

GP LINK Lunches |

Dr Antonio Di Dio

Dr Kenneth McCroary, Chair of Sydney South West GP Link, hosts a series of meetings with clinical/political/regional individuals or organisations to discuss issues and solutions for GPs working in South Western Sydney.



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Dr Ken McCroary

Ken McCroary - During recent representation of GPs throughout South Western Sydney I was attending the AMA NSW Council and was fortunate enough to hear a presentation from Dr Antonio Di Dio. Following this I thought it would be a good idea to talk to Dr Di Dio about his role in Drs4 Drs, particularly with the recent stressors and burdens that have been placed upon GPs and the primary care network throughout South Western Sydney.

Dr Di Dio has a lifelong passion for caring for other doctors, and started volunteering as a board member, then treasurer and secretary, of the NSW Medical Benevolent Association and the NSW Doctors Health Advisory Service more than 25 years ago.

He is a practice owner and GP, sees many medical patients, and currently combines general practice with being the Medical Director of the ACT Doctors Health Service, and is the Acting Director of the Professional Services Review. He is a recent AMA state president where he spent three years advocating for the health and safety of patients and their doctors; and serves on the National Drs4 Drs Board, as well as the AMA State and Federal Boards, the AMA Federal Council, AMA-AHPRA Working Group on improving the practitioner experience, Ethics and Medicolegal Committee and Taskforce on Indigenous Health. He was the Chair of the Independent Health Assessment Panel in 2019 that urgently assessed refugee applications under the Medevac legislation. He is the founder of the Lee Falk Memorial Bengali Explorers Club, a charity for lovers of the Phantom, and lives in Canberra with his family.

Now that is a fairly stirring introduction Antonio and your commitment to the health and wellbeing of the profession is a real virtue. Thanks so much for taking the time to join us today as we discuss doctor wellbeing and particularly Drs4 Drs. Do you mind starting by telling us about Drs4Drs?

Antonio Di Dio - Yes, sure Ken so Drs4Drs is a service that provides individualised care on an acute basis to doctors who ring from anywhere around Australia to their local state Drs4Drs service so if a doctor is acutely unwell, emotionally in despair or even just something that is relatively non urgent for example: 'I am moving interstate and I need a new doctor'. Or any service where doctors need support they ring the Drs4Drs line and they are directed to a doctor who will take their call or to a psychological service as they prefer and it has sort of grown out of its individual state doctors health advisory service and so each state has a doctors health advisory service/Drs4Drs service and we are federally supported with a support in relation to IT and client services.

But that is pretty much how it works so what we would like is to have an umbrella all around Australia for any doctor to ring their local state Drs4Drs when they are feeling they are going through a very tough time and god knows there is a lot of us going through a tough time right now.

Ken McCroary - Yes, that leads us into a question about how are doctors doing at the moment with their mental and physical health and how have they been going over the past 25 years you have been supporting and assisting us?

Antonio Di Dio - It is really amazing the last couple of years have seen a real explosion in the stress and pressure put on doctors individually and as a profession. It is not just how we talk a lot about doctors having a hard time but as a profession we just have been pushed and squeezed and so much has been asked of us during the pandemic, particularly those first 12 months. There was a great, I thought a great, conversation around Australia, you know chief medical officers and state premiers and prime ministers would get up on the press conferences every night and as a community it brought us together, but a whole bunch of the announcements we are going to do this, we are going to do that, we are going to institute this just assumed that all of the work would be done by doctors.

And I am so proud of the medical profession that the work was done, I mean obviously there was a huge amount of work done by everybody else as well. Bureaucrats, politicians as well but also nurses physical therapists, administrators, and pharmacists everyone was. But certainly, the frontline GP which I understand you and I are both in that group there has been so much extra demand placed on our profession with the assumption of well if no one else is going to do it then GPs will, that's the way it has always been in our profession I feel.

Ken McCroary - I agree, so looking back through your professional biography and it dates back over two-and-a-half decades about this interest and this work and support towards the profession which I have already said is commendable. But what triggered that drive in you and what got you interested in that sort of role?

Antonio Di Dio - I am not really sure, I think everyone goes into medicine wanting to help people and I have got a pretty strong feeling that when I went into medicine I felt that way as well but when I graduated from medicine I felt kind of useless in many ways you look after patients and you do your best and you realise that you have to work within the health system there are so many things you cant fix. And the other thing I learnt pretty quickly was that four people took their own lives when I was a medical student during the course of my undergraduate years and there were another couple of registrars suicided when I was training at RPA and it took so many of those separate incidents for me to figure out medical school is really, really hard and I found it quite challenging especially when my kids came along and it became quite busy and I realised that doctors have very poor access to medical care. Part of it is their own fault of course especially if they are male by definition they are stupid if they are male and so I think the stats tell us that 70% of all Australians have got their own GP and about 50% of doctors have got their own GP it is a big campaign by Steve Robson at the AMA at the moment. We really do miss out on a lot of medical care currently because we see ourselves as being heroic and we see ourselves as being cowardly if we falter and we see ourselves as being failures and not perfect and we are so much harder on ourselves than anyone else ever is. I guess that is where the interest came it was also such an incredible privilege the first time a doctor called me up and I was able to chat to them and I thought wow what an amazing honour that is helping another doctor it was very cool and I have enjoyed it ever since.

Ken McCroary - I unfortunately had a similar sort of history when as a medical student having colleagues suicide and as an intern and an early resident, friends and colleagues in the emergency departments and getting easy access to toximithonion or whatever and putting themselves to sleep permanently.

Yes, absolutely it brings back hideous memories you are absolutely right.

Ken McCroary - And I am not sure how much or how far we have come over the past 25 years, are you seeing positive outcomes in terms of our suicide reductions and our significant mental health issues or not?

Antonio Di Dio - Everything depends, well I suppose it's a bit like the rest of medicine Ken, everything depends on how you register. So you know there was an announcement about I think 12-14 months ago about a suicide prevention and I don't know about you but I remember thinking at the time that suicide is not a diagnosis it is a symptom, wouldn't it be better to prevent the thing that leads people to wanting to take their own lives, despair, anxiety, depression, overwork, stress and so I think if I can focus on the things I have seen change that I absolutely love.

I love the fact that so many of our junior doctors are so much more assertive and confident now than they used to be. I love the fact that they call out bullying and rubbish behaviour so much more than they used to. I love the fact that if somebody says to them oh look, we are part of a team here and you know if you want to stay here you had better not claim your overtime. And they call out crap like that out as well so although many people in their 50s like me think oh these young doctors coming through they have no idea how horrible it was and how hard we have worked and how much we have had to put up with I just think that is wonderful I don't want them to put up with any of the stuff that we have had to put up with. And I want them to be more assertive and more confident and more aware of their rights so that has been really good but it is not nearly enough there are still an awful lot of junior doctors who are shy, who are quiet, who are upset and allow themselves to be hurt without pardon.

So that has been an improvement and I think there has also been an improvement in doctors being aware there is a number you can call there is people you can contact. I mean the most important thing about Drs4Drs is that we are not the only provider of healthcare for doctors. I mean that is really important to know there are plenty of other people you can call you know you can just google doctors health and you have plenty of people that you should approach. There is no competition in fact we actually support other agents that give support to doctors because nobody should be arguing over turf like this everybody should be helping everybody.

And the other thing that I think there has been an improvement in I think is transparency and training. I think a lot of the nasty sexism that used to be in our profession, the nasty racism that has improved but it makes me sad that it hasn't disappeared there is still plenty of that going on I think in our society, and we are apart of that society.

Ken McCroary - Yes, we are not completely siloed, we still reflect everyone around us and a part of that community and I guess we have their warts and everything else that are attached there. You mentioned, which I really liked, the fact that you know why we are dealing with suicide why aren't we dealing with things that trigger depression and despair and despondency and etc do you think we are doing enough for each other in terms of early prevention, intervention and stopping some of those determinants of these outcomes?

Antonio Di Dio - Yes, I think that the profession is doing plenty. I think the colleges, the AMA, the representative bodies, and even some agencies in the department of health, are doing a good job. At the AMA for example I am part of the group that has an annual meeting with AHPRA with three-monthly follow up about improving the practitioner experience and individually supporting doctors and also advocating for doctors rights. So all of those things are important and we as a profession I think do pretty well, but the inputs, I suppose if you want to talk about it that way, the inputs into what stresses and upsets and stretches doctors you know it is not necessarily other doctors, it is the workload that is imposed on them through hospital systems, through government policies and through the natural workflows that come into their lives.

I mean if you are a suburban GP or a person working in an emergency department, stuff comes in the door so what comes in the door is part of your society part of your fabric, part of your culture and it is an extension of policy and so there a lots of initiatives going on to try and support what happens to doctors how they cope with what they cope with but it is a whole of society thing and I suppose the one thing that you can change literally overnight if you have the will as a society and it is to say well we can't change the budget outcomes, we can't change our profit margins, we can't change how much things cost we can't create 2000 jobs overnight but what we can do immediately is just be good to each other, be polite and kind and respectful to each other just acknowledge each other's pain and stress.

You can acknowledge that if somebody has turned up to work really really quiet or in a really really bad mood and snapped at you maybe it is not because they are a horrible person, maybe they are under enormous pressure inside or outside of their workplace today. Let's be good to each other and it is so patronising to say stuff like that but honestly Ken it is the truest thing that I know.

Ken McCroary - Oh, I don't believe it is patronising encouraging people to look out for each other and be aware of other people's feelings and existence and what is happening in their world I think that is probably commendable not patronising and I would like to see more of it.

Antonio Di Dio - Glad to hear, absolutely.

Ken McCroary - I was thinking too you sort of touched on it earlier on just about the overall impacts of COVID you have noticed in your work with Drs4Drs In support for the doctors in general. Do you think it has been a major impact on physical health as well as mental health.

Antonio Di Dio - Oh yes very much, up until a few months ago for three years I was a stay at home AMA President and every state of Australia had the same issue doctors working longer hours, doctors feeling stressed and harassed, doctors feeling that 'oh wow there is a roll out of vaccines I will just have to work all weekend and every night' or 'these telehealth items have come in which are great I will work that but it means that if I am sick I am going to be working all day doing telehealth, I am never going to have another sick day again for the rest of my life'.

The workload never stops. So yes there was a huge amount of pressure on doctors from COVID and a lot of uncertainty and a lot of stuff that we learned as we went along. I will give you an example, my friend Danielle who is now the Federal Vice President, she was working in her clinic giving COVID shots and a patient in the waiting room was watching the news and the health minister made an announcement said we are going to change such and such about COVID shots and she was in the middle of her clinic as her policy changed so the vaccine she was giving was about to change so we suddenly have to not only work all the time in medicine but we have to keep up to date five times a day with new policy initiatives with you know up until COVID came along policies changed over months we would read discussion papers and contribute, and things would be announced and things would change.

With COVID so many doctors became very anxious thinking if I don't keep up if I don't look at the news every night, I am not going to know what is happening next and that was really tough for a lot of really hard working dedicated family doctors and the rest of the profession to.

Ken McCroary - Yes, that definitely was difficult wasn't it. We are actually seeing patients at 11am everyday so we don't have a red phone straight to Gladys and the state or Scomo and the federal health departments, do we and yes, the patients were actually sitting the in waiting room watching presses on at 11am or the dreaded Friday afternoon miss mash and ruining our weekends?

Antonio Di Dio - I actually did a couple of those pressers, and I went back to my practice, and I was super proud and excited, and I was like 'hey did you see me on TV guys?' and they were all going 'what do you think!' because they were all busy working! COVID has had a huge impact on our community not just our profession, but I do believe that our medical colleagues have just been awesome, and you know our medical colleagues who took three months off or went hiding or took a break or just did nothing or did telehealth for a while, I have nothing but respect for them too. A lot of them are older or immunosuppressed. More power to them.

When it happened there was a period of time when COVID hit when my partners hid me in a room for a couple of weeks and made me do telehealth because I had a immunosuppressed child and I felt like such a non-contributor even though I was working 10 hours a day and we all ended up feeling guilty if we weren't doing frontline but then when we did frontline we felt guilty going home thinking 'oh my god am I going to cough on my family and give them something that has got a 3% mortality rate'. So, either way it became extremely difficult for so many in our profession and I got a lot of. And I got a lot of existential calls from my patients saying things like am I a bad doctor am I a bad person because I am working too hard, or I am not working hard enough because we were dammed if we did or dammed if we don't during that time.

Ken McCroary - Yes and I think that you were just acting completely appropriate and I think the professions was as well and it is just unfortunate we get comments like our Western Australian Premier and things like that.

Antonio Di Dio - That was extraordinary, extraordinary.

Ken McCroary - it doesn't help does it.

Antonio Di Dio - That was absolutely amazing and what that comment that the premier made came from, in my view, a good hearted, well meaning person who was trying to articulate the right thing but it came across to the profession differently to that and you know I don't know the Western Australian Premier, I don't know anything about him but it seems like a person who was really trying hard to do the right thing for his state and I guess because the Premier was so in the media for those months it was inevitable that something they would say would be seen as highly insensitive by some groups and as a doctor I understand completely how some people would have found that to be extremely hurtful.

Ken McCroary - I guess if you don't mind elaborating for our listeners what he said if they can't recall.

Antonio Di Dio - I think there was a moment when the Western Australia Premier said something like the doctors have an obligation to see people and they were doing the wrong thing if for any reason they could not see people who had symptoms of COVID.

And the medical profession actually was seeing people and were seeing people in greater quantities seeing them face-to-face and electronically but there was that insistence quite appropriately by a number of practices saying if you do have symptoms please stay home and call us first and nothing could have been more reasonable. Not one single person was being denied care and I think that led to a misunderstanding in which the doctors who were very well meaning and very decent and the premier who deserves the benefit of the doubt for being very well meaning and very decent were at logger heads over a miscommunication.

Ken McCroary - Yes, invoking Hippocratic oaths and things like that to put pressure on us for not seeing people when we were just doesn't help does it I mean we were all in the same boat. We were all looking for the same thing and that is a healthy workforce and a healthy patient community.

Antonio Di Dio - Yes, absolutely right and I think it was a misunderstanding, it's funny isn't it how instant communication, email, electronic stuff face time, zoom you would think that all of those things would lead to better communication but sometimes it leads to earlier announcements rather than more carefully nuanced and thought out announcements it is just me speculating really.

Ken McCroary - I think you are speculating on the money though no doubt about that. One thing I was going to ask you to for some clarity some of our colleagues still despite the profession evolving and becoming aware of changes in support and how we should be treating each other still have these I guess concerns about contacting Drs4Drs or contacting other health professionals with privacy with confidentiality with APRAH and their ability to keep working.

Antonio Di Dio - Yes good point, very, very good point. I see a lot of doctors as their GP in addition to doctors who could call and I have never referred a patient, a doctor, to the medical board for a mandatory notification ever. I mean if you have a bit of anxiety, if you have bad anxiety, if you have got an obsessive compulsive disorder, if you have got depression or dysphoria, none of those things stop you from being a highly competent and excellent clinician.

One of the most important things about mandatory reporting is that you should inform yourself about the mandatory reporting rules and understand that it is highly unlikely that if you have symptoms that you are going to be mandatory reported to anybody don't deny yourself medical care for a concern about that it is simply highly unlikely that any such event would occur.

Ken McCroary - Yes, that is really well said, and I think hopefully that will be taken on board by our colleagues that you are exactly right the chances and the likelihood of anything apart from support assistance advocacy and help is probably remote isn't it.

Antonio Di Dio - That is right and the other thing to remember is that if you ring Drs4Drs you don't even have to give your name if you are really, really, anxious about any consequences about reaching out for help it is anonymous if you wish it to be. It is not a problem.

Ken McCroary - Yes, that is great. As you know we are representing a local group out here in South Western Sydney, have you had any experience or much knowledge around the region out this way?

Antonio Di Dio - I used to work at Campbelltown Hospital when I was a boy.

Ken McCroary - Oh wow, very good. It has changed a lot now.

Antonio Di Dio - Yes, it looks like a bloody Starship Enterprise, it is amazing.

Ken McCroary - Yes it is certainly growing and the region continues to grow as well I think we have 100,000 people moving in here over the next couple of years as well. Getting back to doctors' health with all of the experience what advice would you give us? What advice would you give to our local GPs and other doctors about keeping well?

Antonio Di Dio - Can I just start that advice by saying, by reiterating. One, I make no criticism of Western Australian premiers, I think he did a magnificent job. And two, I am a big fat hypocrite when I say the following sentence and that is get your own GP see your GP regularly. Treat yourself the way you would treat any other patient and listen to your GP's advice the same way you expect your patients to listen to yours, and that means you know get your colonoscopy, get your pap smear, get your cholesterol done regularly, have regular check ups, have friends who are outside of medicine. Get some exercise, read a book, love your family, love your friends, have plenty of breaks, have enough holidays, the world will keep on turning if you are not at work all the time. Look at your life balance, not just your work life balance, and seek help early, treat your mind and your heart and your body the same way you would treat a car that you love if it is serviced frequently.

All of those things sound again simplistic, but we all fail to do it. Do not have ridiculous corridor consultations where you say to your friend oh look, I have had some tummy pain and some PR bleeding I will be right wont I? No those days are gone. Look after yourself and if you do, generally you will enjoy your life a lot more and be a lot more fun to live with and be less likely to suffer from burn out and live long and healthy life and actually be a good doctor for many more years but that is with a gigantic asterix of my own hypocrisy but I am trying to do those things more for myself as well.

Ken McCroary - Oh, I think that is terrific and this is why I would hopefully insert a clapping emoji if I knew how to. And one other thing with the talk you mentioned about having your own GP and following the advice of your own GP what about the GPs out there that do service other doctors and do you look after them I hear sometimes about them being intimidated and having anxiety about that as well but we are all the same we are there because we trust them and believe in them and professionally value them don't we.

Antonio Di Dio - So, the Drs4Drs has a fantastic module on it written and performed by a head of Drs4Drs in South Australia, lovely bloke called Roger Sexton, and it is free online. It is really interesting there is a module there on how to be a patient and there is a module there on how to be a doctor for other people. So, you look at it and think oh that's me. Really good resources. Each of the doctors health services in each state has a list of doctors who are seeing other doctors so in the ACT for example they have a list of 22 doctors in the ACT who enjoy being GPs to other doctors and other states have a great big, long list as well. So, it is a matter of saying I don't need a 24 hour lifeline phone call but I would really like to see a GP who understands me and if I am a medical student or doctor in training with a gigantic mortgage you know somebody might consider not charging me. So that is another service Drs4Drs can help you with, really really worthwhile. There are plenty of doctors who don't like seeing other doctors and that is completely fine, my goodness me, that is totally fine, but I really enjoy it I find it an honour.

Ken McCroary - **Yes, we appreciate that as well. I guess to balance my bipartisanship after we bag out a Labor premier, how do you respond to comments like from our NSW Liberal Senator Holly Hughes about doctors and their stress and their burnout where she states that we are just completely self-serving?**

Antonio Di Dio - I would really like the opportunity to say no comment about that. I think everybody deserves the benefit of the doubt and I think that perhaps the politician in question regrets making that comment or maybe it is taken out of context I don't know. But my own personal view is that I have never seen a doctor with 25 – 30 years of medicine in my own experience I have never seen a doctor who was being precious or fragile or bunging it on or being soft.

Every doctor that I have seen in my own experience has just been a good human being who has had a go and tried really hard and just been temporarily broken by a really, really hard workload or really challenging situation they were under. I don't think it is helpful to get into a slanging match but I do think it is worth saying I have never once seen a doctor who wasn't completely genuine in what they had to do to experience with they have experienced.

Let me say one other thing about that Ken. You know how we see patients in pain. If a patient comes in in pain because they have got a broken finger or they come in pain because they have got a broken leg you know one issue is more serious than the other but the pain is genuine and as compassionate people empathic doctors we treat them the same so for me to say to a doctor who comes to me and says you know I am in great despair because this thing happened for me to say oh well it could have been worse, something much worse happened to someone else is ridiculous suffering is suffering and pain is pain and I have never seen any doctor who didn't deserve my compassion and empathy.

Ken McCroary - **Very well said thank you. Another comment I guess more society and community than just us. We talk about resilience as being an assistance in dealing with stress and decreasing burnout etc. Do you think we need to work on our resilience and our wellness and if we did that it would be helpful as well?**

Antonio Di Dio - Really good point. Have you ever heard two new doctors being described as teacups Ken?

Ken McCroary - No, please explain.

Antonio Di Dio - Ok, so there is this cliché that you go to this fancy private school you get really good marks and you put an onus on your clarinet and your piano and you run the 800m for NSW and then you go to university and you are really good at this and that and you get really high marks. Then you marry someone with perfect teeth and you live in a perfect apartment and then you start work as an intern and you fall apart because it is the first time in your life that you fail because you have been under stress and you are called the teacup because you have been shiny perfect but you are fragile and the minute you get dropped you break. It is the most appalling description of another human being I have ever heard.

It is so insulting to people, to doctors who are under enormous stress that many people will never be able to understand, that stress in their lives many people will have it just as bad or worse but many people will never experience the stress that young doctors are under and then to criticise them for breaking and calling them names and calling them fragile and saying that they lack resilience is just so offensive and so yes we do need to build up resilience and strength and the ability to respond to negative emotions and painful experiences. But sometimes, I would say very often, many of the doctors we see in distress are resilient people, they are amazingly tough people and the evidence is that they have come to see us now and not five years ago when they started putting up whatever it is they were putting up with.

So yes, we do definitely need to build resilience but absolutely we should never ever say 'oh all of these doctors are unwell because they lack resilience' because that is not the corollary is not true that is like saying that 100% of burglars are male so it must be that 100% of males are burglars the corollary is not true.

Ken McCroary - Yes, I definitely have similar thoughts on those sorts of issues.

Antonio Di Dio - It's just like blaming the victim you know. It's like oh you are unwell as a doctor you must lack resilience. So, we should build resilience, we should help support and educate people, but we shouldn't just assume, my goodness me we shouldn't assume that doctors are the ones who broke because some of them are the toughest human beings you will ever meet.

Ken McCroary - Yes, and some we are really honoured to be working with I can tell you. Now I couldn't let you go without bringing up the ghost who walks though. What can you tell me about the Lee Falk memorial Bengali explorers club?

Antonio Di Dio - Oh, it is a group of drunken idiots who gather once a year to celebrate the achievements of the phantom, the ghost who walks and we generally bring out. I founded it with my friend Richard 25 years ago or longer and we generally bring out the phantom celebrity and a great artist and they do some work for us and we auction it off we give the proceeds to the children's hospital and we have been doing that for a long time and the phantom is due to return to Australia and rescue us from many of the troubles that we find ourselves in.

Ken McCroary - That sounds really cool. It has been an absolute pleasure talking to you today Antonio, I hope you have had fun. Thank you for all that you do for us as a group and the broader society and your patients as well and the last 25 years has been such a sterling effort with your support, and it is much appreciated.

Antonio Di Dio - Good on you Ken, have a great day.

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