

## A Consultant Case Study

As a bright-eyed 21 year old medical student, my dream was to become a paediatrician. So it was in my third year, brimming with clichéd aspirations of saving starving children in the famine stricken tropics, I boarded a plane to Sri Lanka, to embark upon a three month elective in the professorial unit of a paediatric teaching hospital. Sadly my illusions were swiftly shattered. From the day I arrived I bore witness to the excruciating deaths of countless children from relentless waves of malaria and Dengue fever. I will never forget their mournful brown eyes. The poverty was heartbreaking; the crowded corridors overflowed with emaciated little ones for whom there were no beds. They lay listlessly on filthy ragged mats comforted by distraught parents who tried in vain to shoo away the stray cats who roamed the building.

Dejected and aimless, I returned to the UK, ashamed of my pitiful lack of mettle and thoroughly disillusioned with my choice of career. On my return, my first placement was psychiatry and, like most medical students, I had very little idea of what to expect. I certainly didn't envisage that the next few weeks would inspire me in a way that would change my life forever.

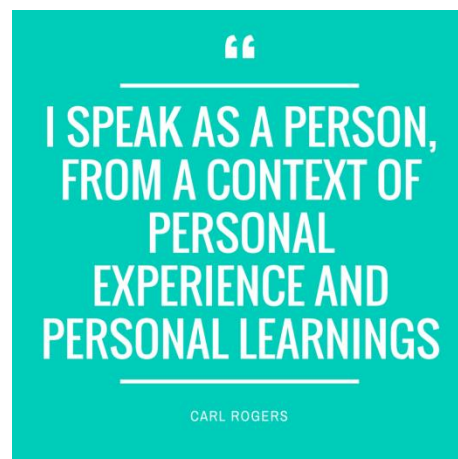
I can trace the spark back to one person; a frail elderly lady admitted to the ward on the day that I started. A familiar face on her local high street and well-liked by her community, over recent months she had become increasingly unwell, hiding away, tormented by fears of alien forces. Her physical health was starting to suffer. Whilst she had no awareness that she was psychotic, she remained razor-sharp, firing incapacitating barbs at anyone foolish enough to test her patience.

Over the next few weeks I grew to know her quite well. She turned my clumsy attempts to take a psychiatric history into an opportunity to paint vibrant pictures of bygone times. It was wondrous to see her recovery. I was struck not only by her metamorphosis but also by the care that she received. Her consultant listened deeply to her, giving her his full attention, not judging but instead trying to understand the world from her perspective. Similarly, the nursing staff showed great compassion even at times when they had to intervene against her wishes. Psychiatry was something new, something different - and I was hooked!

My early years as a psychiatric trainee presented many challenges. The gravity of the job was brought home to me by incidents of both suicide and homicide. Both exposed me to the tragedy that can accompany serious mental illness, the devastation it wreaks on people's lives, including our own, and the forensic rigour expected of those involved. These were difficult times but I suspect they steeled me for the future and shepherded me towards my destiny.

Being a trainee in Leeds in those days was by no means easy. Triage and crisis teams were a thing of the future and the sleepless nights on-call were an endless stream of solitary assessments flowing from A&E, GPs and the multitude of medical wards at nearby Jimmy's, all punctuated by incessant bleeps from the many wards on the unit. But they were good times. There was a camaraderie amongst the junior doctors and the nurses, whose skill and experience far exceeded ours, looked after us...and kept us in line.

And in that melee there were moments of magic. One Friday in the early hours I was called to casualty by a fraught registrar. "One of your patients is here causing chaos. You need to get down here now and sort him out!" I arrived to a stand-off; a giant of a man with wild hair cornered by a group of nurses. The curtains of the cubicles twitched, all eyes trained on this unfolding spectacle. Already an imposing figure, the man's



presence was amplified by his expansive gesticulations and deafening protests. My timid approaches towards him were met with a wall of racist profanity and I have to admit I was scared. Well out of my depth, I called the Specialist Registrar for help and after what seemed like an eternity he finally arrived.

What happened next was a revelation. It took a moment for the man to recognise my superior but when he did, somewhere deep in the abyss of his psychosis a pearl of reality broke the surface, and just seeing this friendly, familiar face brought an immediate wave of relief. The big man broke down in tears and my senior colleague placed a comforting hand on his massive shoulder. Together we quietly walked the dimly lit path around the back of the hospital over to the psychiatric department, our only company the occasional urban fox. Years later as a consultant this man became my patient and together we steered a successful course to his lasting recovery.

I know now that the magic that I saw was the therapeutic relationship. In an era which saw the introduction of crisis teams and time-limited interventions, I gravitated away from the quick fixes and discarded continuity, first towards psychiatric rehabilitation and later to Assertive Outreach. I love working with those who have psychosis, whose needs are complex and who others see as “challenging”. My passion flows from forging lasting relationships with the people I see and together we use those relationships as a platform to help rebuild their lives. Many of those working in mental health are enamoured by the myriad complex theories, psychological or physical, that abound in this field but my interest is altogether more visceral. There is something remarkable in the interaction between people which is the lifeblood of psychiatry. It touches us deeply and enriches our lives. And sometimes it is possible to tap into this to engage with people to bring about transformational change. That is more rewarding than anything I know. I am glad I took the road less travelled and I will be forever grateful that I didn't make it as a paediatrician.