Doctors’ Health Matters

The work of the Doctors for Doctors Unit in supporting doctors and promoting wellbeing within the profession

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Doctors are not supposed to be ill, or indeed anything less than perfect!
The last year has been very important in the development of the Doctors for Doctors Unit, with several key areas of expansion. The Doctors Advisory Service has become established and is taking increasing numbers of referrals. Our 25 doctor-advisers provide a high quality of support to doctors in difficulty contacting the service. As a means of supporting our advisers, we run an annual seminar on topics relevant to their work, providing ample opportunity for case discussion and support. Advisers also contact me regularly to discuss ongoing casework. I believe that the strength of this service is that it encourages colleagues to access help for their difficulties at an early stage, therefore, avoiding more serious consequences later on. I am taking forward work on refining clinical governance for the unit.

I believe a change of culture within the profession is vital if colleagues are to be able to come forward in confidence to access help. Wherever possible, I try to ‘spread the message’ at various fora such as talks to groups of doctors, articles in journals, and work with other professional bodies such as the GMC, Department of Health and the medical defence organisations. I am also involved in ongoing work with the Association of Anaesthetists.

The Unit continues to work closely with the BMA’s regional services staff, from whom the Unit receives a large number of referrals, to develop their skills in dealing with doctors in difficulty to offer a holistic approach to doctors they advise. As well as benefits to doctors consulting regional services, staff very much value the support and insight this gives to their work. This package of support for staff also has a positive risk management aspect. Recent work has included producing guidance on how to deal with difficult callers, which has been widely welcomed by regional service staff.

In December 2006, I attended the Annual Meeting of the Ontario Physician Health Programme (PHP) and the International Conference on Physician Health in Ottawa. At the Ontario PHP, I spoke on the work of the unit and at the conference in Ottawa I presented my work on the BMA’s response to the London bombings. The BMA is to host the 2008 International Conference on Doctors’ Health. This is the first time that this prestigious event has been held outside North America and a working group has been formed to take forward planning for the conference.

Finally, I have met with the president of the GMC, Sir Graeme Catto and the chief medical officer for England and Wales, Sir Liam Donaldson. At these meetings, the work of the unit was highlighted and the provision of funded, dedicated services for doctors in difficulty was discussed. As an outcome of the recommendations of the recently published white paper, Trust, assurance and safety – The regulation of health professionals in the 21st century, the Doctors for Doctors Unit will be working with the Department of Health to develop specific proposals for addressing the particular health needs of doctors.

I hope you find this publication both instructive and informative.

Dr Michael Peters
Head of the Doctors for Doctors Unit
Introduction

It has been suggested that although doctors are physically healthier than the average person, they often do not follow their own healthcare advice. Furthermore, evidence suggests that doctors are more likely to have significant psychological vulnerabilities and are more likely than the average person to suffer from one or more of ‘the three Ds’—drugs, drink and depression (including suicide). It has long been debated whether this is likely to be due to the stress of the job or to pre-existing traits. There is general agreement in the literature that some degree of obsessionality personality is common among doctors and that this ‘level of conscientiousness’ is often to the detriment of their own health needs. Coupled with this is the culture of ‘working through illness’ and ‘self-treating’ that has developed among the medical community. The perception that doctors are more likely than other professionals to work through illness may be symptomatic of a culture in which an image of invincibility is encouraged and vulnerability is denied.

International evidence suggests that doctors are at a higher risk than the general population of developing stress-related problems, depression, or suicide. In particular, doctors have high standardised mortality rates in respect of cirrhosis, accident and suicide. Suicide rates among female NHS doctors have been shown to be twice that of the general female population. Suicide rates also differ between specialties, with anaesthetists, general practitioners (GPs) and psychiatrists of both genders having significantly higher suicide rates than doctors in general hospital medicine.

Stigma of ill health

Many doctors who are sick do not seek help because of the stigma of ill health or because of peer pressure and professional loyalty. There are also the professional risks involved in the acknowledgment of ill health, in particular psychological illness and substance misuse. Concern about the response of colleagues, their fitness to practise, or losing the respect of patients are all reasons given for doctors ignoring their own ill health. Doctors in training, in particular, may feel vulnerable about their career prospects. This stigma attached to ill health reinforces the perception that ill health is akin to inadequate performance and unacceptable conduct or the risk of stigmatisation as the ‘weak link’ in a supposedly ‘strong chain’.

Stress

It has been argued that stress in doctors is a product of the interaction between the demanding nature of their work and their obsessive, conscientious and committed personalities. Several studies have documented stress and higher than expected levels of psychiatric morbidity in doctors and medical students. Evidence shows that the proportion of doctors and other health professionals showing above average levels of stress has remained constant at around 28 per cent, compared with 18 per cent in the general working population. It is suggested that stress and its related problems come from both the workplace and from the individual.

The main sources of work-related stress for consultants and GPs are excessive workloads, organisational changes, poor management and insufficient resources, dealing with patient suffering and mistakes, complaints and litigation and pressure of work. The data from the Doctors for Doctors Unit clearly shows just how much stress and depression feature in cases coming to the unit.
Drug and alcohol misuse
The misuse of alcohol and other drugs by doctors forms the major component of any concern about the health of the medical profession.\textsuperscript{22} The largest group of doctors facing action through the GMC’s health procedures are those with addictive problems. Alcohol and drug dependency are characterised by denial and collusion, particularly from colleagues. Doctors are often reluctant to acknowledge their own problems of drug and alcohol misuse.\textsuperscript{23} Failure to deal with the problem of alcohol and other drug misuse by doctors is largely due to its complexity and a culture that resists the recognition of psychological stress and is reluctant to constructively support or confront colleagues.

Mental illness
Evidence shows that doctors are more likely to suffer from work-related mental ill health than other professions,\textsuperscript{24} with the prevalence of any common mental disorder in doctors as high as 28 per cent, compared with 15 per cent in the general population.\textsuperscript{25} Deep prejudices exist against people working in the NHS with mental illness. The myth that you cannot be a doctor if you are mentally ill is shown to be false and, although burnout and stress are important in medicine because of their frequency and disability caused, severe depression, near lethal suicide attempts and psychotic features are also all too frequent.\textsuperscript{26} Other studies have identified the major factors in mental illness as the long hours worked, the high workload, the pressure of work and their effect on the personal lives of doctors.\textsuperscript{27}

Vulnerable doctors
The ‘macho medical culture’ has often been blamed by doctors for their own illness. Many hide their illness from colleagues, family and friends in an attempt to not appear vulnerable, while continuing to maintain a heavy workload.\textsuperscript{28} It is suggested that the culture of the health service and the unwritten contract that doctors have with their colleagues makes it very difficult for doctors to take time off work because of ill health.\textsuperscript{29, 30} Experience from bodies such as the GMC and National Clinical Assessment Service (NCAS) suggests that many of the cases being referred to them could have been avoided if a doctor had sought help for a health-related issue at an early stage.\textsuperscript{31} However, anecdotal evidence suggests that many doctors are reluctant to seek help until the situation becomes serious because they are ashamed of failing and fear harsh judgement by colleagues and the GMC.\textsuperscript{32}

Self-treatment
The well documented stigma attached to ill health, often results in doctors self-treating. Self-treatment for doctors includes diagnosing and treating one’s own illness and prescribing for oneself. It also includes undertaking informal or ‘corridor’ consultations and self-referring to a specialist. Furthermore, self-medication avoids the human support element of treatment, and reinforces the withdrawal from others, particularly in relation to mental illness.

Evidence suggests that self-prescribing and prescribing for the family is prevalent among all groups of doctors,\textsuperscript{33} including medical students who learn such behaviour very early on in their careers.\textsuperscript{34} A recent survey\textsuperscript{35} found that a quarter of respondent doctors thought that it was acceptable to self-treat chronic conditions and an even higher proportion thought it was acceptable to order blood tests on oneself to monitor chronic conditions. Recent evidence from the BMA cohort study of medical graduates suggests that self-treatment and prescribing is not unusual, with around a fifth of respondents reporting that they self-prescribed to help cope with work and ill health and a further third of respondents were aware of colleagues who self-prescribed.\textsuperscript{36}
Constraints of the health system
A doctor with health problems often faces unique barriers to obtaining help. Evidence suggests that doctors are reluctant to seek medical advice through the usual routes and mechanisms and find it difficult to adopt the role of the patient.\textsuperscript{37, 38} The consequences of this include self-prescription, working through illness and self-referral.\textsuperscript{39} GPs perceive that ‘patients and colleagues link good health in doctors with medical competence. Doctors feel compelled to portray a healthy exterior while being aware of their vulnerability’.\textsuperscript{41}

Doctors are notorious for not being registered with a GP, or if they are registered, not seeking their advice and treatment when needed. A survey of GPs and consultants in the South Thames Region found that although most respondents were registered with a GP, consultation rates with the GP were lower than that of the general population.\textsuperscript{42} Results from the BMA cohort study show that while the majority of doctors report that they are registered with a GP, more than half do not go and see them when they are ill.\textsuperscript{43} Reasons given for this include lack of time or not ‘being ill enough’. Many doctors report that they deal with illness themselves, while others felt ‘too embarrassed to see colleagues’. Doctors may find it difficult to maintain objectivity in diagnosing and analysing their own ill health, often resulting in denial or panic. Doctors are also reluctant to take sick leave.\textsuperscript{44} Although this reflects a tradition of ‘working through’ illness, it is also due to practical reasons, such as the absence of cover.

It might be argued that doctors themselves do not make ‘ideal’ patients. They may present late, after having sought opinions from various colleagues or tried to manage their illness themselves, including prescribing their own medication.\textsuperscript{45} Furthermore, doctors with health problems face unique barriers in obtaining help and there is no single comprehensive pathway of care and support that exists for such doctors.\textsuperscript{46} A recent survey of GPs found that more than half still do not have access to occupational health services.\textsuperscript{47}

It is difficult for health professionals to deal with colleagues. It may be seen to breach the usual borders between professional and personal communication with colleagues. Although professionals looking after a sick doctor may keep strictly to the rules of confidentiality, the fact that a group of local colleagues have access to personal details about a sick doctor puts that doctor in a vulnerable position, which may compromise future working relationships. Jones suggests that ‘it should be routine that doctors needing admission should be offered admission to a hospital they do not work in or, for GPs, refer to’.\textsuperscript{48} The traditional care pattern of commissioners of care, usually PCTs, is one of making decisions about admissions on an ad hoc basis. It is argued, that currently this system does not work well, because doctors are still being admitted to their own trust.\textsuperscript{49} In many cases, PCT managers perform a ‘gatekeeper’ role, making it difficult for doctors to access out of area referrals. Previously, the system of referral was seen as being more flexible and out of area referral was done as a measure of goodwill from one doctor to another.
The BMA Doctors for Doctors Unit

The picture that emerges from much of the literature is one of doctors with high levels of stress, anxiety and depression who take very little time off work for ill health but who, when they are off work, tend to be off for longer periods. A high quality occupational health service, a well publicised point of contact who could direct the doctor to the appropriate service, available NHS care out of area and an evaluation of pilot schemes and new mechanisms are suggested ways forward. If the problems surrounding the health of doctors are to be addressed, confidential, non-judgemental support must be provided to doctors who require it. The BMA provides such support to members through the Doctors for Doctors Unit and the BMA Counselling Service. The Doctors for Doctors Unit provides confidential advice and support to doctors in distress or difficulty and deals with a wide range of problems including mental health issues, drug and alcohol problems.

The pervading attitude is that doctors just ‘don’t get sick’, and that if they do, they obviously haven’t ‘got what it takes’ to be a doctor.
The health of doctors – evidence

Stress

Results from a recent BMA report suggests that many senior doctors suffer high stress levels as a result of their work and that this impairs their health and compromises their ability to provide high quality care to patients. The main sources of work-related stress for consultants and GPs are excessive workloads, organisational changes, poor management and insufficient resources, dealing with patient suffering and mistakes, complaints and litigation. Pressures of work also impact on the health of junior doctors. Evidence from the BMA’s 1995 cohort study of medical graduates suggests that work impacts on the wellbeing and personal health of more than half of the cohort of doctors in training. Many cohort doctors suggest that the introduction of the European Working Time Directive (EWTD) has impacted negatively on the well-being of junior doctors. Many find the full-shift rotas that many are required to work stressful and feel unprepared for the role of consultant given the perceived reduction in training. Research undertaken for the BMA’s Doctors for Doctors Unit found that the workload of doctors impacted significantly on their personal health and wellbeing - the majority of respondents to this study report that their work affects their health and two-thirds report some degree of work-related stress (figure 1).

Figure 1 Perceived impact of work and stress on personal health and wellbeing of doctors (%)

While poor morale and motivation are often reasons given by doctors for leaving medicine, a recent study of early retirement in the NHS showed that the most common reasons that doctors take early retirement were psychiatric reasons such as depression, anxiety and alcoholism. This has also been the experience of several respondents to the BMA Doctors for Doctors study:

'Stress at work has recently led to my resignation from the trust.'

'I have been retired for three years. By the end, worries about staff competencies in theatres, equipment and rehabilitation were keeping me awake at night and provoking nightmares on occasions. I and my colleagues regarded this as the normal stress of the job. In retirement and talking to friends outside the trade, we were obviously more stressed than some – I was not aware of any sympathetic back up at my hospital.'
Substance misuse and mental illness
The culture of medicine accords low priority to the health of doctors, and particularly mental health, despite evidence of untreated mood disorders and an increased burden of suicide. To some extent, doctors may perpetuate the problem of mental distress. Doctors are reluctant to seek help and are less likely to take time off than other professions. They are more likely to self-medicate and continue to work despite ill health. The following respondent comments from the BMA Doctors for Doctors study reinforce this perception:

'To this day work doesn’t know how depressed I was - there is a stigma - a consultant I worked with in the past went off with stress - but there was a stigma when she came back – and I was trying to climb the career ladder – so wouldn’t have risked it.'

'I think it is still not widely accepted that doctors may use alcohol or drugs to cope with work. It is this area of ill health which needs to be tackled. Too often doctors will carry on without help till matters get out of hand.'

'I have a sick colleague who has shown significant symptoms of stress/mental illness. The PCT has been very reluctant to review her sick leave, or do anything about it until it has become so obvious that they have been forced into action, but much too late in the day.'

Substance misuse is not confined to any one sector of the medical profession and has been found in general practice, hospital medicine and in the private sector. Evidence suggests that doctors who misuse alcohol are often, at the same time, involved in the misuse of other drugs, most commonly benzodiazepines and may switch between one type of substance and another over time. A fifth of doctors in the BMA cohort study of medical graduates report that alcohol or drugs are used either by themselves or a colleague to help cope with work and ill health. According to a recent survey undertaken by Pulse magazine, two in five doctors self-prescribe for personal use, including antibiotics, painkillers and other medication. More than a third of respondents to the BMA Doctors for Doctors study admit that they self-prescribe to help cope with work and ill health and almost half of respondents report that they are aware of colleagues who self-prescribe to help cope with work and ill health (figure 2). Furthermore, one in 10 respondents report the use of alcohol or drugs to help them cope with work and ill health, and a quarter of respondents are aware of colleagues using such substances to cope (figure 3).
Figure 2 Whether respondent self-prescribes to help cope with work and ill health or is aware of colleagues who do so (%)

Figure 3 Whether respondent uses alcohol or drugs to help cope with work and ill health or is aware of colleagues doing so (%)

Seeking advice and support
The literature suggests that doctors are less likely than other professions to take time off work due to ill health. Research undertaken for the BMA Doctors for Doctors Unit confirms this, whereby less than half of respondent doctors (43%) had taken any days off work in the last year due to ill health. Furthermore, while the majority of respondents (98%) reported that they were registered with a GP, less than three-quarters of those doctors would go and see them when they are ill. The alternative is often self-medication or consultation with colleagues about their illness.

In most cases these respondents have suffered minor, self-limiting illness and hence feel that they are sufficiently experienced to treat themselves. Others suggest that it is difficult or inconvenient to obtain an appointment to see their GP. Confidentiality is also an issue for some respondents who
find doctor-doctor consultations awkward. The following comments illustrate these issues:

'I usually treat myself before I see my GP. I usually treat my children first. This is because there is no cover for me if I have to take time off to visit my own GP.'

'The GP has a statutory role with regard to certain illnesses and fitness to practise. This may make some doctors reluctant to consult the GP if they think their illness/problem may put them off work. Also the GP is very busy.'

A culture of ‘not being ill’ is seen as inherent within the medical profession. There is a perceived lack of tolerance towards ill health among doctors and many suggest that doctors are ‘not allowed to be ill’, because it is seen as a form of weakness or liability. Heavy workloads, staff shortages and lack of flexibility within the healthcare system mean that for many doctors, it is virtually impossible to take time off for ill health. Regardless, there is a perception that doctors are not expected ‘to get ill’ and if they do, they are expected to treat themselves and continue working. It is suggested that this culture of ‘maintaining a stiff upper lip’ ultimately impacts on patient care. Others suggest that doctors lack objectivity about their own health and are reluctant to consult other health professionals due to concerns around confidentiality. Many are unaware how they would access support for ill health. The following verbatim quotes illustrate some of these concerns:

‘Continued stigmatisation of ill health among doctors causes the weaker and less confident members to hide their illness until more severe damage is done and denial is impossible.’

‘Especially if you are a consultant, one has to be stiff upper lipped to maintain boundaries. If you do talk to someone, expressing your feelings is misconstrued as you being mentally ill.’

‘I have a colleague who is obviously unwell due to stress and depression, but nothing effective has been done to address his problems. Then he is used as a scapegoat for anything that goes wrong.’

‘Ill health is regarded as a burden to colleagues and carries stigma.’

‘There is pressure (sometimes openly verbalised) not to take time off when ill. Doctors with health problems are seen as potential problems.’

‘I don’t think the avenues are clear enough. There is enormous pressure on doctors not to “give in” to ill health.’

Developing reliable and effective strategies for when health concerns are raised about a doctor is often more difficult for the medical profession. It is important that predictors of risk and ‘red flags’ for impairment are recognised and responses to early signs of distress are acted upon. Results from the BMA Doctors for Doctors study found that many doctors (56%) perceive a lack of support for doctors who are ill or have health problems. This perception is also reported by two-thirds of doctors in the BMA cohort study of medical graduates and suggests that the profession must establish better ways of responding when a doctor’s functioning is compromised.
Vulnerable doctors

Doctors do not behave like other patients when accessing healthcare. Although patients want healthy doctors – they do not ‘permit’ their doctors to be ill. Enormous pressure is placed on doctors to not ‘give in’ to ill health and some view those doctors who do take time off sick as a ‘problem’. When a doctor takes time off for ill health, colleagues are often required to pick up additional workload and reflect on their own work practices. This may result in colleagues becoming either more defensive, ending up blaming the doctor for ‘abandoning ship’, or more sympathetic, identifying with the plight of their colleague. The latter potentially poses more difficulties, as colleagues may also have to begin to acknowledge their own problems.

Doctors themselves may collude with this view. They tend to be perfectionist, overly conscientious, approval-seeking, need to be in control, chronic self-doubting and disliking of praise. While many of these qualities may be good for patient care, they are not necessarily beneficial for doctors’ own health. Doctors may well have an inner need for validation, ‘a needing to be needed’, which may also disguise feelings of poor self worth and insecurity. A doctor’s identity may be so entwined in his or her professional role that when this is challenged, for example by a complaint, they may feel that their whole identity is threatened. The very traits that make ‘good’ doctors, such as empathy and involvement in patient care, may in fact militate against good mental health.

There is a culture, post-Shipman, that means colleagues may be looking to pass on a problem rather than try to contain it locally. A culture change needs to be encouraged within both society and the medical profession that ‘permits’ doctors to be patients while also recognising their particular health needs. This need not compromise patient safety. In fact, a more open environment may encourage doctors to come forward earlier for help which may actually improve patient safety. Promoting a sensible balance of all these different factors is vital to maintaining a healthy personal and professional life for the doctor. [4]

I suspect a feeling of failure features in a lot of doctors’ ill health as you feel that as a doctor who spends most of their life treating others, you should be able to treat yourself and keep yourself well.
Bullying and harassment

Workplace bullying and harassment are now well-recognised problems across the health service, and particularly within the medical profession. Evidence suggests that the prevalence of bullying and harassment in both medicine and the NHS more generally, is high. One in 10 callers to the UK National Bullying Advice line are healthcare professionals, including nurses and GPs. Results of a CHI survey found that more than a third of NHS staff had been bullied, harassed or abused by other staff, managers or patients and their relatives. Research shows that workplace bullying and harassment of doctors occurs across the medical workforce, from medical students and junior doctors in training to consultants and GPs.

According to a survey of London NHS staff, one in four doctors have been involved in an incident of harassment in the past year. These have come predominantly from patients and their relatives and some have involved violence. This issue is also reflected in the results of a BMA survey of violence in the workplace, where more than a third of respondents reported that they had experienced some form of violence or abuse in the workplace in the last year, including verbal abuse, threatening behaviour and physical assaults. Doctors in both hospital and general practice settings reported such behaviour, largely from patients and their friends or family, but also from PCT managers, medical directors, nurses and colleagues.

Doctors find it difficult to admit they have a problem but they don’t know who they’d turn to if they did.
BMA Counselling Service and Doctors for Doctors Unit

The BMA provides confidential support and counselling for doctors in distress or difficulty through the counselling service. The BMA Counselling Service is staffed by professional telephone counsellors, 24-hours a day, seven days a week. All counsellors are members of the British Association for Counselling and Psychotherapy and are bound by strict codes of confidentiality and ethical practice. The counsellors are qualified to deal with a wide variety of issues including the pressures and stresses of work – and the impact of this on family life – relationship problems, concerns about children and other family members, and issues relating to mental health. The service can also help address alcohol or drug misuse, and provides information about other specialist resources available.

The Doctors for Doctors Unit is an enhancement of the BMA Counselling Service giving doctors in distress or difficulty the choice of speaking in confidence to another doctor. The Unit comprises the Doctors Advisory Service and direct referrals to the medical director of the Unit, Dr Michael Peters. The doctor-adviser works with distressed doctors to gain insight into their problems, while supporting and helping them to move on by adopting a holistic approach to their situation.

A wide range of problems are dealt with such as drug and alcohol problems, bullying at work and mental health issues, as well as with doctors who have been referred to the GMC or the NCAS. Recent evidence shows that some of the most common problem areas experienced by doctors contacting the Unit include stress, physical illness, depression, alcoholism and bullying. The Unit is wide ranging and currently receives calls from doctors of all specialties, ethnic backgrounds and genders.

Although the doctor-advisers do not provide diagnoses or treatment, inevitably any interaction will have a therapeutic aspect. The Doctors for Doctors service is completely confidential and is not linked to any other external or internal agencies. Any data recorded is anonymised and used to focus resources appropriately and for lobbying to improve services for doctors’ health issues. However, if a doctor-adviser learns that patients may be in danger, he or she has a duty, as a doctor, to act to prevent harm. The doctor-adviser will try to encourage the doctor to change whatever presents a risk to the patient. Failure on the doctor’s part to give an undertaking to stop putting patients at risk will mean that the doctor-adviser will have to take advice on how to act, and this may be by contacting the GMC.

Doctor-advisers who work with the Doctors for Doctors service have agreed to provide their services on a voluntary basis and are not employees or agents of the BMA. Accordingly, the BMA cannot be held responsible for any acts or omissions by any of those doctor-advisers. Although the unit works to ensure that the contact details of doctor-advisers are kept up to date, it cannot accept any responsibility should a doctor-adviser not be available.

Contact information BMA Counselling Service (24-hours a day, seven days a week) and Doctors for Doctors. Telephone: 08459 200 169 (calls charged at local rates)

Dr Michael Peters, medical director of the Doctors for Doctors service, is usually available on Tuesdays, Wednesdays and Thursdays to provide more information or to discuss issues with you. This would usually be by telephone, but doctors who are able to visit in person are welcome to do so by appointment. For an appointment, please call 020 7383 6739, or email to info.d4d@bma.org.uk.
References

47 Pulse (2004) GPs getting no support as more confess to ‘finding life difficult’. 5 April, p14.


ibid.


http://newsbbc.co.uk/1/hi/ (accessed 21 March 2007)


