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WOUNDED HEALER

Clare Gerada: Doctors need dedicated space to reduce professional isolation

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Thursday 10 September is World Suicide Prevention Day. I will use it to remember doctors who have died by suicide, especially those connected with my service, NHS Practitioner Health. I will remember the consultant who, soon after receiving a letter telling him about a complaint, killed himself. Or the junior doctor who feared she would lose her job after making a prescribing error, so instead took her own life. As did the GP who fretted so much about his forthcoming appraisal that he lost perspective of what really mattered in his life and work.

Relatives of the deceased attend my bereavement group, which has now been running for more than two years, and together we grapple with the question “why.” This is so important, not just to gain some closure on grief but because understanding the reasons why someone took their own life might help prevent the deaths of others.

But “why” is such a difficult question to answer. While some of those doctors had an underlying mental illness, many did not. Work related issues such as bullying, complaints, and overwork were common. For a few, their action seemed impulsive, whereas others had made meticulous plans and even carried out a dress rehearsal a few days before.

For many, however, a theme has emerged: professional isolation. This is also prevalent in the doctors with mental health problems who attend my service—an isolation worsened by the new requirements for homeworking, a lack of face to face patient contact, and social distancing. I’ve written before about the lack of therapeutic spaces for doctors to come together, with their peers, to talk about the emotional impact of their work. We need facilitated spaces where doctors can gain perspective and share their experiences, uncluttered by the requirement for inspection, assessment, appraisal, or revalidation.

I’m a firm believer in the power of talking together in reflective groups: a problem shared really is a problem halved. For those who are struggling, coming together in safe, contained, compassionate spaces will go some way in preventing them from choosing death over life. Groups facilitate giving and receiving support, helping us realise that we are not alone and that our problems are not unique—especially important when we encounter issues that challenge our identity of a caring doctor, such as complaints, errors, or conflict with patients. Peers can offer hope, even when what we face seems so hopeless.

I now lead a registered charity, Doctors in Distress (<https://doctors-in-distress.org.uk/>), which aims to raise awareness of doctors’ wellbeing and prevent

suicide among health professionals. The money raised will also help to fund reflective spaces (real and virtual) where doctors can seek support from each other and, hopefully, prevent further needless loss of life.

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