



From the Director of the Office of Staff Wellbeing



UNIVERSITY OF ALBERTA
FACULTY OF MEDICINE & DENTISTRY
Department of Anesthesiology & Pain Medicine

Sue's News: October Newsletter

Hello everyone,

“Hope is an embrace of the unknown and the unknowable, an alternative to the certainty of both optimists and pessimists. Optimists think it will all be fine without our involvement; pessimists take the opposite position; both excuse themselves from acting.

It's the belief that what we do matters even though how and when it may matter, who and what it may impact, are not things we can know beforehand. We may not, in fact, know them afterward either, but they matter all the same, and history is full of people whose influence was most powerful after they were gone.”

Hope in the Dark, Rebecca Solnit



After the tragic loss of our colleague by suicide, many physicians have asked how can I recognize a colleague in distress and how should I respond?

Dr Jan Banasch, Grey Nuns Facility Chief of Psychiatry, gave valuable insights in her rounds “Darkness Visible: A Spotlight on Understanding Suicide.”

Here are my notes from this talk:

- Hope is the greatest antidote to the risk of suicide.
- The mystery of doctor suicide: signs and stressors for family and colleagues by Michael F Myers M.D. ([click here](#) to access). This extract is from Why Doctors Die by Suicide: Lessons learned from their families and others who cared. I highly recommend this book and am happy to lend it to you.
- What should we do when we are concerned about a colleague?
“**Reach out with kindness.** Keep it simple and straightforward. Just ask.”
- Dr Banasch suggests that Canadians are too polite and afraid that we may accidentally offend someone. Perhaps we should get in touch with the more “Mediterranean” aspects of our personalities, take the risk and reach out. [Here](#) is a classic example from the movie Zorba the Greek! If you prefer your evidence more Canadian, current and credible, [here](#) is a recent Zorba flash mob in Ottawa. I am seriously thinking about creating an enthusiastic flash mob event here. Wellness reps you have been warned!

- Dr Banasch also made an observation about stigma that really hit home to me. When doctors casually stigmatize the specialty of psychiatry, that stigma impacts everyone who suffers from a mental illness.
- Fear of stigma is a significant deterrent to seeking help.

So let's actively support the **Outrun the Stigma campaign at the U of A on Sun 15 October**. Details [here](#).

My walk/run team name is **Humans in Healthcare** and the code you need to join it is **wuj65kez**



Speaking of Humans in Healthcare, creating a supportive community is protective against physician burnout.

Our first GAS Cafe last week was a great start.

8 very human anesthesiologists from 5 hospitals met at Square One for coffee, beers, stories and laughs.

Thank you to everyone who came out.

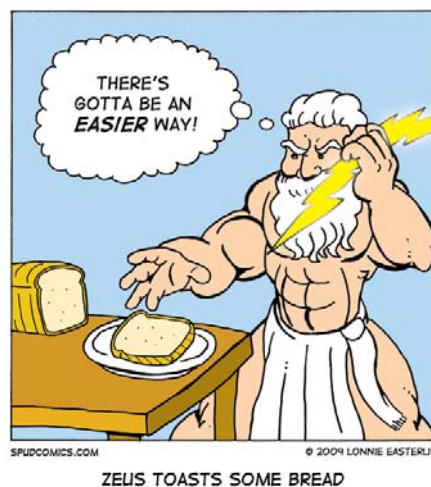
Our next GAS Café is at the **Gamer's Lodge** ([website](#)) 124 Street ([map](#)) on Wed 25 October

Hope to see you there any time **between 1900 and 20.30**

A common theme from the GAS café was that everyone is feeling the pressure to work longer hours, stay late to do extra cases, work on days off etc.

I think we must continually remind ourselves and others that we are human. We Are Human. (This is rapidly becoming my mantra.) We are not Greek God gas machines. Zeus and Perseus have superpowers and thunderbolts, we don't.

If you want to know how I really feel take a look at my brief interview in the AB Doctors Digest. [here](#).



Years ago I read *The Power of a Positive No* by William Ury, available in the EPL. The basic idea is that when we are clear about our true priorities, then we know what we want to say YES to. We may want to prioritize our health, dog, values, friends, garden, partner, sleep, children, solitude, meditation practice, whatever is important to us.

Having identified our values and priorities it is much easier to recognize requests that will negatively impact us. And therefore much easier to say NO.

Having a “policy” that lets me say “I don’t” or “I never” has been very helpful for me, and is stronger than “I can’t.” Here are examples to consider!

I **never** work post call.

I **don’t** stay late when it’s my week to have the kids.

I **don’t** work later than 5pm now that the OR starts at 7am.

Saying No at work is about personal boundaries, self-compassion and the certainty that you have collegial support.

Here is a brilliant real life example of a positive No that includes a genuine Yes!

A friend was asked to cover weekend call for a colleague who had to take care of his sick wife and baby. Not wanting the stress of a busy call, but genuinely wanting to help, my friend offered to go over and stay with his wife instead.

You know who you are!

And you are awarded the First Gold Star for creativity in wellness!



Finally, a little offering from Gomer blog with apologies to my surgical subscribers!

And the Surgeons roared their terrible roars and gnashed their terrible teeth and rolled their terrible eyes and showed their terrible claws till the anesthesiologist said, “Be still” and tamed them with the magic trick of threatening to cancel the case. And they were frightened and called the anesthesiologist the most wild thing of all and made him king of all wild things.



Thank you for reading.

Sue

Sue Reid

Director, Office of Staff Wellbeing

Department of Anesthesiology & Pain Medicine

Twitter: [@susanjeanreid](https://twitter.com/susanjeanreid)

*You are important and
Your work is important but
You are more important than your work.*

Tim Horetzko EM