



Devon

jessicapowell.freelance@gmail.com

Cite this as: *BMJ* 2021;372:m4970<http://dx.doi.org/10.1136/bmj.m4970>

Published: 29 January 2021

## WELLBEING

# The perils of pillow talk with the other doctor in your life

Being a doctor in a relationship with another doctor has its perks—but also its pitfalls. **Jessica Powell** explores how to navigate them

Jessica Powell *journalist*

It's tempting, isn't it? If you're a couple of doctors, it's hard to resist getting home from a shift and talking non-stop shop: "Do you think I got that diagnosis right? What do you think of the latest from Hancock?" And as social distancing has dragged on (more or less, depending on where you live) and you've seen fewer friends and family who don't know their NICU from their NSAID to dilute or distract, you might have found medic chat has dominated more than ever.

But consultant psychologist Marc Hekster at the Summit Clinic in London says that doctor couples (and, of course, doctors in a couple with other healthcare professionals) should be wary of letting work talk take over. "When you have two doctors, they are completely steeped in medicine and so it becomes really important to be able to distinguish between work life and home life," he says. That is: to behave as a couple, not as colleagues.

"From a psychology point of view, it's about making unconscious habits conscious and having a disciplined approach to pulling back from them. For example, there might be an agreement that when you're preparing dinner you're not talking about work," Hekster says. Putting a "buffer" in place between work and home time can also help—something that surgical registrar Caroline Baillie has found useful. "I have quite a long drive home from work, so I use that time to wind down. I often talk to my sister or listen to podcasts," she says. All of this means that, by the time she gets home to her GP husband, she doesn't feel the same need to offload about every detail of her day.

Anaesthetic registrar Mark Parson says that having different interests to his wife, Felicity Pilkington, also an anaesthetic registrar, outside of work might also be an advantage: "She's a big social person, and I'm probably less social, but I have lots of mini projects on the go at any one time, so it means that other things filter in beyond medical stuff." Pilkington thinks that having non-medic friends is a massive bonus, as it jumpstarts them into talking about different things, too.

### It's still good to talk

Of course, sharing how your day's gone—your worries and successes—with your partner is important. But Dawn Kaffel, couples therapist at Coupleworks, says that, in her experience of working with doctor couples, she finds they sometimes get into endless nitty gritty facts but not emotions: "I think what is difficult for this particular [type of] couple is the

emotional connection. Doctors, through their training, learn not to get overly emotional and deal with the problem in front of them. How do you one minute make sure your emotions are in check and the next be emotionally connected to your partner? It's not easy to make that switch."

This resonates with Baillie: "You do get hardened by some things at work—when you tell people awful news, you can't be in tears. But maybe that does mean that even with your partner you don't talk about things—it feels easier to try and be professional. Without some persuasion from my husband, I can find it hard to talk about difficult work things, like when I've had patients that have been in upsetting situations." Yet she feels it's beneficial to be open: "If you're not, things on your mind probably influence your ability to relax and move on. And sometimes you don't realise it, but those things are having an impact on your mood and how grumpy you are with your partner."

Kaffel recommends checking in with each other every day (that you see each other): "In doctor couples there's often the assumption that 'we know' what each other is going through. But this can often lead to them feeling their partner takes them for granted. Plus, there can be some sort of expectation that doctors should be able to cope, so they can feel shame if they don't feel they can." Explicitly asking how each other is feeling is crucial, she says.

She recognises that this comes with an additional challenge for many doctors: "You're having so many relationships with other people—maybe seeing 20 patients a day—that when you come home you're tired of talking to people."

This also rings true with Baillie: "Sometimes when you've had all day in a clinic where you've been talking to patients, listening to their problems, and trying to solve them I guess . . . it sounds really bad . . . but you're less inclined to want to chat about your partner's day. So I actively remind myself that that's really important."

But Hekster, who's a spokesperson for the British Psychological Society, helpfully notes that what a partner needs from you is different to a patient: "Doctors are all about fixing and repairing and making everything alright. But sometimes with their partner it's about just listening. Sometimes their partner just needs to splurge for a few minutes. It becomes really important for the doctor to step out of doctor mode and just listen."

## Make the heart grow fonder

One of the biggest challenges facing doctor couples is getting quality time together when both are doing demanding jobs, often with antisocial hours. “Spending time together is a huge challenge at the moment,” says Pilkington. “Because of juggling our different rotas and childcare for our toddler, we basically have to take a lot of our days off when the other person is working. Plus, we each work two weekends in every four, so it’s hard.”

Kaffel’s answer to this is again about explicitly asking what each other needs to get through. “I spend quite a lot of time working with couples thinking about what they would like their partner to do to make them feel there is more of an emotional connection. And it’s usually just little everyday things like, ‘I just need you to kiss me good morning’ or ‘send me a text during the day.’ It’s about helping clients to feel more comfortable with sharing what they need from their partner in a warm, loving way.”

Hekster is a fan of the 15 minute date: “Actively schedule time with each other to reconnect, uninterrupted, even if it is just for 15 minutes. Sometimes just taking a moment together, in the epicentre of the storm, can be enough.”

Baillie notes that an unexpected advantage of having limited time together is that it can make you really appreciate the moments you do have. “If I have a weekend on call, we’re often like, ‘OK next weekend shall we do something nice, like plan to go out for a meal?’ So I feel like we try to make the most of the time we have.”

## Healthy competition

Another peril of being in the same profession is that it’s almost inevitable that one of you will progress further or faster than the other. Parson notes that, despite starting out on the same career trajectory, his wife has raced ahead of him—passing exams faster than him. But he says that he’s been able to square this in his mind by recognising that they’re very different people with different journeys. “I’ve never been someone who just saunters through exams, so it wasn’t unexpected. It helps that we don’t see it as a race to the end. Not putting pressure on yourself is probably a key thing. It’s like that phrase: life’s a journey, not a destination.” Pilkington agrees that seeing the big picture helps them—she got ahead by passing exams faster than her husband, but he’s now going to catch up with her because she’s been on maternity leave.

Kaffel thinks this is a healthy approach. “Usually in the medical profession there is time to plan, as it’s quite a structured career path. So as long as you keep the lines of communication open, you can discuss how it’s going to be one person’s turn this year, and the other’s the next, for example.”

Pilkington admits that she can feel a twinge of jealousy when her husband has a success that she hasn’t. “You have to recognise that’s a human feeling and it doesn’t mean you’re not happy for them. We talk very openly about that—acknowledging it makes it seem like less of a big deal.” This is exactly what Hekster recommends couples should do to stop tensions mounting.

And the good news, as Kaffel notes, is that there are massive perks to being in a double doctor couple: “I think the constant thread is that their relationship is stronger because you’re with a partner who knows there’s long hours, there’s sleepless nights, there’s shift work, you’re dealing with critical patients, with death, loss. It helps to have somebody there who understands what you’ve been through because they’ve been through it themselves.”

## Three ways to connect quickly

One of the biggest challenges facing doctor couples will be getting quality time together when both are doing demanding jobs, often with antisocial hours. Try these shortcuts:

### Plan a 15-minute date

“Actively schedule time with each other to reconnect, uninterrupted, even if it is just for 15 minutes. Sometimes just taking a moment together, in the epicentre of the storm, can be enough,” says consultant psychologist Marc Hekster.

### Be explicit

It’s usually little things that people want to feel connected to their partner, like a kiss in the morning or a text during the day, says couples therapist Dawn Kaffel. She encourages couples to be clear in asking for what they want: “It’s about getting more comfortable sharing what you need from your partner.”

### Reframe it

Is the little time you have pointless or precious? It might just depend on what you tell yourself. Surgical registrar Caroline Baillie says that having limited time with her GP husband can make them really appreciate the moments they do have. “If I have a weekend on call, we’re often like, ‘OK next weekend shall we do something nice, like go out for a meal?’ We make the most of the time we have.”

## Keep it confidential

While an after work rant to your other half (healthcare professional or otherwise) can feel good, it’s important to keep patient confidentiality in mind. A spokesperson for the General Medical Council says: “Patient confidentiality lies at the heart of the doctor-patient relationship. When speaking about a particular case, doctors know they have a duty of confidentiality, and we trust doctors to use their professional judgment.”

The GMC guidance *Confidentiality: Good Practice in Handling Patient Information* is at [gmc-uk.org](http://gmc-uk.org).

Commissioned, not externally peer reviewed

Competing interests: I have read and understood BMJ policy on declaration of interests and have no relevant interests to declare.