From Doctors to Patients: The Importance of Valuing Mental Health in the Workplace of Physicians from the National Health Service

Dear Editor,

The article published by Mendonça et al. characterized the contemporaneous situation of Portuguese physicians, and raises the question if, in the near future, we will be debating whether there’s access to healthcare rather than discussing the quality of the service provided.

From an historical perspective, physicians are viewed as someone who treats patients, and not someone that also needs care. However, today, physicians are increasingly becoming patients themselves. The most recent national outlook on the mental health of our professionals reports that two-thirds (66%) had high levels of emotional exhaustion, 39% had high levels of depersonalization and 30% had low professional fulfillment. Signs of depression and anxiety were present in 21% and 45% of the respondents, respectively. This worrying scenario may jeopardize the quality and access to healthcare. Two studies were mentioned by the authors concerning the impact of the pandemic on the mental health of healthcare professionals. Nonetheless, this vulnerability is not seasonal: it was already a significant public health problem before the COVID-19 crisis, and it is, undeniably, getting worse. Constant availability for work-related matters is now a demand, which associated with a scaling cost of living, is encouraging multiple employment and work-family conflicts, absenteeism, mental health illnesses, and leaving the National Health Service (SNS). In Portugal, depression and anxiety already represent the sixth and ninth-most common causes of disability-adjusted life years (DALY).

The National Occupational Health Program states that a safe and healthy workplace is a fundamental right and a social goal. However, the public healthcare system remains largely neglected.

It is essential to strike a balance between the needs of citizens and the needs of medical professionals. Therefore, in addition to the changes suggested by the authors, we also propose: (i) ensuring that residents are not pressured to work beyond their scheduled working hours; (ii) to effectively evaluate the working conditions of the various healthcare institutions that offer residency positions; (iii) guarantee that medical residency institutions are heavily involved in resolving the identified inadequate situations (Fig.1). We believe that a greater presence and intervention by these institutions will not only improve the working conditions of residents but will also promote a healthy environment and their retention in the SNS.

AUTHOR CONTRIBUTIONS

AMA: Conception and draft the final version of the manuscript.

MC: Draft and critical approval of the final version of the manuscript.

Figure 1 – Some of the primary causes for doctors leaving the NHS
COMPETING INTERESTS
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AMA is a member of Mesa da Assembleia Geral at Associação Nacional de Médicos de Saúde Pública and is doing her Public Health Residency at the Public Health Unit Francisco George.

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REFERENCES

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