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AUSTRALIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS

ABN 82 055 042 852

FACULTY OF PAIN MEDICINE

GUIDELINES ON THE HEALTH OF SPECIALISTS AND TRAINEES

INTRODUCTION

This statement is intended to assist Fellows and trainees of the College and the Faculty of Pain Medicine with issues related to their own and their colleagues' health.

Doctors are usually physically healthier than the general population but are more psychologically vulnerable, and more likely to suffer from “the three D’s” – drugs, drink and depression.¹

Performance, and ultimately patient safety, is dependent on physician well-being as well as skills and knowledge, therefore maintenance of good health is an important individual responsibility, both personally and professionally. Good health encompasses both physical and mental well-being. Proper health care includes preventative measures such as appropriate lifestyle activities, health checks, vaccinations and screening, as well as the assessment and management of specific illnesses.

Numerous authorities² stress the importance of medical practitioners not self-prescribing or treating themselves or their families.

Specialists or trainees should not act in an informal therapeutic role in relation to health issues affecting colleagues. While it is important to support colleagues who have significant personal health issues, it is essential that they be encouraged to seek appropriate skilled professional help.

Medical practitioners have a duty of care to the public to ensure that their own health, or that of a colleague, does not place patients at risk.

PERSONAL

- 2.1 Specialists and trainees should have an identified general practitioner and consult them regularly.
- 2.2 Specialists and trainees should not self prescribe medication (except for simple over-the-counter treatments).
- 2.3 Specialists and trainees should seek arranged, formal consultations with colleagues about personal health issues, rather than informal or “corridor” consultations. This allows the attending doctor to devote adequate time and attention, objectively, in a private setting.

2.4 Principles 2.1 – 2.3 should be applied to the care of close family members.

PROFESSIONAL

Departments, practice groups and individual anaesthetists and pain medicine practitioners should consider the following strategies to assist with health maintenance:

- 3.1 The promotion of attitudes and practices that facilitate access to general medical practitioners and other health professionals.
- 3.2 The compilation and maintenance of a readily available list of resources that may assist Specialists and Trainees with any health issues.
- 3.3 The adoption of orientation programs for new members to reduce the stress of an unfamiliar environment, an important factor for patient safety, and engender a culture of support.
- 3.4 Regular presentation and discussion of personal health related topics at training and continuing medical education meetings.
- 3.5 The establishment of systems for professional support, for example mentor or buddy systems. Such systems require appropriate resources, training and evaluation.
- 3.6 The development and ongoing review of rostering and work practices, including after hours call, in order to minimise the potential for error, fatigue and ill-health.
- 3.7 The promotion of guidelines for debriefing and support of staff following workplace and personal crises.
- 3.8 Specialists and Trainees should advise those in positions of responsibility, such as Directors of Departments or Supervisors of Training, of any health problems they have that impact upon their work. It is then the duty of those in positions of responsibility, together with the Specialist or Trainee, to take appropriate action. All other health issues are a private matter for the Specialist or Trainee concerned.

This document should be read in conjunction with:

TE18 - *Guidelines for Assisting Trainees with Difficulties*

PS16 - *Statement on the Standards of Practice of a Specialist Anaesthetist*

PS43 - *Statement on Fatigue and the Anaesthetist*

Bibliography:

1. Peter Schattner, Sandra Davidson and Nathan Serry, Doctors' health and wellbeing: taking up the challenge in Australia, *MJA* 2004; 181 (7): 348-349
2. NSW Medical Board, Medical Practitioners' Board of Victoria, UK GMC, Medical Council of New Zealand
3. Australian & New Zealand College of Anaesthetists Code of Professional Conduct.

COLLEGE PROFESSIONAL DOCUMENTS

College Professional Documents are progressively being coded as follows:

TE Training and Educational

EX Examinations

PS Professional Standards

T Technical

POLICY – defined as ‘a course of action adopted and pursued by the College’. These are matters coming within the authority and control of the College.

RECOMMENDATIONS – defined as ‘advisable courses of action’.

GUIDELINES – defined as ‘a document offering advice’. These may be clinical (in which case they will eventually be evidence-based), or non-clinical.

STATEMENTS – defined as ‘a communication setting out information’.

This document is intended to apply wherever anaesthesia is administered.

This document has been prepared having regard to general circumstances, and it is the responsibility of the practitioner to have express regard to the particular circumstances of each case, and the application of this document in each case.

Professional documents are reviewed from time to time, and it is the responsibility of the practitioner to ensure that the practitioner has obtained the current version. Professional documents have been prepared having regard to the information available at the time of their preparation, and the practitioner should therefore have regard to any information, research or material which may have been published or become available subsequently.

Whilst the College endeavours to ensure that professional documents are as current as possible at the time of their preparation, it takes no responsibility for matters arising from changed circumstances or information or material which may have become available subsequently.

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