

On-call addiction

Upal Knight

No no no no no no no. NO.

I am not going to do on my own out-of-hours at night, or on the weekends for that matter. You must be high on some mind-altering chemical if you think I'm going back to something it took me over 10 years to kick.

Like all addicts, I hadn't chosen to become addicted to out-of-hours. My peers had introduced me to it. Go on, they'd said, just try it once. Then I, like so many before me, became hooked, craving the financial high that out-of-hours gave. I couldn't see that these peers had moved on to become dealers, recruiting young, eager innocents like me to fill the void they had left. In time they hoped to move further up the chain and be the ones who oversaw the whole operation, in positions on government advisory boards and committees where they could inform the out-of-hours barons on ways to increase productivity and line their pockets without risking responsibility for the inevitable consequences of addiction – burned out doctors, maimed patients, broken homes, and STIs.

This out-of-hours dependence was a tough one to kick. Every time I found a way to move away from it, somehow another temptation was lurking in the shadows – extensions to out-of-hours times when payment could be claimed, incentives like free parking, and so on. But what happened? Look in the mirror and my youthful, wrinkle-free face had become drawn, wasted and shrivelled like an elderly man's scrotum. I became aggressive, couldn't think straight, made mistakes. I'd have had a better chance of staying healthy if I'd been running the 'heart-sink clinic' or taking crystal meth.

It wasn't good for me, my family or my patients, who role-reversed, asking me how I was, whether there was something they could help with, obviously being frightened for their own safety. And they were right. After 36 hours working who could put their hand on their heart and honestly say they were in a fit state to make a decision about someone else's health. Not me. I couldn't even find my own heart to lay my hand on it, let alone think clearly enough to provide the advice that would decide whether a patient became a parent or not.

But slowly I did overcome the habit. I found a way to maintain my need safely. The GP co-op came along, like a needle-exchange. Here was somewhere like-minded people could meet, where the tools were available – telephone operator, car and driver, security staff – to get the fix safely, without the inherent risks of out-of-hours.

It worked. Like others I was happy with the short bursts of out-of-hours. I still got my financial fix, but it was safe. People noticed how I was changing back to my former self. I smiled, was fun to be with, put on weight – thanks to the donuts in the co-op staff room that ironically came from the high-street namesake. I became reacquainted with my family. My children were growing up fast; I could so easily have missed their childhood. I certainly had missed them playing football on a Saturday, and having Sunday lunch with friends. But now these simple pleasures were mine again to enjoy.

A surplus of local doctors was making it harder to get sessions at the co-op and there was a risk that financial addiction would drag many of us back to the old ways: the filthy and dangerous ways of doing our own out-of-hours. But something beautiful happened. The need to spend evenings, weekends and nights with friends and family was stronger than any monthly cheque, and soon having no out-of-hours sessions just didn't matter. I was happy in practice, as were my patients, and happy at home, as were my family. Life was perfect.

The wheel has spun around at high speed this time, hasn't it – because we're back where we were only 15 years ago? Usually trends have a 20–25-year cycle: I've only recently shifted a job lot of bell-bottoms from my lock-up, optimistically purchased in bulk in the 1970s. But some trends we don't want to see again, like not using a condom, or doing our own out-of-hours – which inevitably will bring 2.00am demands for emergency contraception.

I feel better prepared this time though. I've been through the dress rehearsal; I know the pitfalls to avoid and the tricks that can be brought into play. So if – and it's a big 'IF' – I'm forced to taste the 'apple' again I'll be ready so it's not only story-liners for TV dramas like the BBC's *Doctors* that will benefit. My family, patients and I will benefit too, because I'll make sure out-of-hours is so much fun, and so lucrative, that the out-of-hours barons will have no choice but to take it away from us as they do with all the schemes we GPs make a success of. So go on, just try it.

J Fam Plann Reprod Health Care 2010; **36**(2): 100

Nowureys Surgery, Deys-on-Lea, UK
Upal Knight, MRCGP, General Practitioner

READERS' CONTRIBUTIONS INVITED ON 'A BETTER WAY OF WORKING'

Continuing in this issue (see article on page 101) is the feature entitled 'A Better Way of Working', the purpose of which is to disseminate service delivery suggestions likely to be of interest and relevance to the Journal's readership.

Readers are invited to submit suggestions based on their own personal experience for consideration by the Journal Editor. Contributions normally should not exceed 1000 words and should be written in a standardised format responding to the following four questions (or similar): Why was change needed? How did you go about implementing change? What advice would you give to others who might be considering a similar course of action? How did you show that the change had occurred?

All contributions should be submitted via the Journal's online submission system at <http://jfprhc.allentrack.net>.