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- No letter should be more than 400 words.
- For letters on scientific subjects we normally reserve our correspondence columns for those relating to issues discussed recently (within six weeks) in the *BMJ*.
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- Because we receive many more letters than we can publish we may shorten those we do print, particularly when we receive several on the same subject.

Emotional distress in junior house officers

SIR,—I found Ms Jenny Firth-Cozens's article (29 August, p 533) strangely comforting as I was not aware that so many doctors felt as I do. Ms Firth-Cozens would not find my surprise surprising, however, as her paper shows how poorly we as a profession communicate our difficulties to others, perhaps because above all we are afraid of seeming deficient.

The only point with which I disagree is her inference that the first year after medical school is the most stressful in a practitioner's life. My own experience is very different from this. I look back on my years as a house officer as being positively recreational compared with my present position. As an obstetric and gynaecological registrar, I work a busy 1 in 2 rota, which is more than I ever did as a house officer. In addition, my responsibilities at work are much greater, and if anything goes wrong I am much more likely to find myself in court. I have had to study for higher medical qualifications while working more than 100 hours a week, and I am currently burning the postmidnight oil working on research in an attempt to accrue publications so that my career may progress. When house officers are off duty at least they really are off duty. For my part, I become a husband and father of three children under the age of 7. Though my job entails my being out of bed a great deal while others sleep, there have been times when I have been glad of working a night on call to recharge my batteries.

Why do I do the job I do? I ask myself this question daily, but as yet I have not had a sensible reply. Certainly, it is not for the immediate good of my family. My 6 year old daughter is already attending her third school and has lived in 10 different houses because of my necessary mobility in training, and my supportive wife would probably

score higher than I would on an occupational stress assessment scale. Indeed, doctors' partners should themselves be the subject of an emotional distress study. They have to cope with hardly ever seeing their partner, being a solo parent, postponing any career aspirations they may have, and, above all, being denied the support of friends and family because of their frequent wanderings around the country.

This letter was written for two reasons—firstly, to have a good moan, but, secondly, and most importantly, to dispel the myth that things get better after the house year. If this year's house officers plan their next step carefully then things may improve for them, but should they choose to go down certain training paths then they "ain't seen nothing yet."

M C EAST

Countess of Chester Hospital,
Chester CH2 1BQ

SIR,—The article by Ms Jenny Firth-Cozens (29 August, p 533) will hold few surprises for house officers up and down the country. I disagree, however, that the problem of emotional distress and depression in house officers "should be dealt with in medical school."

The BMA and its negotiating committees should now be addressing this problem by campaigning for a reduction in junior doctors' hours as a matter of urgency. Ms Firth-Cozens found that sleep and eating habits were more important to stress levels than actual hours worked but failed to realise that one cannot establish a sleep pattern if one is working for 48 hours at a stretch and cannot eat if one is "bleeped" three or four times while merely queuing in the canteen.

It needs to be recognised that junior doctors work considerably more than 38% of their on call hours. We need to make provision for a realistic working week, with shorter continuous periods of on call. Consultants should make it their responsibility to ensure that their junior staff get away for an uninterrupted breakfast, lunch, and tea.

Apart from the underlying emotional and depressive illness revealed by this study, there is a well of discontent among junior doctors. The BMA should draw from this to campaign for better conditions of service. Merely tinkering with the rota is no longer enough.

PETER W BARRY

Queens Medical Centre,
Nottingham NG7 2UH

SIR,—Ms Jenny Firth-Cozens (29 August, p 533) reports that talking to distressed relatives rates highest in young doctors' perceptions of stress at work. In the same issue Dr Bryan Lash (p 544) comments on the strange irony that medical students receive no training in how to convey bad news. Nowhere is this more apparent than when the bad news is a diagnosis of schizophrenia.

In the self help groups of the National Schizophrenia Fellowship and the north western fellowship for sufferers and relatives of schizophrenia time and again the story told is that of doctors not telling relatives and patients the diagnosis and certainly seeming to have no understanding of family life and its difficulties for all concerned. No diagnosis and no help with management seems like bad medical practice. I believe there are two related reasons why this occurs. One is that doctors simply are not aware of the devastation that schizophrenia causes in day to day living, and the