Reviewer's report

Title: Optimising strategies to address mental ill-health in doctors and medical students: 'Care Under Pressure' realist review and implementation guidance

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Reviewer: Harm van Marwijk

Reviewer's report:

'By undertaking a realist review (19) and by working in a multidisciplinary research, the authors tried to synthesize research from across disciplinary and professional silos and engage stakeholders in understanding what our findings mean in practice for driving forward change in the system.' I like the approach, in principle. The paper reads well, as a whole.

I miss a convincing problem description, however, see below. I am also not sure why the method would be the right one, it seems to put the cart before the horse a little. Why is this paper relevant to the reader, and, particularly, why is it new?

The theme of this realist review is politically relevant at the moment but the authors seem to miss the key political dimension entirely: for instance, in the UK, the recent move towards underwriting GP indemnity by the government and the ideas about changing financial indemnity issues as well, would impact on primary care physicians' burden and improve that. A cross-country comparison might have generated some new insights in this respect. I worked in a large health centre /GP practice in the Netherlands 25 years ago, for instance, that followed exactly these recommendations and although perhaps relatively few people burned out, many people left. The key issues then there were professional autonomy and career pathways, then and now. So, what's new?

Some thoughts about a more novel and original approach to the literature: two-tiered systems might be particularly dangerous for burning docs up, for instance. The increasing frailty load and demanding patients with large shopping lists cannot be satisfied in 10 minutes. A system redesign might be needed: we are working with local HIV groups around multimorbidity, for instance: only the best is good enough for them and they will not consent to not see a consultant... What should that system look like? Mental health issues of healthcare providers are like the canary in the coalmine: health care urgently needs a rethink and rework. Gate-keeping is a nightmare, often.
'The mental ill-health of doctors is a global, increasingly pressing and intractable problem.' That is not a nice opening line, I am afraid, for me. This is a sweeping and imprecise opening line with a negative message about the medical profession. It creates an atmosphere where all doctors are seen as mad. Not all doctors have mental health issues, however. The core issue here is talking about mental health, which is what we do not do enough in medicine. The mental ill health in itself is the key issue for doctors themselves but not for society.

There are several reviews on physician burnout already (they reference some of them, such as the Panagioti one, but do not use them to build the story) but the paper does not convince me that it brings anything new to the discussion. An overview of existing reviews would help the intro: what do we know already and why this particular one? It focuses on the mechanism but I am not sure why that is that relevant. My GP trainees perceive health care as quite a dangerous and unsafe place. Doctors have lost control, basically, that is what I see as the key problem. That seems mostly a societal problem, just as making it so expensive to study medicine that young docs have huge debts. Conservative governments in many countries have willfully eroded public services like medicine, to make it something that is available for the rich only.

Another possible explanation is that there is a theoretically laudable shift to keep medical students with mental health problems in the profession. The logical consequence of this, if one knows the mental health literature, is that when you have had it once (or more), there is an increased likelihood of getting it again, the mental health problem. We might need to select more on mental resilience.

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Yes

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