REFLECTIVE PIECE

A fortunate doc



Hilton Koppe

I AM ONE OF THE FORTUNATE ONES. Definitely one of the fortunate ones.

I am fortunate that my job as a general practitioner (GP) in a rural/regional area allowed me to live a varied, engaging and balanced life. I shared my work between clinical practice and teaching. Thirty years of small-town general practice was satisfying and rewarding. Thirty years of teaching general practice registrars in a non-metro area with very little big-city scrutiny fostered a creative approach to medical education. I was able to focus on the doctors I taught as people, mirroring what I taught them about focusing on the patients they cared for as people.

I am fortunate that this approach to medical education meant that I taught what I most needed to learn. The big things. And the small things. The importance of a balanced life. Seeking varied interests within medicine. Engaging in meaningful activities outside of medicine. The value of healthy relationships. Moving more. Eating and drinking less. Starting work on time to have the best chance of finishing work on time. Taking a lunch break outside of the clinic. Going to the toilet when the bladder was full.

I am fortunate that I practised what I preached. This meant that I was in reasonable physical health when things started to get difficult. When I developed unrelenting neck pain. When this pain woke me 20–30 times each night. When I began worrying excessively about my patients, many of whom had multiple chronic medical conditions for which there were no effective treatments and no guidelines to assist me in navigating their care. When my patients started to infect my dreams. When my patients started dying. When I started dreading going to work. When I began checking how much money I had made at the end of each clinic day (I knew I was in serious trouble once I started doing this).

I am fortunate that I was one of the minority of doctors in Australia who had a regular GP. (Funny story about how I found my GP … Many years ago, during the early days of Divisions of General Practice, I set up an inter-practice visit program for GPs in our area. This gave us an opportunity to visit another GP, ask about how they ran their practice and watch them during a few consultations. I was fortunate to be paired with someone who would become my GP. As I was watching his consultation style, I thought, 'He's a great GP. He practices just like me!' So I contacted him a few weeks after the visit and asked if he would be willing to take me on as a patient.)

I am fortunate that my GP helped me to navigate the black hole of my 'idiopathic neck pain with positive inflammatory markers'. He never ignored my concerns but at the same time avoided joining me on the downhill spiral into irrational fears. He helped me walk a sensible middle path despite the ongoing pain and subsequent sleep disturbance.

I am fortunate to have been able to see my GP to get my brain scan results after the right side of my face went numb during a particularly challenging conversation with one of my complex long-term patients. The numbness disappeared as I entered the magnetic resonance imaging (MRI) scanner (I had often pondered the therapeutic benefits of scans and other imaging; now I had personal experience of their benefit), but there was still a degree of anxiety in getting the results.

I am fortunate that my GP delivered the results in a manner that alleviated my anxiety in the shortest possible time. As we were sitting down, he said, 'It's all good news, the scans are completely normal'.

I am fortunate that my GP did not end the consultation with the good news. He asked that important follow-up question, 'So how are things going for you generally, Hilton?'

I am fortunate that my GP listened as it all came tumbling out, 'Things are terrible. I've started dreading going to work. My patients are all so complicated. There is so little I can do to ease their suffering. I worry that I'm going to miss something important. I've started writing long lists of what I need to do to stay on top of their care. I never used to be like this. The joy of general practice

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has evaporated and I don't know how to get it back.' (Writing this now, I wonder if the way my GP had listened to all my complaints over the preceding months in some magical way did relieve some of my suffering. And I wonder if my patients felt the same about the way I listened to them. Perhaps that is why they kept coming back. Who knows. And now it is too late for me to ask them.)

I am fortunate that my GP thoughtfully took in what was being presented to him. The (uncharacteristic) complaints. The (uncharacteristic) tone of voice. The (uncharacteristic) downward gaze. The (uncharacteristic) tears. I am guessing that he was comparing what was in front of him at that moment to what he knew from my backstory after years of being my GP.

I am fortunate that my GP was courageous in his response. 'You're done, Hilton.'

I am fortunate that my GP allowed space for me to be the next to speak. 'Done? What do you mean, done?' He went on to explain that he thought I needed to take some time away from work. For my benefit and safety. And for the benefit and safety of my patients.

I am fortunate that I was able to take in what my GP was telling me. This news came as a shock. And a relief.

I am fortunate to have had the capacity to thoughtfully consider what had been presented to me. I spent an uncomfortable evening with my feet (metaphorically) on opposite sides of a picket fence. My left foot was on the left side of the fence saying, 'Oh my god, it would be such a relief to have some time away from the clinic.' Meanwhile, my right foot was on the right side saying, 'We're one doctor short for the next couple of weeks. Maybe I can keep working and then take some time off. Surely I'll be okay. I don't want to let everyone down.' I didn't sleep well that night, one foot on either of the picket fence, with the picket sticking (metaphorically) where it hurts the most!

I am fortunate to have had the courage to be a good patient and follow my doctor's advice. I made that difficult phone call to the practice manager. 'I saw my doctor yesterday and he advised me to take time off work, effective immediately. I'm not sure when I will be able to return. I'll let you know when I know more.' I did not know it at the time of that phone call, but my career as a GP in clinical practice was over.

I am fortunate that the guilt of letting down my patients and colleagues, and the shame of being judged for being weak, was less than the relief of being unburdened by all that had been contaminating my sense of wellbeing. Within minutes of making that call, I felt lighter and more at peace.

I am fortunate that a lifetime of trying to live a balanced life meant that I was able to find meaning without working as a GP. 'My job now is to get better!' I was able to spend more time in my happy place as I walked 5–10 kilometres every morning over Lennox Headland. This was my main therapy. Very few unpleasant side effects from walking!

I am fortunate that my working life had been shared between clinical work and education. While I was no longer fit to do general practice, I was able to continue my non-clinical roles. This gave my life professional meaning, which was important in those early days of transitioning away from clinical practice.

I am fortunate that one of my jobs was writing HealthPathways. I was working on the pathway for post-traumatic stress disorder (PTSD) around the time that I stopped clinical work. As I read the diagnostic criteria for PTSD, I realised that I met them all. Previously I thought I had burnout. This never sat well with me. I did not have one of its key features – a lack of empathy with the people I was caring for. I was the opposite. I cared too much. When I read the diagnostic criteria for PTSD and mentally ticked each box for myself, something fundamental shifted within me. 'I'm not burnt out. I have PTSD. (Rightly or wrongly) PTSD feels more like a badge of honour than a failing. I can live with a diagnosis of PTSD.'

I am fortunate that years earlier I had discovered the benefits of reflective writing. This form of writing had helped me to better understand some of life's persistent pestering thoughts. (Funny story about how I started writing; it is too long to share here, but you can read about it in a back issue of *Australian Family Physician*[1]). Now I was being troubled by a new persistent pestering thought. 'Why did I get PTSD and not my colleagues? It can't just have been accumulated vicarious trauma from 30 years work as a GP because my colleagues heard similar stories from their patients but have not had the same reaction. Maybe it is something about my personality? Or maybe there was an element of intergenerational trauma stemming from my family having to flee ancestral homelands to survive – could this have increased my vulnerability to trauma?' I turned to reflective writing to ponder these questions.

I am fortunate that reflective writing uncovered insights into why I had landed where I was. And the writing process was fun. Who would have thought ...

I am fortunate to have had the opportunity to publish my reflective pieces as a book, *One curious doctor: A memoir of medicine, migration and mortality*.[2]

I am fortunate that the book was favourably received by the medical community[3] and general public.[4] I received dozens of emails of thanks from people who had thought they were the only person to feel what I had expressed in my writings.

I am fortunate to have found meaning in my new life beyond working in clinical practice.

I am fortunate to be able to continue healing with words. The written word to anonymous readers, rather than the spoken word to long-term patients.

I am indeed a fortunate doc.

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