Coming to the end of the road in occupational health—lessons from cancer care

Our hospital regularly organizes ‘Schwartz rounds’, open to all clinical staff as a forum to reflect on the emotional impact of difficult or troubling patients. The environment is safe and structured and the empathetic support of fellow health care workers is a powerful tool for group learning.

At yesterday’s round, I listened to a joint presentation by an oncologist, a counsellor and a psychiatrist who each described their frustration and feelings of failure over a mutual patient. This was a young woman with metastatic disease who despite new treatments that offered prolonged life expectancy with a reduction in side effects plus psychological intervention was perceived as pessimistic in her world view. To the health professionals, it felt as if she made no attempt to gain control over her remaining few years of life. I was struck with the similarities with ‘no hope’ consultations in occupational health. You may recognize those clients who are failing in their jobs and for whom life outside work is difficult; they do not get on well with their managers who they accuse of bullying for managing poor performance; they do not get on with their colleagues; there are poor team dynamics as a result of their underperformance. This situation is inevitably stressful for all and limited resilience underpins the overt display of psychological distress in your client, who may already (or soon will be) signed off sick by their GP with ‘workplace stress’. They have done nothing to help themselves out of a progressively difficult situation at work and look to occupational health to solve their problems.

So what are the similarities with the patient dying of cancer and what lessons can we learn from cancer care? The client in occupational health undoubtedly has a poor prognosis in their current role in the absence of any interventions. However with limitations to what occupational health can do, the possible options all have potential ‘side effects’. We can support choices, but inevitably trade-offs will have to be made, just like in cancer care. As in cancer care using psychological frameworks to inform occupational health practice has the potential to benefit our difficult consultations. Despite this, some people will still choose to succumb to the inevitable. For these clients, if we have done our best and offered all the help that constrained resources will allow, we need to be able to let go. For the young woman with cancer, her glass remained half empty for 2 years before the disease took its inevitable course. Her clinicians acted as sounding boards for her negativity and anger but felt they had failed to improve her lot. In occupational health, we also have to face up to unhappy outcomes, but helping people to let go can be a positive result. Psychological frameworks can help us to manage consultations when options seem very limited, and to choose how best to intervene when patients seem unable to change. Sometimes we also need help in letting go!

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