



CrossMark

Highlights from this issue

doi:10.1136/archdischild-2017-313264

Ian Wacogne, *Edition Editor*

In 1989 a US military action to capture Panamanian dictator, Manuel Noriega, saw him granted sanctuary in the Apostolic Nunciature in Panama City. For the military to have invaded what was effectively an embassy of the Roman Catholic church would have provoked widespread outrage, and so the besieging forces needed a different strategy to capture their man. What they did would be familiar to anyone who has shared a house with a recently born human, or has worked a nightshift—they deprived him and everyone else inside of sleep. In addition to gunning their engines incessantly, they landed helicopters on a bulldozed patch of land, and played very loud rock music for 3 days solid until the Vatican formally complained. Naturally you can find the playlist online.

History does not record if part of their psychological warfare involved bleeps at regular intervals ‘just to let you know’ or ‘such-and-such’s cannula has tissued’, but I would imagine most of you will have a good insight into how this must feel. I suspect that Michael Farquhar has spent more time than many of us thinking about this. His article is unusual in that it is focused on us, the worker, rather than the patient (*see page 127*). I thought for a while about

whether *Education and Practice* was the right vehicle for this otherwise excellent paper. Then I remembered that in order to be good doctors we need to be skilled at looking after ourselves. This doesn’t mean wrapping ourselves in cotton wool, or to avoid striving to be better. It’s what Covey means when he writes about sharpening the saw; taking some time to make sure that your saw is sharpened before trying to cut a log with it is, ultimately, time saved, time better used.

We ask a lot of ourselves and of our teams. We place ourselves and our teams in harm’s way with regularity. We’re exposed to infections but we ensure that we’re hygienic and covered. We meet with disturbed, angry or upset people but we ensure that we have clear exits, calming strategies and backup on hand. We enter into conditions of sleep deprivation but... well, I wasn’t taught about this. I learnt—the bad way, the old way—about how I made more mistakes. About how I didn’t like who I became when I was really tired. About how excess tiredness diminished me.

It’s odd, because I can’t remember the last conversation I had with a middle class person where they told me how they were getting enough

sleep, or had some time in their day to reflect and enjoy things. ‘Too busy’ and ‘exhausted’ seem to be shorthand for ‘I am valued. I have importance’.

Here’s my challenge, then. In about 2min, stop reading and go and make yourself a drink—tea, coffee, juice—just something you’d like to drink that you’d find refreshing. Then, come back, find a comfortable chair and read Mike’s article. Not that challenging so far, right? OK, here’s what I want you to do. First, think of one of the things you could do to aid your own sleep a little, and do it. Second, think of something you could do to aid the sleep of some of the folk you are responsible for, and try to do that. Thirdly, download a copy of this article—it’s this month’s Editor’s Choice—and send it to someone you work with—a manager, a senior nurse, a colleague. Then have a conversation with them about it. Manuel Noriega was a nasty drug-running, weapons-dealing thug, but thinking about him being sleep deprived makes me have stirrings of sympathy for him. This reminds what cruel and unpleasant thing it is to be tired; we need to do better.

If you’ve suggestions, as ever, then please do get in touch.

ianwacogne@nhs.net