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Cite this as: *BMJ* 2021;374:n1915<http://dx.doi.org/10.1136/bmj.n1915>

Published: 03 August 2021

PRIMARY COLOUR

Helen Salisbury: Running on empty

Helen Salisbury *GP*

Most years, there's a noticeable slackening in the pace of GPs' work over the summer. Even as colleagues disappear on holiday, their absence is more than balanced out by a reduction in patient demand. This is partly due to patients also going away, and partly down to seasonal infections being in abeyance. The word that seems to follow most naturally after "summer" is "holiday," and when the sun's shining and the days are long, it feels wrong to be stuck inside working—but it's a lot less painful when you can leave while it's still light.

This year, that normal summer slowdown is notable by its absence. The hospitals are full to bursting and, if our surgery is anything to go by, the demand for primary care just keeps going up.¹ Having always nurtured a relaxed style of consulting, which has sometimes led to my patients spending a bit longer in the waiting room than they'd choose, I now hear myself finishing too many consultations with, "I'm really sorry, but I'm afraid we'll have to leave that to another appointment."

We rely on a reserve of energy each time we walk out to the waiting room (or pick up the phone) to greet the first patient of the day. We need that energy to respond to a new tide of symptoms, of suffering, and often of anger and disappointment. When the answer to the question "How can I help?" is an easy one, and when problems can be solved with explanation and reassurance or a simple prescription gratefully received, we get a little boost that can carry us through days otherwise filled with complex issues and no easy solutions. At the end of those days—as I survey the results, prescriptions, and hospital reports that need my attention, the fading light outside signalling my diminishing chances of making it to the allotment—I realise I'm at risk of running on empty.

We all have our own ways to recharge, be that taking to the hills, relaxing on a beach, or curling up with a good book. Day to day, we can also replenish our energy through interactions with colleagues. The past year and a half has been particularly hard as we've reluctantly switched to online practice meetings and shelved our usual communal coffee break. We know we need to meet, laugh, gossip, and support each other, but we're also acutely conscious of the risk. A bit like the royal family never travelling together, we have to be careful not to all be in the same room, where one infection could drastically disrupt the surgery. We're all protected by the vaccine, but with a double jabbed colleague from another practice recovering from a nasty bout of covid-19, we know it's too soon to let down our guard.

Then sometimes, I'm surprised and delighted by the unexpected recovery of one of my complex patients for whom I had no solutions. The fact that this can still push my charge back up to three bars means that I'm not yet a burnt-out case.

Competing interests: See www.bmj.com/about-bmj/freelance-contributors.

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

¹ Royal Devon and Exeter NHS Foundation Trust. OPEL 4 status at RD&E. 6 Jul 2021. <https://www.rdehospital.nhs.uk/news/opel-4-status-at-rd-e/>