



The ultimate balancing act

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Professor Doris Young was a keynote speaker at the 2003 Royal Australian College of General Practitioners Scientific Convention in Hobart, Tasmania. She addressed the conference on how to achieve 'the ultimate balancing act of being a GP', a topic for which she is well qualified. Professionally, Doris maintains clinical, teaching and research expertise as well as being a high level administrator and manager of the Department of General Practice at Melbourne University. Despite her claim that, 'being an academic GP means I have no life at all', like all of us she also juggles personal and family life demands and commitments. *Australian Family Physician* would like to share her reflections on how to achieve balance as an individual and encourage it as a profession.

The 'acts' of a GP

General practice is a demanding profession with a high level of patient contact. It also has heavy practice management demands. More and more commonly, general practitioners are called upon to be involved in teaching and research activities. Some will be asked to advance the discipline through divisions of general practice and The Royal Australian College of General Practitioners. In addition, GPs have to yield to the demands of their family and at the same time cater for their own personal health,

growth and development. So, how can GPs perform all these professional and personal 'acts' and achieve balance?

Professionally, most GPs cannot do the same tasks for 30 years no matter how rewarding it is. They need to focus on different things at different phases in their lives. They need to have diversity in their interests both in and outside of medicine. Most will have family and relationship commitments, and for most women, having children remains a high priority; but these days more and more men like to share in the child rearing experience. So, is working part time an option? Is changing the professional role an option? The answer is yes, so long as the GP's skills are maintained at the different phases of their personal and professional lives.

I believe it is vital for survival in general practice to divide professional life as a GP into four 'acts' in tandem with personal life. Each of these 'acts' spans approximately a decade with individual variation depending on interests and lifestyle choices. It is important that the profession recognises the need for diversity and not to criticise of those who choose not to deliver full time patient care as being not 'real GPs' and thus not contributing. The four cycles of a GP's professional life should ideally encompass some of the following scenarios in order to sustain enthusiasm and pride in their chosen profession and to avoid burnout.

Act one – early career (1–10 years)

The first decade of a GP's professional life often involves training in various aspects of

clinical medicine. Young doctors in their 20s often travel overseas to experience different types of lifestyle and medical specialities and practices. It is during this period that they acquire their initial clinical special interests and perhaps explore options of where and what types of general practice they would like to do. They are often not interested in joining a practice, yet are keen to take on high level clinical work and are usually more available to be on call. Many are keen on a teaching role.

On the personal front, they may have a partner but often no children yet, and their parents are usually still healthy and self sufficient.

Act 2 – mid career (10–20 years)

The second decade is the most exhausting, as there are high demands on professional and personal time. Often GPs have now chosen a stable practice – perhaps an assistantship (full or part time) or even a partnership. Others may have opted for subspecialties or special interests to balance family life. Most will want to build a strong patient caseload and this involves moderate to heavy clinical work and increasingly heavier practice management responsibility. They will be more involved in teaching, perhaps even some research. They will start to be more interested in divisional or college work in supporting their discipline.

However, in their personal life, children may now be on the scene, together with demands from their curricular and extra curricular activities. Physical health and 'self' tend

to be neglected during this decade. At the same time, they have to take into consideration the demands on their partner's career, and to top it up, their parents are aging and need more assistance.

Act 3 – later career (20–30 years)

The third decade is the most stable and yet most challenging as burnout can occur if one is not careful. General practitioners now have plenty of clinical experience and are probably senior partners in their practice with a higher level of administration. Some may even decide to cut down on clinical work and take on more teaching and research work. Many will take up a divisional and/or a college role to service the discipline. Others will choose to continue full time clinical work as a GP. This is also the time when GPs who have left active practice (mostly women) plan to return to the workforce as their children are now more independent and they have time to pursue clinical practice again. However, the trade off is that now they are often the carers of their aging parents. Many have taken up more community work.

Act 4 – preretirement years (>30 years)

This decade can be most rewarding for GPs – the last 10 years before official retirement age. General practitioners can do a variety of work ranging from clinical practice to teaching and research. They can also be very active in divisional or college work to advance the discipline. For those who choose to continue to work beyond retirement age and yet want to have less practice management burden, locum work (to relieve our rural colleagues' workload) or part time assistantship is an option. There are opportunities for medicolegal work and the mentoring of young GPs. There is time for more teaching and research.

On the personal side, children, by and large, are now financially and physically independent. They have more time on their hands to pursue their personal interests and re-ignite the flame of their passion.

The neglected 'act' – self

General practitioners are by nature high achievers and when it comes to relaxation, they often want to be at the cutting edge of relaxation and hence stressed out by either doing too much or worried about doing too little. It is important to practise what we preach and maintain a healthy diet and body weight, take plenty of exercise and mental and physical relaxation. Make sure we have adequate peer support to debrief our stresses at work and maintain friendships outside the workplace. Seek professional help when ill and, finally, it is vital that we keep our nonmedical passion or interests candle burning, because this will help us to avoid professional burnout.

Conclusion

There is no panacea to achieve the ultimate balance between professional and personal life, but BALANCE is the key to life. The 'acts' need to be individualised – fine tuned to different phases of our lives. We need to plan ahead realising that we will perform different 'acts' at different stages of our lives. Often, we have to vary the proportion of involvement of the 'acts' depending on our personal, family and professional commitments. We must be constantly reflective, seek diversity, prioritise the demands and not be afraid to change directions. We need to consult our significant others and bring them along the way. The profession should embrace this diversity of roles.

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