Moberly UK editor, The BMJ

Doctors who “go the extra mile” are exposing themselves to health problems and an increased risk of facing clinical negligence charges, Jan Wise, the head of the BMA's medicolegal committee, says.

Speaking to The BMJ, Wise warns that doctors’ willingness to work beyond their contracted hours is affecting their own health. “People are burning out,” he says.

“You try to cover colleagues being away, and management don’t replace them, then people go off on long term sick,” he explains. “Doctors are putting their health at risk, and if a doctor’s health is at risk, patients' health is at risk. They are not able to do what they are being paid to do, and they are not doing it as well as they could be doing it.”

Doctors who undertake work that is outside their contract of employment are also exposing themselves to medicolegal risks, he points out. “If the work is not resourced and it’s not rewarded, the safeguards that prevent things from going wrong are unlikely to be there effectively, and it means you’re more likely to end up in front of the GMC,” he says.

Paperying over the cracks

But doctors’ willingness to take on extra work also causes wider problems for the health service, he believes. “I would say that it is the downfall of the NHS,” he says. “It means that people do not know how bad things are, and I regard it as unprofessional.”

By going the extra mile doctors are helping to obscure gaps in service provision from those responsible for managing workforce numbers, he argues. “If you do any piece of work for free, people don’t know what the real cost of that piece of work is,” he says. “If they don’t know the real cost, it gets a false value, and people don’t value you in the way you deserve, which makes it difficult for you to get what you deserve. More importantly, it sells your colleagues, your future colleagues, and your families short.

“You're selling lots of people short, and that is just from an employee perspective. You're also selling your patients short, because you're making it difficult for managers to impress on the purseholders the cost of the service they are currently getting.”

Wise says that people staying on after the end of the shift is one of “the more obvious examples of short changing managers with information.” He hopes that the provision in the new junior doctors contract for trainees to “exception report” when they have been required to work beyond their contracted hours will help ensure this information is passed on to managers. “It will definitely make it easier,” he says. “It’s easier for people to exception report than to go, ‘It’s the end of my shift, I’m going.’”

Culture shift

Wise also believes that there needs to a shift in the medical profession’s attitude to taking on unpaid additional work. “There needs to be a cultural change,” he says. Without a shift in attitudes, the failure to tackle staffing shortages could have a major impact “which may quite possibly precipitate a failure or a downsizing of the NHS,” he says.

“You’ll see a massive increase in part time working and a growth of alternative providers, who will be charging the public directly for service,” he argues. These alternative providers will provide better terms and conditions for the doctors they employ than those currently available in the NHS, he believes. “It will probably be the conditions which are better and the terms don’t have to be much better,” he says. “If they’re only a little bit better, people will vote with their feet.”

Rather than capitulating to this as an inevitability, Wise believes that doctors need to reassert their rights to work the hours stated in their NHS contracts. “Nobody takes power away from you, you surrender it,” he says. “You have far more power than you think—just assert your rights.”

Competing interests: I have read and understood BMJ policy on declaration of interests and have no relevant interests to declare.

Provenance and peer review: Commissioned; not externally peer reviewed.

Lack of resource no defence against clinical negligence charges

In April, a barrister who specialises in medical law and clinical negligence warned that judges considering prosecutions against doctors for gross negligence manslaughter would not view a lack of NHS resources as a defence against clinical negligence. James Badenoch, QC, said, “We’ve often had discussions about whether financial constraints might be a defence against what otherwise might be called negligent failure to treat. And we have to conclude that, as yet, it would not.”

He added, “I don’t think that the limitations of finance, of staffing, of equipment, and the dreadful conditions that sometimes people in the NHS are working in has yet been considered a defence to negligent behaviour or treatment.”

Wise also raised this concern at the BMA’s annual representatives meeting last month as he told the meeting that prosecutions of doctors for gross negligence manslaughter had risen in recent years. He argued that doctors were exposing themselves to medicolegal risks when they stretched themselves too thinly, and a lack of resources or fatigue would not be a defence against a clinical negligence charge.

“When you are too tired—when you are without resources, going that extra mile—seeing that one more patient does you and the population we serve no favours,” he told the meeting. “It makes it harder for managers to see the shortfall. It makes it easier for them to short change the NHS. Please don’t expose yourself to the risk. Stop before your limits, whether of time, expertise, or patience.”