
THE SOFT EDGES

The Medical Work Ethic – Chris Ellis

For several years I have been trying in various cunning ways to avoid work, but it still keeps coming, like the waves onto a beach. That is how a colleague described general practice – like standing on a beach and looking out to sea and seeing wave after unending wave, some large and some small, and knowing that there would always be more behind the ones you could see.

Can one escape from this work ethic with which one may be born? Or avoid the indoctrination of one's upbringing and culture into a work ethic that presupposes that it is spiritually and morally healthy to work until you burn out or collapse?

Looking back on housemanships and registrarships, where I had to work for thirty hours at a stretch with one or two hours sleep to bolster the understaffed health systems I worked in, I now realise where the conditioning started. It is a martyrdom that medicine has inherited from Queen Victoria, when a stiff upper lip rigidly upheld the regimental pride.

Somewhere along the line Osler's advice on the art of detachment, the virtue of method and the quality of thoroughness got translated into a subservience to an often counterproductive overwork ethic.

It seems that our vocations became altered by the realities of the Friday evening surgery.

It may be stating the obvious but most people like work. None of us, I believe, mind working hard but most of us mind not working well.

I write this after just completing one of those Mondays in general practice where I packed them in. They came in

and out of my room in rapid succession like penguins to the dry cleaners. As the door opened to let in another one, I could see the queue waiting patiently outside. There was a continuous noise of children fighting on the waiting room's vomit-resistant carpet.

It leaves one with that tired feeling of having done an incomplete day's work. There were at least three patients I know who needed more than my automatic glib answers. When will I ever get the *time* to treat these patients properly?

Perhaps I bring it on myself. Perhaps I suffer from the three defects of chaotic practice: too little forward planning, an inability to say no and an unrealistic desire to please.

There were probably even more patients that never gave me the signals as they had receded into their role of "I-see-the-doctor-is-busy-today, I'll-keep-my-real-problem-till-next-time".

The Medical Work Ethic, for the purpose of boasting to one's colleagues, is measured in number of hours worked, numbers seen and speed. Rather like the ten minute appendicectomy and the fifteen minute caesar. This has always taken the form of a tea room ritual where tales of speed and quantity are recounted without analysis of quality. Caring and detail, the nebulous hand maidens of medical care, go out of the window.

This is partly an inheritance from when speed was necessary as Dr Flashing Scalpel had to get a move on before the anaesthetic killed the patient.

Strangely this pride in speed and

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quantity doesn't die down. Pride is still placed in "I saw 60 patients today" and "I was up all night". A form of medical one upmanship takes place with emphatically quoted statistics. I have had to exaggerate all my boasting to keep up. Obviously most doctors are working very long hours because there just are too many patients to see. But the reasons there are too many patients to see, lies partially at our feet.

Stuart Piggott, a modern scholar, has estimated that stone age man only worked two hours a day. It was the age of true leisure. The land was swarming with game and except for a bit of sowing and the harvest and the occasional hunt, not much happened. It was a life, I assume, of contemplation, gazing and scratching. Ancient man in Africa did even less - perhaps one hour of work a day - so where did I go wrong in getting myself into this ten hours and then on-call afterwards?

Last week I worked a fourteen hour day, starting at seven in the morning and finishing at nine at night. It was the longest I have worked for quite a while, yet for some reason fourteen hours doesn't sound so long. An eight hour day is from eight to five and the loss in quality of life when it is only extended by two hours to a ten hour day and coming home at seven, has immeasurable effects on one's family and social life.

Where does the responsibility to your practice end and your family begin? Five o'clock in the afternoon or eight o'clock in the evening? The answer lies in us, not in them. It is the balance between the income we think we need and the ego feed we get from the practice, against the needs of our families and ourselves.

The medical work ethic also gives a guilt conscience about taking holidays and even playing golf. Surely one should be back at base seeing the mob?

I have a syndrome over holidays. It has a well defined sequence. It starts with preholiday hysterics. There is a build up of work and calls to be completed and last minute messages. I become indispensable to modern medicine. I eventually rush out of the door with the telephone ringing and feeling everything has been left unfinished. This is followed by my early holiday reactive depression where I lie on the bed and stare at the ceiling for five days. I then have a few days in which I drink too much, before going into my late holiday prereturn anxiety state.

After years of work and indoctrination, is there any escape from the medical work ethic?

Apart from one's own intrinsic life philosophy, the main issue revolves around time (not work) and how one is paid for it. Quality of care, work ethic, time for both the patients and ourselves and money are all inextricably linked.

"It is sad to think" said Eugen Bleuler "that we could relieve the anxieties and worries of many patients if we had more time for them. We should need fewer pain killers, sleeping pills and tranquilizers and fewer purgatives and tonics".

The average length of a consultation in Great Britain is about six minutes. The range is from half a minute to half an hour. When I first read this I wondered how one could do the half a minute consultation. Then I heard. It was a story told of my father, who

was once a busy country GP. I can remember the always full waiting room with the benchwood chairs around the walls and the bare lino floors. To go in to see him, the next in the queue (there were no appointments) was called by the receptionist through a hatch in the wall. There were a pair of half louvered doors to go through. They were like the ones you see in old westerns, which the gunfighter kicks open to enter the bar. They were well oiled and after the patient had gone through, they swung slowly closed, in a decreasing arc like a pendulum until no movements was visible. The awaiting audience would watch them, mesmerised as they swished backwards and forwards till their eventual imperceptible standstill.

It was said that on one day a patient was seen to go through the louveres and then like the rewind on a video was seen backing out before the doors had stopped moving - *and holding a prescription*. That is the half minute consultation.