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Editorial

Good Things are Difficult

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χαλεπὰ τὰ καλά 'Good things are difficult' is a truth which is fairly evident in the life experience of most people, including Socrates[1]. The inference from his aphorism, as recorded by Plato, was not however that good things should not be attempted, but merely that a principled person embarking upon a moral or beneficial act might encounter difficulty, and should prepare themselves for it.

Such encouragement might be well welcomed by anyone trying to negotiate their way out of the current crisis in Northern Ireland healthcare. We might look fondly back to the days of leisurely ward rounds and relaxed GP home visits, or indeed forward to some imagined future with bottomless health service funding and half a dozen well-qualified applicants for every vacant post, but we can only act as we find ourselves now in 2023.

While every doctor working in Northern Ireland today might provide examples of how current resources might be better used, managed or publicised, there is general agreement that a significant uplift in funding is required to deliver a quality health service for both patients and those providing the care.

Therein for many lies the problem. As doctors we are unable to raise any income or increase funding. We might work for patients' charities, lobby ministers and plead on social media, but in terms of funding we simply have to manage what others give us. As a result, a feeling of powerlessness can pervade when faced with the current crisis.

In this respect, I would direct you to some of the contributions in the ongoing Healthcare Crisis series, and most especially to the article from Drs Corry and McGilliard[2], young doctors who having trained as students and foundation doctors in Northern Ireland, have just spent a year working in Australia. They have, as I hoped on commissioning the piece, focussed on what it is actually like to be a doctor in Australia, rather than on the weather and opportunities to surf. And the point I feel worth emphasizing here is that many of the things which makes medical life more attractive Down Under are potentially achievable in Ulster without a huge funding uplift. In fact some might be achievable here without even having to involve managers or Ministers.

I would highlight just two points. First, the hospital went out of its way to ensure that the couple were able to request matched rotas so that, without family and friend and working 1000 miles from home, they were able to have time off together. Such a simple initiative and yet the difference it made to the quality of their lives seems enormous. Second, there was active help with accommodation and arranging basic utilities. They were made to feel valuable and welcome, and the quality of their lives outside the hospital appeared to be a concern to the authorities. Note also the mention of hospital security, and how they felt the safety of staff at work was better.

Translate this to Northern Ireland. As I covered in my previous Editorial[3], it is often working conditions and feeling undervalued that are the biggest problems in Northern Ireland, rather than low pay. Of course we could be paid more by moving even to the Republic of Ireland – Aine and William mention that their hourly rate is *double* what they would have been paid back in Belfast – but it is the support with rotas, accommodation, teaching and general quality of life that makes Australia such an attractive option. And these are actually things which we could potentially do something about in Northern Ireland without a massive injection of cash.

Many rotas here are filled with overseas doctors working on temporary contracts or as locums. Few stay in the long term. Hospital accommodation is often terrible, and little help is given to negotiate local renting. They must arrange their own lives as best they can, with all the culture and language barriers which they might encounter. We lost an excellent long term locum within the last few years predominantly over a disagreement about accommodation. He left, the gap was unfilled and the waiting list grew. In the long term it will have cost much more to lose him than the exercise of some imagination on making sure he was happy with where he lived. A senior colleague from St Elsewhere told me within the last few weeks that two overseas doctors, skilled trainees providing a vital service to patients in Northern Ireland while training, had not been paid for two months. One was struggling to buy food. Was the problem with Human Resources? Or with Finance? Or who hadn't signed the right form? Or perhaps that person was on Leave? I suspect the trainees involved won't be back at the end of their post. They certainly won't recommend Northern Ireland to colleagues back home. The welfare of the trainees – our guests in Northern Ireland – was no-one's concern. It was an embarrassment.

The days when our own junior staff could be treated as dispensable, because they trained here, live here and will want to work here, are gone. Rota problems come up again and again. Induction to ward routines, ordering imaging and getting identity passes seems to have improved, but so many

other aspects of medical life haven't. Read the stories on social media of doctors told to come back from the airport and cancel their holiday because the rota wasn't filled. Colleagues unable to attend the wedding of a close friend or a family funeral because there was no understanding or flexibility from managers. There are , it must be admitted, sometimes faults on all sides when it comes to rota issues, but it is little wonder younger colleagues choose to work elsewhere.

These problems are things which we as the medical profession can do something about. A very worthwhile project would be to address quality of life of doctors of all grades in Northern Ireland. A group comprising junior and senior staff with a motivated and engaged senior manager from each Trust might be a start. I would suggest representation from at least one overseas locum working in NI. Start with the article from Dr Corry and Dr McGilliard and ask what we can do better here. Ask GP colleagues struggling in rural or inner city areas how we might make their work life balance better.

Read also the contribution from Dr Neill[4], writing after his first week working as a doctor in Northern Ireland. Realistic, certainly, but still with hope for the future, a desire to work in general practice and a note of optimism. Perhaps we there is still hope. Note also how he defines professionalism as being able to look after yourself as well as your patients.

We are not going to see our pay doubled, or increased by even fifty or twenty-five percent. So let's concentrate instead on what we can do to make our own lives better, to treat juniors fairly, to make doctors from overseas feel welcome and valued. Some might even stay. Some colleagues, nostalgic for the steady cold rain of a November day in Belfast, might even return from Australia. Plato wanted to build a fundamentally different society[5]. We might just need to improve the lives of our medical colleagues a little.

REFERENCES

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