

## Becoming a Patient: My Road into Family Medicine – by a learner patient,\* United Kingdom

### Learner patient

United Kingdom

### Curriculum vitae

\*It was decided to rather not identify the author, especially as other people are involved. Editor.

### Summary

*The experience of a young doctor who started on a prestigious psychiatric training scheme full of enthusiasm and pride. Various circumstances including an incompetent hard consultant pushed him into a state of helplessness and depression. On his own road to recovery he learned valuable lessons, and these he shares in this story. He is now a better doctor than before, finding it exciting to see patients and to be part of the ongoing rhythms of life and death in his practice.*

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### KEYWORDS:

Patient Report; Physicians, Family; Physician-Patient-Relations; Personal Satisfaction.

I was training to be a psychiatrist when I became so depressed that I quit. Looking back on it now, literally makes my blood feel like ice. But leaving psychiatry (and learning what I did, from the process) was one of the best things I ever did. From this distance I am able to see that I really did have a breakthrough rather than a breakdown.

I had started on a prestigious psychiatric training scheme full of enthusiasm and pride. From here, I could only go one way; straight to the top of the ivory tower.

What went wrong? At first I thought it was all due to the consultant I was assigned to work with.

She was one of those academic high-flyers who, despite many degrees and papers, are insecure and feel threatened by everyone. Things that were right one day would be incorrect the next. Then inexplicably, she would suddenly be very pleasant. As soon as I began to feel more comfortable, she would then go for the jugular again. I began to feel like a rat in a psychologist's cage, being shocked at irregular intervals into learned helplessness.

Despite her long history of problems with several trainees, the authorities were oddly ineffective when I brought things to their notice. Her appalling interpersonal skills seemed to matter little in this academic Mecca.

Later though, I realized that the roots of my depression went deeper than a boss who undermined my confidence. I came to ask why it was she got to me so badly, and I began to realize that I was generally too dependent on the approval of my superiors for my sense of self worth. Like my boss, I was very insecure.

Despite what I had said in my application for a place at medical school, I was undoubtedly in medicine partly for the emotional security I thought it would afford me, and I was specializing largely to gain the approval of my family, friends and teachers. In general medicine, I had always enjoyed seeing patients. I had always been able to extract some fun, excitement, challenge or enlightenment from every patient. In psychiatry I can see now that a subtle difference began to emerge. Although I always tried to be kind and sympathetic to psychiatric patients, perhaps I had somehow

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come to view seeing them as a necessary stepping stone to enable me to climb a ladder. My enjoyment of the clinical situation for its own sake had gone. A balance had gone out of my life. I didn't really like seeing only disturbed people. So my heart was more in the end result, rather than in

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From a distance I see it as a breakthrough rather than a breakdown.

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the present process of becoming a psychiatrist. And like many doctors, I had subconsciously become a little dubious of my own mortality and potential (psychiatric) morbidity. It was a sort of subconscious medical racism; there were two types of people in the world; doctors and patients. Them and us. And they were the ones who got psychiatrically ill.

The reality of being a junior doctor in psychiatry turned out to be something altogether different from how I thought it would be.

As a junior trainee, ironically, one most often gets to deal with only the most seriously disturbed patients. There is little time for involvement in psychodynamic treatments, and in fact this is sometimes actively discouraged by tutors. So as soon as a patient's acute psychosis settled a bit, community nurses, psychologists and social workers took over their care. I was therefore deprived of fully experiencing the whole cycle of the healing process.

Furthermore, impressed by the

intense suffering of the acute psychotic, I would try hard to offer reassurance. In my busy setting, this was not appropriate. It is impossible to persuade the paranoid schizophrenic that he is not being poisoned, but I can remember trying. Psychiatric patients can be a bottomless pit when it comes to needing reassurance, and I began to feel helpless and weary, as if they were sucking the very marrow out of my bones. And I had no mentor to stand over my shoulder to give me the odd reassuring nod of acceptability or encouragement.

Almost every clinical interaction seemed to become a battle of wills. Those patients who needed admission and medication were usually reluctant to accept it and had to be placed under a section of The Mental Health Act. On the other hand, those who shouldn't have been admitted often demanded it and wanted inappropriate medicines. Instead of

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Too dependent on the approval of my boss for my sense of selfworth.

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being a benevolent healer surrounded by grateful patients stroking my ego, I was more often a coercive, directive policeman with tremendous power.

Junior trainees, by definition, know very little psychiatry. Psychiatry is almost a side issue in many a medical curriculum, and once in the field, one is suddenly surrounded by nurses with enormous experience and knowledge. They have often known

particular patients for years, and are competent to diagnose and make management plans. Sometimes they wittingly or unwittingly dissect one's decisions, and this may amplify one's insecurity.

My mood became steadily lower. Things reached a point of crisis when I went on a skiing holiday with my partner. Despite having enjoyed skiing before, I froze with fear on the

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Being shocked into learned helplessness.

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snow. I was waking at four am and I found I was often crying quietly in the darkness. I stopped drinking my usual beer in the evenings, and went off food. I dropped weight. My interest in sex had long since evaporated.

All the classic clinical signs of depression that I elicited from my patients on a daily basis were there. Yet, in myself, they had no meaning. How could they? I was a doctor, and signs and symptoms applied to patients, to them, and not to me.

But I knew I had to do something, so I phoned my clinical tutor from a call box high in the Alps and resigned my job. My dreams of a prolific and prestigious academic career in psychiatry were in tatters.

During my notice period, the clinical tutor suggested for the first time that I may be depressed and should get a professional opinion. I calculate that I had been ill for about four months by

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that time. Four months of being surrounded by psychiatrists.

One afternoon, I finished an outpatient clinic and almost nonchalantly went to see a psychiatric consultant as arranged by my GP. I can remember being a little dismissive. I had, after all, just completed seeing a clinic full of psychiatric patients myself.

The consultant took a text-book history, and then read me the riot act. I was severely depressed, and should

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### A subconscious medical racism.

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not go back to work. I needed high doses of antidepressants. She would take charge of my care. Responsibility was to be hers and not mine.

I was shocked. Could I be that bad? How could it possibly happen that an hour ago, I was a psychiatric doctor and now suddenly, I was a psychiatric patient?

Initially, I thought a few days rest at home would see me right. But things only got worse. I sat in my lounge, day in and day out, staring at the wall. My ability to concentrate got so bad that I could not even read the paper. The television meant nothing to me. Making even small decisions was a problem. I can remember hovering in the passage in between the lounge and the bedroom with tears streaming down my cheeks, unable even to decide in which room I should sit.

I had myself become a bottomless pit; my partner could never reassure me

enough. Nothing she could say would seem to help, yet I needed her to say it. My depression seemed infectious. I was also making her life a misery which made me feel even worse about myself. She is also a junior doctor, and after her long calls, she would come home to someone who saw no meaning in anything, a shadow of the person who she had fallen in love with.

One day, unable to bear my anguish any longer, I came very close to killing myself. Had I been seen by my psychiatrist then, I'm sure she would have advised admission which I would have refused. I would probably have been admitted under a section of the Mental Health Act.

Responding to my deterioration, my psychiatrist insisted that I attend a day hospital. The idea horrified me. The patients in my ward had always looked so unhappy and separate; empty, sunken souls, mooching around and smoking all day. Was this to happen to me as well? Was I that

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We were trying to be what we thought others wanted us to be.

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hopeless? And what would my fellow patients say when they realized that this wreck in front of them was a one-time psychiatric doctor, a failed shrink? My job was so central to my conception of myself as a worthwhile human ... going to the psychiatric day hospital seemed like having my nose rubbed in my failure.

But somehow, filled with absolute

terror, I did go, and slowly things began to get better.

The first sign of improvement occurred in an occupational therapy session. With a thick brush and poster paints, I painted a picture of a peacock with its tail fanned. I had last

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I was helped to get better by my fellow patients.

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done such a thing in junior school, and I realized that for a brief moment while I was painting, I had been free of my feeling of total uselessness.

Progress speeded up when I found the courage to talk to my fellow patients, and I began to cross the divide between them and us, between doctor and patient. As I got to know them as people rather than patients, I stopped seeing myself first and foremost as a doctor, and my fear of them dissolved. I came to like and respect some of them. Seeing value in these people helped me to see some value in myself. Slowly, I became comfortable slouching around and chatting between groups. My pool improved no end. I even took up smoking for a while, as if to wear a badge declaring myself a fully fledged psychiatric patient!

Most of the others at the day hospital were also suffering from depression. I was not alone. This thing was not unique to me, and it was not my fault. These people understood what this suffering was really like. Talking things through with my fellow patients carried so much more authenticity than my own academic medical knowledge.

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Some had been in the day hospital for a while and were already getting better. This was a source of inspiration.

The love and encouragement given to me by my friends and partner were invaluable. The activity and talking groups helped too, as did the drugs. With this support, I became able to move towards a state of acceptance of myself for who I really wanted to be. This was the most important aspect of my recovery. It sounds trite, but it took a long while to really feel valuable because of who I am, rather than because of what I did or wanted to be.

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“Acceptance is the key” – I decided.

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And it is this, that most of we depressed people had in common; we were more often than not trying to be what we thought others wanted us to be. We were not being what we ourselves really valued, and now we had even lost the capacity to feel how our own happiness could best be nurtured.

In art therapy again, I made a page of graffiti. I wrote “Acceptance is the key” over and over again. I didn’t need to be a high flying academic psychiatrist to feel good about myself; indeed, I realized I would probably end up like my former boss if I stayed in the profession.

In all, it took me about five months to get well again. I’m doing general practice training now, feeling calmer and more content with who I am and

what I am doing. Every morning I wake up looking forward to the day, and thank God that the blackness has passed. I enjoy seeing patients purely for its own sake now; every person is different and dynamic, and the work is full of variety, complexity and wholesomeness, and I am far more engaged with the ongoing rhythms of life and death. No longer is it them and me. We are all in it together, in the here and now.

Although I would never want to go through such a time again, I know I will be a better doctor hereafter. More than anything else, I was helped to get better by my fellow patients, and only by accepting myself as one of them, could I become a doctor again. The doctor-patient divide and my medical hubris will never again be as it once was.