

MEDICO-LEGAL SOCIETY OF NSW INC.

SCIENTIFIC MEETING

WEDNESDAY, 10 JUNE 2015 AT 6.15 P.M.

THE TOPIC: AGEING IN THE PROFESSIONS

SPEAKERS: DR CHANAKA WIJERATNE
MR PETER DRIESSEN
CHAIRMAN: DR MICHAEL DIAMOND

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QUESTION TIME:

DR MICHAEL DIAMOND: Thank you Peter. That was a wonderful presentation. We have time for some questions and with no further ado who has a question.

QUESTION: May I ask Dr Wijeratne what he thinks about re-certification.

DR CHANAKA WIJERATNE: Re-validation. It started in the UK and has been met with some mistrust by practitioners there. It is a five year process. The point about that is that it is something that occurs through one's career. It is not just limited to ageing or late career practitioners. I am not sure about the point of your question. Are you asking whether it would pick up older doctors or late career practitioners who may be impaired? That would depend on how it is set up. My understanding of the UK process, is that it requires patients giving their views about the practitioner. Something that is clear to me is that most patients are unable to pick up or detect any impairment in late career practitioners. Another point worth making about the UK process, is that there is a different regulatory model. They do not have Medical Councils, as we do here. They have what is called an Assessment Service, which is completely independent of their regulatory authority. I think that is something we need to look to be leaning towards.

DR MICHAEL DIAMOND: I do not believe we can take that issue any further. Peter, do you have a comment about re-certification in the legal side of things?

MR PETER DRIESSEN: No.

QUESTION: I am an orthopaedic surgeon. My question is to the audience: I would be curious to know how many of you are doctors, how many of you are lawyers, and how many of you are younger than 60 years of age? Can the doctors under 60 years of age hold up their hands? That is about a third. Now how many of the lawyers are under 60 years of age? That is a good number.

DR MICHAEL DIAMOND: I can tell you that on the committee we often wonder about the small number of doctor members under 60 years of age.

QUESTION: A question for Chanaka. I am often confused by the fact that Einstein once said: "Education is what remains after one has forgotten what you've learnt". Hence I presume we are all very highly educated.

I was really concerned about burn out in the young, that is, emotional burn out. I have seen that reported in a number of different articles but none of them consider what happens to those people. My question is what happens to those young people who suffer (emotional) burn out. Do they just hardened or do they give away their working life?

DR MICHAEL DIAMOND: Did you all hear that question? It is about burn out in the young and what becomes of them? Do they just drift away or do they toughen up and get on with their working life?

DR CHANAKA WIJERATNE: I am not aware of any research which has looked at that issue. On the other side of the coin, why do older doctors suffer less from burn out? That has been looked at, not so much in a live sample but presented with smaller samples. **[Chanaka it is not clear to me what this means. Am I a bit dense or does it need to expressed differently for clarity?]** What the older doctors describe, and again it may be a survival effect, is that you keep practising, you are less idle, and accordingly less prone to burn out. But the older doctors in those sorts of studies describe the sense of liberation with a sense of developing protective mechanisms just through experience and so learning how to avoid difficult patients.

A good example of that is a GP I saw for the Medical Council who had developed depression and started drinking very heavily in her fifties. She described just being overwhelmed by her practice. She did two simple things. Firstly she reduced her working hours. Secondly as she found managing patients who were psychologically distressed was overwhelming her, she decided to immediately refer them on rather than continue to see them. That is an example of how people adapt to practice and deal with burn out as they get more experience.

QUESTION: What is the prevalence of bullying in the legal profession? In the medical profession it is a very fashionable practice.

MR PETER DRIESSEN: It is an issue in legal practice, and within the legal profession. I cannot really tell you of

any studies or of any outcomes of those studies, only some anecdotal evidence. There were some terrible stories, particularly in the large firms. I am sorry if it seems I am picking on the large firms, as it is unfair to do that. Certainly my experience from a small firm background was that you see practitioners, who are impossible to work for and to deal with. They reduce to tears those people who work for them and seem to think that is the way you practise law. It is like a survival of the fittest.

But some of the stories about large law firms are that you cannot leave before 10pm. If you do have to leave, you have to resort to hanging your coat up over the chair so it appears you are going for a medical appointment or something similar at eight o'clock at night, and that you are going to come back to work. This is a real issue because of the pressure of billable hours. Young practitioners working for large firms become burnt out or simply fed up and leave.

These lawyers themselves are a bit of a risk. The difference between a large firm and a small firm for young practitioners is that often with a small firm you have a lot more client interaction. With a large firm they might stick you in a 'dungeon' where you do mortgages all day long, all day every day. After two years you are fed up with working these incredible hours including weekends, with the prospect of partnership even further away than ever. So you decide to go out into practice for yourself without ever having actually met a client. This is a problem in itself.

QUESTION: I am a surgeon. I received a letter from the complaints unit. The letter read: "Dear Doctor, you've been classified as demented". It was by the patient.

DR MICHAEL DIAMOND: Yes, I think we all get those in due course.

I might say, having been involved with the Medical Board since I was in my early forties, it seemed to me at that time that it was obvious that the older group of practitioners should definitely undergo re-certification, they should all be very carefully vetted regularly, and that the question of how they were going to negotiate the ageing process was obviously something to be solved by people of my age. Now 20 years later I have very different views. I am sure we will all encounter that as we become the older practitioner.

I do not think there are simple answers. I do believe we have been given very good insights by two individuals who work very carefully in this field and who are looking at this issue. It is certainly an issue that will continue to become increasingly important. We are looking at an ageing professional workforce. There are all sorts of reasons why people will want to continue to work into their sixties and beyond. There are very definite dangers that arise as a result and we were given some very good examples from Peter, of legal practitioners who ran into problems as they continued to work into older age.

We have certainly seen that in the medical environment. One of the major problems I have experienced over the years when dealing with ageing practitioners who do not take family advice particularly well and who do not allow their families to ring up the Medical Council and retire them on their behalf, is that the more impaired they are, the harder they fight. It is that lack of judgment that is really, really difficult. It is one of those difficult hearings to preside over, when one sees an obviously impaired ageing practitioner who lacks the judgment of insight to recognise the extent to which they are impaired and the danger that they actually do pose to the public. It is not only the danger that they pose to the public but they are also preyed upon, and very quickly, by a group of people in the community, particularly drug users, who are extraordinarily adept at sniffing out aged and impaired practitioners. It really is a very, very sad ending to what has been a very distinguished career.

However there are no simple answers and we rely on expertise such as we have had from our speakers this evening. It just remains for me to thank them very much on behalf of everyone and to say what a really interesting and very insightful presentation you both gave us. Thank you very much.