



**College of Intensive Care Medicine  
of Australia and New Zealand**  
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## GUIDELINES ON THE HEALTH OF SPECIALISTS AND TRAINEES

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### 1. INTRODUCTION

This statement is intended to assist Fellows and trainees of the College 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.<sup>1</sup>

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 authorities<sup>2</sup> 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.

### 2. 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.

### 3. PROFESSIONAL

Departments, practice groups and individual intensivists 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.

#### **Other information and sources:**

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

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

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