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BURNOUT

To the Editor: It was with great interest that I read Couper's account of approaching burnout¹ which is indeed a risk to all caregivers. I would like to share some of my experience.

I have often felt a prisoner at my practice, being indoors for most of the sunlight hours. One day looking out from the window of my consulting room, I wrote the following poem:

A Doctor's Lament

The palm leaves quivering
Dancing invitingly rhythmically in concert.
The Mdonni tree leaves being caressed
Gently by the breeze
The cloudless background of blue
All the more inviting
The blinds take up the rhythm
This invitation so consuming.

The thought of that caress
On my face, through my hair
Like dancing palms
Makes my heart so full of lead
My chest hollow
My stomach sighs
All from behind the sealed window
A prisoner
Then what's my crime?
Oh how I would like to accept this invitation.

Indiran Govender, 2004

As stated by Couper¹, doctors need to develop the other areas of their lives in order to be better people and doctors.

The seven wellness areas which are physical health, emotional health, spiritual health, occupational health, intellectual health, social health and environmental health should be considered. It is essential to have more than one compartment to our lives to ensure a well developed individual. Character development must begin in the youngster (pre-primary and primary school), where other areas should be developed apart from academic excellence. Activities such as sport, music, reading, languages, art and theatre, writing or other hobbies such as fishing, gardening and movies should be explored. This is an extensive list and should be guided by the individual's interest. Holistic development is important. Although burnout is more common in the caring professions, it is also prevalent in other occupations. Thus the whole development is necessary for everyone from an early age. Parents, teachers and other caregivers involved in a child's development need to place emphasis on this. Holidays or taking small infrequent breaks are only temporary solutions to the problem of burnout.

We often hear colleagues stating that medicine is their life. This should not be the case. If ever a medical practitioner feels he or she is indispensable then this dependence is pathological. Many doctors continue to practice until they die. This is dangerous to their patients who have almost always consulted with the same doctor and feel indebted to their doctor. This doctor invariably becomes impaired with age both physically (eyesight, hearing, stroke, etc) and intellectually (has not been able to keep up to date with medicine advancements). At least three Family Practitioners well over seventy years of age have died while still practicing medicine full-time in my small town. Medicine was their life. What about their families and other interests? Did they need their patients or can anyone really believe their patients needed them that much? We are definitely not indispensable and people may sometimes be better off without our intervention. This dependence and the need to be a doctor and nothing else can be detrimental especially when we try to make patients take control of their lives.

Too little emphasis has been placed in the past on the impaired doctor; the doctor that is ill or who copes by abusing alcohol and drugs. We need to help these colleagues, rather than doing more harm by mistakenly trying to ignore the fact that a colleague has a problem. This collusion is counterproductive. It is difficult for doctors who are unwell to care for others. The old saying of doctor heal thyself is appropriate.

Thus I fully endorse the approach medical schools take these days in their admission policies. Interviews to assess all round development are necessary. Academic excellence although necessary, should be weighed against the general character development of the prospective doctor.

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Reference

1. Couper ID. Approaching burnout. SA Fam Pract 2005; 47(2):5-8.