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CICM WELFARE

COMPASSION FATIGUE

I remember my mum once saying that, aside from intelligence and hard work, a good doctor must have a strong moral compass and more compassion than most. When I received my fellowship I might have agreed with her. Now, ten years into my consultant life, I look upon her words with more tired eyes.

Working in intensive care is at times truly rewarding. From a professional perspective the excitement of diagnosing and treating others illness remains. There is often both tragedy and comedy to be found in the same working day. When I started I did not appreciate the importance that black humour would have, how it would provide an important emotional buffer for me. I also never anticipated the deep collegial relationships that would develop between me and the entire intensive care unit. This extends from the cleaner saying good morning after a long night, to our nurse manager walking up, coffee in hand, asking if I'm okay, and to a family saying thank you for helping their loved one to die peacefully. ICU is a remarkable place.

But we know that the ICU is also a place of great emotional distress and suffering for many patients and their families. What I am only just starting to appreciate is the effect that this is having on me – both professionally and personally. I guess I thought that my emotional fortitude - resilience, empathy and compassion to use the popular titles – was a bit like a bowl of popcorn. Available to snack on when required and when the bowl is just kernels and salt you find a way to top it up. How we top up the bowl is a personal thing. For some it's time away from the ICU, for others non-clinical activities such as research or a college role. For me, it's a life away from work that defines me as an individual, an identity separate from being a doctor. For example, I play guitar regularly in a band, because when doing this I find it impossible to ruminate about work. The mental exhaustion from this activity seems to apply an effective circuit break on the circular flow of negative thoughts that I'm sure are not unique to me.

What I have noticed, however, is that sometimes the popcorn bowl shrinks or the kernels seem much harder to pop - the refilling just seems more difficult. Occasionally the cause of this is obvious – an unexpected complication, a bad decision, or the injury or death of someone that I can visualise as being part of my family. Our unit sees a number of young tetraplegics that could easily be my son, mainly young men who have just made a single impulsive and ultimately life changing decision. These encounters can be a source of great angst to me.

But in some ways these tangible events seem more manageable because it is possible to talk about them. What is more challenging to manage is the general emotional "wear and tear" that comes with the job, the hardening of our emotions. Over the last 10 years I have seen a lot of human suffering – patients, families and staff. Can we ever not be affected by what we see and do? Maybe if we weren't that would be worse still. But the cost is that this spills over into our personal life also. Part of me thinks that maybe this is just what we signed up for, our cross to bear.

It was my wife who referred to this spill over as the 'ICU Effect', a triad of catastrophising, decision fatigue and emotional remodelling. Firstly, she had seen over time that my knee jerk

response to medical issues in friends and family was to assume that there would be a disaster. I always believed there would be a complication with the only outcome being be the worst possible one.

Secondly, as a consequence of my continuous decision making at work, my capacity to make simple choices at home had diminished. I would often try to off load these on to others and would begrudge being placed in the role of decision maker.

Finally, I often avoided conversations that required me to demonstrate significant compassion or empathy for others outside of work. While I was fine at the initial show of sorrow for others misfortune, my wife perceived that subsequent interest or engagement on my part to be mostly superficial, or disinterested. She asked if it was possible that I had a warped notion of compassion, or maybe what this emotion looks like from the perspective of the general public.

At the time burn out, resilience and post traumatic syndrome were not part of the general ICU conversation – trainee welfare was a normal consideration but our own mental health was often placed in a back corner of our minds. Recently there has been an increasing focus on the risk of burn out for ICU staff and momentum has developed for greater dialogue about this. But whatever is known about the prevalence, causes, and impact of burn-out or compassion fatigue, it's complicated by the lack of a clear definition, a diagnostic criteria or how to manage it. Personally I don't feel burnt out. But I do notice changes in my emotional responses, and at times a loss of compassion, that are difficult to admit and seem impossible to remediate.

I guess it is not surprising, given the high stakes emotionally charged environment of the ICU, and the times of enormous intellectual, physical and emotional stress, that this exerts a long term effect on us. My belief is that while burn out and compassion fatigue are convenient titles they do not accurately describe the personal processes that occur for me. Maybe we hurt ourselves more by attaching a label as this implies there is a treatment or an of expectation of recovery.

I believe that everyone experiences compassion fatigue, burnout or resilience failure differently. As such we have a responsibility to do what we can to break down and push away our own barriers, those that prevent us from admitting to ourselves that we are struggling. To find ways, both professionally and personally, to acknowledge and accept the effect that our workplace has upon us, and that the spill over into our private life is neither consistent nor predictable.

Now, I hope that my mum would be proud of the direction in which my moral compass points and the decisions I have made. But I cannot honestly say I have the same degree of compassion and empathy for others that my younger self had. The exposure to the suffering of others has taken a part of me and changed it. My hope is that through recognition of this fact I can manage, explain and possibly embrace this process more effectively. I expect I will be a different person again in another ten years, and perhaps the lessons I have learned thus far will help me step forward into this unknown future.

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