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DOCTORS IN DE-STRESS

Overwhelmed: Tony Lian-Lloyd was brought to his senses about his own mental health when he broke down when addressing other doctors

Teaching GPs to stop thinking like doctors could save them from burnout and keep them seeing patients. **Kellie Bisset** reports

TONY Lian-Lloyd is a tough guy, a bushie from way back who spent his early life as a horse breaker and musterer. Not the type of bloke to admit he's struggling — even to himself. Until one day last April when in front of a room full of doctors he burst into tears.

The only GP in Quorn, a small town of 1500 people in South Australia's Flinders Ranges, Lian-Lloyd had no idea how close he was to complete burnout until that day. "I knew I was buggered, I knew I was worn out and I was becoming short-fused," he says.

He began to address the group and had a complete mental blank. Unable to remember names or details, he became overwhelmed.

"I just broke down. It just sort of hit me — it hits you like a bullet. It brought home the frank realisation of something that I did not recognise, and probably other doctors don't either." Lian-Lloyd was attending a South Australian rural retreat, a program that brings country doctors to the city to reflect on their lives and learn coping skills to survive the stresses of bush medicine.

He attended the retreat simply because he wanted a break. Had he not gone, Lian-Lloyd doubts he'd still be in practice today.

Attracting doctors to the bush is a well-publicised problem: the Australian Medical Workforce Advisory Committee estimates we need 1300 more GPs nationwide, and this shortage is most acute in country areas.

But keeping them there is another issue altogether. The federal Government's Rural Retention Program already offers payments of up to $25,000 for long-serving country GPs in a bid to keep them in the bush, though some argue that cash grants aren't the answer.

"What grinds people down is the constant on-call — there is never any let-up," Lian-Lloyd says. "Always in the background is my beeper. You are married to the goddamn thing. I am all things to all people all the time."

Lian-Lloyd has an entire town relying on him alone for medical care — and this means seeing patients seven days a week.

An average week day begins at 7.30am with a ward round at the hospital and finishes after 7pm. He might then take some calls at home.

On one "spectacular" Sunday morning, he simultaneously dealt with a life-threatening asthma attack, a cardiac arrest and a haemorrhage following labour with no emergency blood supply to hand. An urgent call summoning him to Port Augusta to perform an emergency caesarean meant he took the opportunity to perform the operation, collect some blood while in town and return to Quorn to transfuse his haemorrhaging patient.

Like most solo GPs in remote areas, "downtime" hardly exists for Lian-Lloyd: he carries a mobile phone and UHF radio everywhere he goes — even when supposedly "relaxing" on horseback.

Luckily, he doesn't drink. If he did, he'd have a challenge enjoying a drop in the knowledge that at any moment, he may have a medical emergency on his hands.

This experience is not unique. There are hundreds of GPs across the country facing similar pressures. The rural retreats team thinks it may have found some answers to addressing burnout that could not only help country doctors stay put but also prevent the problem in city GPs, who have their own stresses and are becoming harder and harder for patients to access.

"The model we are using in South Australia is a new angle: we are using cognitive behavioural coaching to teach them to manage themselves and the stressful environment they are in," says Maria Gardiner, a clinical psychologist who jointly runs the program. Her colleague Hugh Kearns, head of staff development and training at Flinders University, says behavioural coaching helps doctors identify illogical thought patterns like, "If I offend this patient by saying no, the world will cave in".

They are asked to outline what they want to change, and given strategies on how to achieve

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their goals. "It is about getting them from [working at a level of] 180 per cent to 120 per cent — not from 100 per cent to 60 per cent," he says. "Otherwise they are probably really close to burnout and they will either leave, or become seriously ill and be forced to leave."

Kearns says the medical selection process tends to breed people who are high-achieving, perfectionist types. "When they get together they tend to egg each other on rather than take the rational view. There's a show-the-scars competition, that is part of the culture."

Richard Hetzel knows what Kearns means. The chairman of the Australian Doctors' Health Interest Group, Hetzel says medical culture has black spots that often lead to doctors' poor health.

"A considerable blind spot is that we tolerate working hours other people would not even dream about . . . that lend themselves to the workaholic lifestyle that leads to a distorted view of health and life."

Hetzel laments that Australia doesn't take doctors' health issues as seriously as it should, but he says any program that contributes to a change of culture is helpful.

The rural retreats are run through the South

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Australian Rural Doctors Workforce Agency. There are rural workforce agencies in every state, though each takes its own approach to retention.

NSW, for example, runs a program in some remote towns such as Lightning Ridge, where a service entity employs practice staff and handles all practice-related financial transactions, allowing GPs to focus on medicine rather than deal with the extra stress of running a business.

In SA, agency CEO Leigh Carpenter says the retreats were a stab in the dark but have become extremely successful. There is now a waiting list, despite the fact the workshops are never advertised. Carpenter says the retreats are at "the Rolls-Royce end" of the doctor retention business — each one costs about $10,000 to run — but they have had funding from the state and federal governments.

While he warns against a one-size-fits-all approach to rural retention issues, Carpenter says there is definitely room to think about funding retreats like these across the country.

Good anecdotal feedback from doctors is not the only reason the retreats team believes it is onto a winner. They are also formally evaluating the program and the early signs are encouraging.

Published evidence also shows that cognitive behavioural training reduces stress in GPs and may well be important in keeping them on the job.

A study conducted by Gardiner and other researchers found a 59 per cent drop in general psychological distress among city GPs who had attended a five-week cognitive behavioural stress management course (*Family Practice*, Vol 21, No 5, 2004). A further study published last year in the *Australian Journal of Rural Health* (2005;13:149-155) conservatively estimated 30 per cent of rural GPs were at risk of increased psychological distress.

The researchers said that most strategies to improve doctor retention rates focused on improving their working environment. But they argued success had been limited, and of the GPs in their study nearly 40 per cent said they needed personal coping skills.

Simon Willcock is a great believer in arming all GPs with personal coping skills.

But the chairman of General Practice Education and Training, the body that dishes out Commonwealth money for GP training and supervises its delivery, thinks doctors should be targeted before they launch into the hurlyburly of practice.

Associate professor Willcock suggests a national program should be set up to train GP registrars (trainees) in this area, and says it could be rolled out through regional GP training programs or divisions of general practice.

"The workforce problems will be exacerbated if this is not sorted out," he says. "There is an argument saying there are not enough doctors, we need more, but we should be having a parallel argument that if you have a highly motivated workforce they will probably provide a better standard of care for the same number of hours invested. It is not so much workforce numbers, as workforce satisfaction."

Gardiner and Kearns already work extensively with GP registrars studying with the two regional training providers in SA "and we are starting to develop a process where we might be able to train people in other states to do it". "Getting involved with the registrars is the most cost-effective thing for the country, rather than fixing up these broken people at the end," Gardiner says.

Australian Divisions of General Practice CEO Kate Carnell agrees something needs to be done to help city and country GPs cope long term with the strains of general practice, but she thinks small business support is the key.

The national general practice body is looking at the feasibility of rolling out a support service across the country, and Carnell is impressed with a model being used with success in Tasmania, where the GP North Division of General Practice has set up an independent but wholly-owned subsidiary company that contracts practice management services to GPs.

For Tony Lian-Lloyd, practice management isn't the problem — his wife and his staff keep the business ticking over. Instead the issue is taking regular breaks and learning to say no. "What I got out of the rural retreat was that I should take whatever leave I can, because it is the key to survival."

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ON PRESSURE

What's fuelling the burnout problem

112 extra rural GPs joined the workforce in 2004, but on average worked three hours less.

GPs' hours in general dropped from an average of 45.3 per week to 41.1 per week between 1998 and 2002.

GPs are at increased risk of anxiety, depression, addictive behaviour and suicide compared to the general population.

A 1998 Australian study showed 53 per cent of GPs had considered leaving general practice because of work stress.

It found 13 per cent of GPs could have severe psychiatric disturbance and 30 per cent had mild psychiatric symptoms.

Overseas and Australian studies have consistently found that depression among doctors is at least as high as the general population, and probably higher.

Female GPs are six times more likely than other women to commit suicide.

Sources: *Australian Medical Workforce Advisory Committee, Rural Workforce Agencies Minimum Data Set Report, Medical Journal of Australia, RACGP*