

Video games and sick leave in senior house officers in psychiatry

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Introduction

The future of medicine relies on our trainees. Their development is in our hands. However, a disturbing lack of regard has developed in this medical subgroup for their responsibilities around the time of launches of so-called “games” for the computer, such as *Halo 2*, *Doom 3* and of course the *culprit celebre*, *Grand Theft Auto*. The author has personal experience of such behaviour, and its infectious nature, which leads to self-limiting epidemics of 1 week or so.

The study’s aims are to investigate rates of junior doctor absence days around the release dates of various major games, and compare them with releases of rubbish games.

Method

We sampled game releases from *Playstation 2*, PC and *Nintendo Gamecube* over a 2-year period. We excluded *Gameboy Advance* games, as these are played by children who are too young to enter medical school. *Dreamcast*, *N64* and *PS1* games have become obsolete. As the author does not possess an *Xbox* this was also excluded.

Ratings of good releases were based on official sales figures from retail outlets, and my 11-year old son. Rubbish games were similarly rated using the Seneviratne Jnr. Scale of Playground Kudos.

Fourteen consecutive junior ‘doctors’ were enlisted into the trial. A questionnaire rated their interest in gaming, and the average time spent each day at the console. Data was compiled on console of choice, and the PC specifications.

Sick leave and annual leave was compiled and totalled for each day. As this was effectively an

audit and no patients were involved in the study, we were able to ignore the pencil-pushing ethics committee.

Statistical analysis was planned from the beginning of the project, but we lost the dongle for *SPSS*, and had to rely on some fancy charts that you get in *Excel*.

We declare there to be no conflicts of interest, although we did try for *Xbox* sponsorship.

Results

This was a retrospective study, and the human resources provided us with copious amounts of *Excel* data, which we hoped we could use as evidence that junior doctors are a bunch of lackeys. Time set aside for statistical analysis coincided, however, with the release of *Half Life 2* and was put on hold, well, just until I can get past those pesky headlice.

Later, during the outpatients’ clinic, the junior doctor gleefully informed me that he had just bought a £300 graphics card and an Athlon™ 64. Outraged, and not to be outdone by a mere boy with far less earning potential than myself, I sought out the fastest dual processor system I could build with 4 gigabytes of memory and an overclocked graphics card. I certainly showed him, and it’s tax deductible.

My Specialist Registrar appeared to be the only doctor in my team who demonstrated a modicum of restraint and professionalism throughout the study, so I allowed her to taste the legion power of the consultant and handed over control. I deemed it to be part of her training.



Some of the featured games sampled by the author and colleagues.

Discussion

From a Freudian perspective, the dynamic interplay between Consultant and Junior is reminiscent of the young child's castration fears, as embodied in the Oedipal Complex. The soothing mother figure, symbolically, takes control of the child, as represented by my Specialist Registrar. The paranoid-schizoid interplay flourished but was heightened to a peak, when I exploded, accusing her of trying to take my job. The research had taken up much of my time, leading me away from the hospital for extended periods (I have little recollection of those days) and she used the opportunity to ingratiate herself with the Nursing Staff, and steal their affections.

After my enforced sick leave (courtesy of senior management), during which time I was able to continue the battle against the hordes of Xen, I was greeted by my now smug junior. The Ward Round was peppered with him bleating endlessly about how he had beaten the game on the hard level. Meanwhile there was no let up at home, with my son whining: 'It is so unfair that I am not allowed to play *GTA San Andreas*. My friend's dad lets... etc'.

The research project has now been abandoned, as I smashed the computer keyboard in a fit of rage, having been unable to jump on to the moving train.

Conclusions

It remains unproven that junior doctors feign illness to avoid work in order to play video games. My prejudices, however, are borne out by the anecdotal experiences of my Consultant colleagues.

Competing with younger men is hazardous for the older gamer, and can lead to significant mental health problems.

Further reading

1. Conn, J. (2004). The games doctors play. *Modern Healthcare* **34**, 32-33.
2. Haninger, K., Ryan, M.S., Thompson, K.M. (2004). Violence in teen-rated video games. *Medscape General Medicine* **6**, 1.
3. Khamas, W.A. and Nour, A. (2004). Veterinary medical education in Iraq. *Journal of Veterinary Medical Education* **31**, 301-309.
4. Coppola, G. (1995). [Medicine as art in the Roman world. Its advance from sacral to secular approach, its trading and public diffusion: Socio-political considerations and their legal consequences]. *Medicina nei Secoli* **7**, 1-100. Italian.

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