

Reflection on Elective

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Psychiatry has interested me greatly since my very first day in medical school. In fact, before getting into medicine I went through a period where I was having second thoughts about doing this stressful and time consuming degree. It was only after a work experience placement in Psychiatry that I gained the necessary impetus to work hard and get the grades so that I could complete Medicine and become a Psychiatrist.

However, once I entered Medicine something I did not expect occurred. Being placed in the various specialties such as General Surgery, Orthopaedics, Cardiology etc threw "a spanner in the works" so to speak. I was now extremely confused and unsure about what career I wanted to pursue after Medical School. All these other specialties seemed very appealing. I can earnestly say peer pressure also played a large part in accentuating this inner turmoil. To my surprise; Psychiatry is not only a very unpopular career choice among Medical Students, but it is also very lowly regarded. I even found lecturers mocking Psychiatry. Many medical students I spoke to said they did not believe in anti-psychotic medication and some went to the extreme of stating they believed Psychiatry was some sort of pseudo-science. I personally have found there to be an evident hierarchy among medical careers, with Surgery being the most highly regarded, and Psychiatry at the very bottom. In fact a paper in the British Journal of Psychiatry (1) validates my own observations. The paper states quite clearly that there were serious concerns about the number of junior doctors choosing psychiatry, with only 4-5% moving into this field. This has been consistent over a 25 year period. The paper highlighted greater exposure to Psychiatry was needed for Medical Students. A similar paper, done by the same authors (2), found Psychiatry to be one of the most polarising careers among Junior Doctors. In the author's own words there were: "high levels of enthusiasm to antipathy" towards Psychiatry. I also believe many medical students perceptions are drawn from media representations of mental illness. I think for many it is hard to remove from one's mind this idea of mental illness and violence being intertwined that we are constantly bombarded with by the media. Time and time again there are stories of a mentally ill patients committing homicide. Furthermore, popular movies help to reinforce this stereotype, such as Shutter Island and even Batman. A study by Philo (3) measured violence as the central element in television representations in 66% of items about mental illness.

Despite my confusion, I found myself coming back to Psychiatry in one way or another. In my first and second years I did two posters on Psychiatry and presented them as part of my student selected components. In my fourth year of Medical School, my 8000 word dissertation was on the link between Schizophrenia and Violence, under Professor Jeremy Coid-a Consultant Forensic Psychiatrist. I got a distinction for this dissertation and was put up for the SSC prize that year, which I unfortunately did not win. Furthermore, during my 5 week fourth year psychiatry placement, I obtained a merit for my final assessment. I also found, Psychiatry, unlike other specialties was very easy to revise for. I obtained over 80% in the Psychiatry part of my end of term exam.

Although I was beginning to see a clear attraction to Psychiatry within myself, these doubts persisted. It was during my fifth year that I decided to organise my elective at Broadmoor Hospital. I

thought to myself that I needed to see if Psychiatry is the right career for me. In stark contrast to many Medical Students who used their elective period to go abroad and take a holiday, I chose Broadmoor because I had serious concerns about what I wanted to specialise in. This uncertainty has been like a dark cloud looming over me for many years now and a cause for much anxiety. It is a common misconception that there is plenty of time to choose a specialty. Today in Medicine that really is not the case. Moving into specialist training is usually very competitive, and candidates need to decide early and start preparing their CV's years in advance. Those who are not pro-active in deciding usually end up in specialties they do not want, or being placed somewhere undesirable.

It was then after my final year exams that I undertook my placement at Broadmoor. I really did not know what to expect. I had no prior experience of forensic psychiatry, and my expectations were derived from what I had seen on the news and perhaps even movie and television representations of forensic psychiatry. No doubt Broadmoor has a lot of high profile patients who have received a great deal of media attention. Reflecting upon this I realise as a forensic psychiatrist, one should be able to see past media hype and hysteria, be objective and view all patients equally. This was a realisation I came to as I began to be exposed to more patients at the hospital.

I found myself really enjoying my time at Broadmoor; speaking to patients, reading their notes, watching the Psychiatrists take a history, seeing their intricate knowledge of mental health and law. It was so fascinating learning about the patient's diagnoses, and seeing for myself the complexities of Forensic Psychiatry and how managing such patients can be difficult and intellectually very challenging. I particularly enjoyed seeing a patient, then afterwards discussing the complexities that can occur in giving the patient a specific diagnosis. I have learned there are many grey areas, with symptoms overlapping, but for me that only adds to my fascination with this field.

I could feel the dark cloud slowly disappearing and a ray of sunshine emerging. I began to understand that Forensic Psychiatry is the career for me. I found it to be an extremely challenging career, where the Psychiatrists spend time with a smaller number of patients, over a much longer time period than in other Psychiatry specialties. With such patients, it is patience and looking for small successes that matters. Such patients are notoriously difficult to treat, but that for me is what makes Forensic Psychiatry more appealing than other Psychiatry specialties. As a forensic psychiatrist I will have to delve deep into the patient's history, life and psyche to try and figure out a way to help them, with each patient being different and posing different problems. I will have to have very good knowledge of Psychiatry, Law and also a good understanding of psycho-dynamics. No doubt, this realisation caused me much delight. However, upon reflection, perhaps my over-enthusiasm for forensic psychiatry manifested itself in ways that may have appeared unprofessional to others. I will no doubt have to be more conscious of how I come across in future.

I have learned many things during my time at Broadmoor that I will no doubt like to implement during my future work as a doctor. First and foremost, I have been given a career direction to focus and aim for. This career choice will shape what I do as an FY1 doctor as I will be preparing for the competitive application process. I am also in the process of learning how to do a research project, as I have had the good fortune to be doing one with Dr Das. The project will involve me using the MAVAS instrument, to determine staffs attitude to aggression and violence. This will no doubt be a very useful learning opportunity, and something I can utilise in the future for further projects. I

have also learned the importance of professionalism and that I will not be treated as a medical student anymore, but rather as a doctor, and therefore I have to live up to those high standards.

To conclude, this has been a journey for me that has taken many years, with much soul searching and contemplation. However, this arduous journey has finally come to an end; I feel sure of my career path and am determined to become a forensic psychiatrist. This has been a brilliant placement and I cannot think of a better way of ending my five years at Medical School.

REFERENCES

- 1) Career choices for psychiatry: national surveys of graduates of 1974-2000 from UK medical schools, MICHAEL J. GOLDACRE, FFPHM, *The British Journal of Psychiatry* (2005)186: 158-164doi:10.1192/bjp.186.2.158
- 2) Choice and rejection of psychiatry as a career: surveys of UK medical graduates from 1974 to 2009, Michael J. Goldacre, Seena Fazel, Fay Smith and Trevor Lambert
- 3) Philo, G. (1996) *Media and Mental Distress*. New York: Addison Wesley Longman.