How are you? Are you OK? Do you want to talk?

Geoffrey Hughes

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Suicide

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A few weeks ago two colleagues from different local institutions committed suicide. These sad and dispiriting events were unrelated.

We can only imagine the turmoil and emotional state of their families. Colleagues and friends in their immediate professional communities were shocked, bewildered and saddened almost beyond belief. A sense of guilt pervaded, like a nebulised mist; could we have helped? Could we have made a difference? Did we miss something? Was there anything we did, in words or deeds, which may have contributed, no matter how unlikely or far-fetched? People wiser than us in such matters say that these thoughts are commonplace after any sudden and unexpected death.

The medical profession is rightly proud of its contribution to caring (in the widest sense) for others. In our naïve youth, many would have said that the reason we entered medical school, to become a doctor, was because we wanted to help people. Be that as it may, we are probably not so good at helping and caring for others and ourselves in this demanding profession as we are for the people we serve. How do we spot and once spotted, support colleagues, the people we work with every day, people who may want help but do not know how to ask for it, or for multifactorial reasons do not want to ask for it?

Doctors are not immune to the frailties of the flesh, either in body or spirit that the rest of humanity experiences. Psychological problems, mental illness, work stress, financial stress, relationship stress, career stress (including burnout), and addiction to alcohol and drugs are documented to varying degrees. The effect of ideas that lie at the existential end of the spectrum—the meaning of life, coming to terms with ones own mortality, the true benefit that your own personal practice may or may not have on improving people's health in complex systems, thoughts about thwarted career opportunities, the decline in cognitive and technical psychomotor skills with age and so forth—are less well documented. The doctor who says that such thoughts have never crossed his or her mind is lying or is suffering a pathological lack of insight and is deluded.

A phone call to the *British Medical Association* or a visit to its website will provide ample contacts for doctors to get professional help for the multitude of problems we can encounter. These are excellent services, but they are probably availed of well after the stable door has been locked-up for the night and the horse has bolted to the next county. Can we do anything much earlier in a looming crisis, while the horse is nervously chewing its hay and eyeing the exit?

Although doctors in the National Health Service are appraised and monitored to an unprecedented extent, these processes document competence and contractual obligations, and are not constructed to detect the more subtle signs of an impending personal or professional crisis. Intelligent professionals can act well, putting on the bravura performance that conceals all. To admit a weakness can be difficult in the slightly macho world of many medical specialties. It needs a caring, skilled and sensitive appraiser to coax and tease the issues out.

How does a doctor take the first step in seeking help? Who is turned to? Who is chosen to hear the opening gambit ''can you spare me a few minutes; I need to talk to you?'' It is a challenging step to take and demands more courage than is realised. If rejected, it can permanently block any further attempts to seek help. It is a different scenario to confiding in a close friend on the golf course, in a squash court or over a beer.

There is an important and once extremely popular book, recommended to general practitioners and psychiatrists, *The doctor, the patient and his illness* by Michael Balint, published in 1964. In a simplistic nutshell, it describes how a vigilant listener and observer can detect the subtle and subliminal messages given off by a patient, clues that can help unravel what the patient is really trying to say and what is really troubling them. As we all know, unhappiness or psychological disquiet can manifest in many different ways. A colleague who is stressed in a clinical situation normally managed with aplomb, one who becomes a workaholic, one who is changing behaviour in a subtle alteration from their norm, the list goes on, may actually be crying out for someone to notice and ask ''are you OK? Can I help? Do you want to talk?''

Our work is challenging, rewarding and at times very difficult; we all experience bad days and wonder why we are doing what we do, yearning for an alternative life style. These, for most of us, are just transitory emotions and are a part and parcel of life. Keep sensitive eyes and ears open, and we can spot those for whom such emotions are potentially more ominous. An early bird may catch the worm.

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Correspondence to: Prof G Hughes, The Emergency Department Royal Adelaide Hospital North Terrace Adelaide, Australia, PO 5000; cchdhb@yahoo.com

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