

## FEATURE



# THE CHALLENGE OF RETURNING TO WORK AFTER ILLNESS

Dr Cath Purdy is a Provisional Fellow who was diagnosed with cancer in 2010. She is currently in remission and is working full-time at Auckland City Hospital. Here, Cath discusses some of the challenges she faced when returning to work.

I am writing this as a doctor who is living in remission from cancer. I was incredibly fortunate to work in an institution with a supportive clinical director, who helped me organise my time off and arranged a slow part-time return to work when I was in remission. My time off work was measured in months rather than weeks and presented me with challenges in navigating a return to work. I would like to share a little of my experience here.

In both Australia and New Zealand, the

Australian Health Practitioner Regulation Agency and the Medical Council of New Zealand require, along with registration, the notification of conditions that may cause impairment. In my case I notified the Council, as I was having daily radiotherapy and weekly chemotherapy causing significant fatigue. This notification carries no sanctions and should not be seen in a negative context. It is part of our responsibility to our patients and colleagues as we leave and then reintegrate back into the workforce.

Guidelines on determining fitness to practice are available through the Medical Council of New Zealand and the Australian Health Practitioner Regulation Agency. The Australian and New Zealand College of Anaesthetists has two relevant

professional standards (PS), PS49: Guidelines on the Health of Specialists and Trainees and PS50: Recommendations on Practice Re-Entry for a Specialist Anaesthetist. They provide good guidelines on the practicalities of getting back to work.

Returning to work can be daunting and getting back to 100% of your previous capacity can take time. You may be confronted with side-effects of treatment, ongoing physical disabilities, fatigue<sup>1</sup> and the psychological challenge of treating patients with similar illnesses to your own. A degree of emotional fragility may be normal.

I started back working for two half-days the first week, then three the next, working

up to six half-days a week for six months. I would not have been ready either physically or psychologically to return to full-time work any faster. Recognising this allowed me to justify the slow return to myself; and to others who may have thought I should have returned earlier or later.

People did openly question my decision to study for exams while I was on sick leave. For me, it kept my mind active and eased my return to work. The majority of people were overwhelmingly supportive of my return to work, although some did question it.

There was only one instance where I truly questioned my own return. I was doing a preoperative assessment on a patient with terminal cancer and, when I went to see him, he was in the room where much of my treatment had occurred. I froze and couldn't go in. My colleagues were completely understanding of this feeling and arranged for another registrar to perform the assessment. I was more afraid of their opinion of what I felt was a failing than I should have been. Again, communication allowed a solution to be quickly and easily arranged.

Negotiating a gradual, initially mentored return to work will benefit the department, your patients and yourself. Part-time options and on-call duties require separate consideration. If work is overwhelming or simply physically exhausting, being in a supernumerary capacity initially allows a more flexible plan and can accommodate short notice changes. Maintaining an open dialogue with your department about your changing abilities will help match both parties' needs and expectations. Human resources departments can help with access to a broader knowledge base of the resources and supports available.

Departments will have continued to operate in your absence and while in smaller departments or private practice there may not be the same flexibility as there is in a larger group, it is important to acknowledge early that a full-time return

to work may not be possible immediately. Short notice leave should be used for follow-up appointments.

Having a good exercise program, a general practitioner you trust and a psychologist are all important strategies, as are strong personal relationships with a partner, friends and family.

Being faced with an illness that may potentially impact your working career in the medium to long-term is a daunting prospect. While I diligently arranged income protection when I started as a junior house officer, I neglected to update it as I became a senior registrar. Having the added income was of huge benefit, but had it been in line with my current income there would have been less pressure financially.

Returning to work can be daunting and getting back to 100% of your previous capacity can take time.

Know what your leave allowances are and their limitations. If you choose to take out income protection insurance know what it currently covers, what your stand down period will be and what impact it would have on your current life, in comparison to when you took it out (e.g. you now may have a bigger mortgage, children etc).

In New Zealand, there are several pathways for accessing free psychology appointments, including through Employee Assistance Programs and some medical defence organisations. There should be no stigma involved in accessing this service; rather, it should be encouraged as part of a wider health strategy.

Lastly, the elusive work-life balance is never more closely examined than when confronted with personal health concerns. Having been told that "time off is great when you have the money and the health to enjoy it", I have actively sought to achieve a better balance between work and leisure since returning to our profession.

## REFERENCE

- 1 Taskila T, Lindbohm ML. Factors affecting cancer survivors' employment and work ability. *Acta Oncologica* 2007; 46:446-451.