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Mindfulness may have risks as well as benefits

Kirby¹ lists a large number of benefits of mindfulness, including citing evidence suggesting that it is useful in the treatment of anxiety, stress and depression. However, the article has no discussion of disbenefits and nor does the word 'risk' appear even once. This is concordant with under-reporting of harms of psychological interventions in the literature,² but nonetheless undermines the ability of physicians to use the article to decide whether they would like to practise mindfulness.

While no systematic reviews of the safety of mindfulness interventions appear to have been published, this is not evidence of absence of harm. Indeed, a cursory search of the literature finds a number of adverse effects reported in individual papers including physical pain,³ disorientation,³ addiction to meditation,³ suicidal ideation⁴ and destructive behaviour.⁴ In those with pre-existing mental health problems, mindfulness practices have been associated with effects including psychotic episodes.⁵ These side-effects could be particularly troublesome if, as Kirby advises, mindfulness is practised while in control of a motor vehicle, 'driving home from work after a stressful day'.

Beyond the specific harms of the practice, it is reasonable to suppose that self-prescribed mindfulness interventions may also delay presentation for assessment of clinical psychiatric problems among physicians, and hence potentially put patients at risk.

As Kirby rightly suggests, many doctors may benefit from mindfulness practices. However, as with any intervention, it is important to be fully aware of the benefits and risks and to make an informed choice before 'getting started'.

Declarations

Competing interest: None declared

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The importance of the loss of junior doctor's hours monitoring under the new contract

McKay et al.¹ mention some of the implications of the imposition of the new junior doctor contract. One they have not mentioned is the proposed loss of hours monitoring, which currently penalises the employing trust if they overwork their doctors by providing a way of re-banding the whole of the overworked rota. This can result in up to a significant 100% Band 3 penalty paid by the trust. Very little information is currently available on the use of the rota monitoring for banding appeals as NHS England do not keep central records.

I, therefore, asked all 238 NHS trusts in England (excluding social enterprises) how many banding appeals they had in 2015. In the 214 trusts who responded 620 junior doctors appealed their rota, in 58 separate appeals. Over the year, these trusts stated they employed 44,675 junior doctors so this represents one in every 72 junior doctors challenging the banding of their rota. Nearly all of these appeals also resulted in a change in the rota, or more doctors being hired. Only two appeals, have been unsuccessful.

This, therefore, shows that the hours monitoring and re-banding system is quite well used and results