



VIEWS AND REVIEWS

WOUNDED HEALER

Clare Gerada: My last Christmas on call

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For nearly 40 years I've been part of an on-call rota, but this Christmas will be my last on-call commitment, ever. In my first hospital jobs I was on call one in three, which included 8 am on Friday to 5 pm on Monday. As a new partner at my general practice I worked one in five, my pager never far from my side. I still recall those night time home visits, never quite knowing where to go, with only the A-Z as a guide. In recent years I've gradually withdrawn from the full on-call rota, being allowed to stop the red-eye shift a few years ago, weekends more recently; and now I have only Christmas day to go as my last share of public holidays.

I can't say that I'm sorry not to have my evenings and weekends interrupted, but there are things I really will miss: the intimacy of seeing acutely ill patients in their own home and the comradeship of colleagues from different practices as we worked shifts in the GP out-of-hours cooperative.

While out-of-hours care is a quintessential part of medical practice and necessary for good patient care, it's become more difficult to deliver. GPs' care schedules are so intense it comes as no surprise that filling all shifts, but especially out of hours, is becoming harder—evidenced by a finding that GPs now see twice as many patients as is safe.^{1,2}

For hospital doctors, the move to a consultant delivered service seven days a week means that doctors are required to be on call—and, for certain specialties, resident on site—for their entire careers. A BMA survey of consultants found that 87.6% of respondents took part in a non-resident on-call rota.³ Today's junior doctors may have escaped the onerous 90-100 hour weeks, but their lives are more disrupted by complicated rosters. A junior doctor's rota, for example, might include: one 12.5 hour day shift a week; one weekend in four of 12.5 hour daytime shifts; one week in six of 12.5 hour nightshifts; and one weekend in six of 12.5 hour nights, as well as one weekend of 10 hour day shifts.⁴ Despite changes brought in through the junior doctors contract shifts ending at 1-3 am are not uncommon, playing havoc with the doctor's biological clock.

Out-of-hours work affects social and family life, but it was always thus. What's changed now and contributes to the rise in mental illness among doctors, young and old, is the intensity of day and night time working, the lack of continuity within a stable team (the "firm"), and the expectation that doctors will continue to provide out-of-hours care for their entire career.^{5,6}

Medicine is changing; so too are the expectations of the public, policy makers, and politicians regarding their health service. But what hasn't changed (and won't change substantially, even with digital innovations) is that care is delivered by people—doctors, nurses, paramedics, porters, radiologists, and more—who all have human needs.

I'll enjoy my last Christmas on call—but I'll keep in mind all of those colleagues who continue providing care in the most unsocial of hours, working to keep the NHS safe in a system that's failing to do the same for them.

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