

Chronic illness in doctors: a personal view

“Accept and adapt and never give up”

I HAD TO THINK long and hard before I “came out” to the world that I had scleroderma. Since my diagnosis 8 years ago, I have tried to carry on as normal and not let my “label” affect my life and work. However, when I wrote my editorial discussing a new scheme I had set up for doctors who have chronic illnesses (Box),¹ I wanted to show solidarity with them. Because, believe me, I know what it is like.

I first realised something was not right when I was a junior doctor working in a general medical ward. My hands were so black that I could hardly use them, but being a typical doctor I ignored it and carried on working. After a while, the consultant I was working with insisted that I get myself checked out. And I was soon labelled by the rheumatologists, who did not mince their words when they told me what was ahead.

I chose not to pay heed to them. It wasn't that I didn't believe them, but they were quoting statistics and didn't know me as an individual, with a marathon runner's endurance. Long distance running was the love of my life and had instilled in me the mentality of “What's this? — Pain — Carry on”, so I was determined to continue with my original career plan: paediatrics. But it soon became clear that working with neonates when you have black, clumsy hands is not feasible. Undeterred, I decided to become a general practitioner, and embarked on a 3-year GP vocational training course.

After completing this course, I had a brief spell in psychiatry (because I thought it would be better for me health-wise), but decided after 6 months that it definitely wasn't for me. I then worked as a GP in Glasgow for 2 years. However, by this stage, weird musculoskeletal symptoms made driving very difficult, so I gave up general practice and started training in public health, again thinking that this would be easier health-wise. But it wasn't, and I really missed contact with patients. After a lot of heart searching, I

gave it up and started training in tropical medicine, after being accepted by a charity to work in a developing country. I had worked in Bangladesh and Romania as a junior doctor and medical student, and had promised that I would go back one day.

Unfortunately, I took a turn for the worse — one of my fingers became gangrenous and had to be amputated. The charity then said they didn't want me, and I was left with nothing. No career, no job, no place to live and no money. Nevertheless, I still had my determination and my pride.

I was considering retraining as a counsellor when I saw an advertisement for the post of editorial registrar with the *BMJ*. It was as if the advert had neon lights round it saying: “This is the one, Rhona”. To my absolute amazement, I got the job. This was even more surprising as I was in hospital when they emailed me about the interview, so I didn't know until 24 hours before it, when my dad (who had checked my emails) phoned me in a panic. My consultant let me out for the day, I bought a suit from a charity shop (as all I had was my pyjamas), wrote the 800-word editorial they requested, unhooked myself from my treatment, and jumped on a train to London with nothing to lose.

I have now been in this job for more than 2 years and feel so privileged. I see this job as such a bonus and want to do as much as I can to help other doctors. That's why the chronic illness matching scheme (Box) is so important to me. Throughout my medical career, I have faced prejudice, pity and, worse still, the “doing well, despite health” reports. The most painful incident was when I had been off work for 4 weeks receiving treatment. As the human resources department did not organise locum cover for my absence, my colleagues had to do extra work. When I came back, they marched me into a room and said they didn't want to work with me any more. This can still bring tears to my eyes when I think about it. So the matching scheme is my way of doing something, however small, which might help other doctors who may be in a similar situation one day. It would be better if we could stamp out all discrimination, but this is a first step.

My future is uncertain. A few months ago my remaining left fingers were amputated, and a bowel operation and more finger amputations are on the cards. However, I believe I will be fine if I stick to my motto: “Accept and adapt and never give up”. I just hope that other people can also do this for me.



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The chronic illness matching scheme

When I was first diagnosed with scleroderma, it would have been helpful to talk to other doctors with the condition to discuss how they were coping and listen to any advice they had about work conditions and career options. It would also have been useful to talk honestly to another doctor working in some of the more feasible career areas before launching myself into them only to discover too late that they were not suitable for my health needs.

The aim of the scheme is to provide the opportunity for doctors who have a chronic illness or disability to receive informal careers advice from another doctor.

You can request to be matched by illness/disability, specialty, grade or country in any combination. The scheme is entirely web-based (web.bma.org.uk/public/chill.nsf). When a doctor who meets your requirements applies, you will each be sent the other's email address. The rest is up to you. The scheme relies on your patience and goodwill because the scheme also relies on doctors with or without chronic illness to be prepared to give career advice to other doctors, based on their own knowledge and experience, and patience because I do all the matching work manually.

1. MacDonald R. Career advice for doctors with a chronic illness. *BMJ* 2001; 322: 1136-1137. Available at: bmj.com/cgi/content/full/322/7295/1136 (accessed Jul 2003). □