

**Elective Report Part One: Lyon Martin Health Services San Francisco**

The first part of my elective (22<sup>nd</sup> April – 3<sup>rd</sup> of May 2013) was spent at Lyon Martin Health Services (LMHS) in San Francisco. LMHS is a healthcare clinic specialising in the healthcare of women and transgender patients and particular sensitivity is paid to sexual and gender identity; with an aim to eliminate stigma and discrimination wherever possible in the healthcare setting. LMHS provides care to patients regardless of their insurance status and as many of the patients registered with the clinic are unemployed or from a low income background this service is invaluable. The result is that of a friendly and welcoming clinic that provides non-discriminatory care to any and all people who register with the clinic, in a safe environment where patients feel able to speak plainly about their issues and concerns. This part of my elective report will reflect on the first two of my objectives that I set myself before starting the placement.

**1) To observe and gain greater insight into the psychosocial and medical health problems affecting the transgender population at LMHS**

Before beginning my placement at LMHS my knowledge around this topic was very limited. Unfortunately it remains a topic missed out on the medical school curriculum and despite having several LGB friends in the UK I had very rarely met a transgender individual and it had certainly not been appropriate to start questioning them about their transition or healthcare needs. This was one of the reasons I chose to undertake my placement at LMHS; whilst being a unique aspect of clinical medicine that is not well taught elsewhere, it is also developing into an increasingly more common aspect of patients care as more people with gender identity disorder (GID) feel comfortable to seek treatment. Upon beginning my placement I was given access to a wealth of information in the form of video lectures on a variety of transgender specific topics such as pharmacological and surgical treatments available for female-to-male and male-to-female patients as well as legal issues relating to name and gender changes on identity documents. I particularly enjoyed the lecture on children and adolescent gender identity which was both fascinating and emphasised the importance of managing GID as early as possible (preferably before puberty if expressed by this time).

I had the opportunity to meet both male and female transgender patients during my placement. It was extremely insightful to talk to these people at various stages in their transition – I was able to go through some of the history taken at the very first meeting with a new transgender patient and also at several stages of their transition involving both surgical and hormonal treatments. One of the most important things I will take away with me is the fact that gender is unique to each individual and just because somebody born female identifies as male they may not necessarily want to undergo surgery to the same extent as another transgender male patient might. The emphasis on patient choice and encouraging them to be engaged in their care that was clearly demonstrated at LMHS is also a quality I will aim to incorporate in all my future encounters with patients regardless of the setting.

**2) To become a more compassionate healthcare provider**

During my time at LMHS I was given the opportunity to meet with patients and take a history of their presenting complaint as well as conducting the relevant examinations. I was encouraged by those I was shadowing to come up with my own differential diagnoses and management plan much like my time spent in General Practise in the UK this year.

This was a useful practise in itself and I feel that my confidence in my ability as a healthcare professional has grown as I was able to deal with the variety and diverse array of patients that presented to the clinic. This not only allowed me to meet many interesting patients with a range of health conditions, it allowed me time to reflect on the importance of being compassionate in my approach to dealing with patients from a diverse range of backgrounds. In addition to this, I became much more comfortable in asking deeply personal questions that might come across as unnecessary – especially by transgender patients who often feel that they are examined or asked questions out of curiosity rather than necessity. One of the providers at the clinic, Nora, taught me how invaluable it can be to take the 30 seconds or so to explain why you are asking the questions or need to conduct the examination etc. I found that using this technique not only made the conversation less awkward it actually often improved my rapport with the patients and encouraged them to speak openly about the topics. This is definitely something I will continue to utilise when I begin practise in August – especially as often patients in hospital are confused about aspects of their care or diagnostic tests that are being arranged for them, and I think this will help me to deal with their concerns in future.

### **Part Two: Internship at the Gates Foundation and Impression of Psychiatry in the USA**

#### **3) To gain an insight into the work of Linksbridge/the Gates Foundation and participate in a group project on a specified topic of interest for the upcoming World Health Assembly**

I was privileged to have been given the chance to intern at the Bill and Melinda Gates Foundation in Seattle for the second part of my elective. Before attending I wasn't entirely sure what my placement here would consist of as I was unaware of the involvement the Gates Foundation has with the World Health Organisation. As it turns out, they are very involved! As an organisation that contributes a significant amount of funding towards global health initiatives worldwide (mainly focusing on a few key areas such as the Polio Vaccine) they are invited to attend the Annual World Health Assembly each year and are expected to participate in discussion and decision making as part of this process. To help with this the foundation produces a book of information on the key topics and talking points that have been highlighted by the WHO to be given to the attending representative. My task was to research and produce information on one of the hot topics on the subject of recent alleged use of Chemical Weapons in Syria. I was encouraged to take the lead on this topic and had the help of several experienced members of staff for assistance with editing and producing the final draft.

I was initially intimidated by the prospect of undertaking the task, which seemed so far out of my comfort zone! However, I found that I really enjoyed the challenge and found the work incredibly interesting. It was a useful experience to be left to make my own decisions and set priorities in order to meet a set deadline, although it wasn't a clinical experience, I can appreciate how this practise will be useful for my work as a junior doctor in August where I will need to prioritise my jobs and manage my time effectively. I was also surprised by how proud I was of the finished product (I have included a copy with this report) and by how much I had enjoyed the research aspect of the project. I did, however, confirm my dislike of office work...sitting in front of a computer all day with little human interaction was difficult to adjust to and I found myself missing the busy hospital wards!

I was incredibly impressed with the Gates Foundation and enjoyed learning more about the work that they do. A good summary would be that I thoroughly enjoyed the work and the break from clinical work but was itching to get back to practical medicine by the end!

#### **4) To get a better understanding of Psychiatric practise in the USA and how it differs from experience in the NHS**

During my time in the USA I had the opportunity to meet several different psychiatrists in different areas of the country and specialising in different areas of mental health from community to perinatal. The driving force behind this aspect of my elective was my personal interest in psychiatry, and my hope to pursue it as a career. Initially, I had tried for some time to arrange my whole elective in a psychiatric clinic in America but after many emails and only disappointing responses I went elsewhere instead. It seems that it is almost impossible to arrange an elective placement in psychiatry as a foreign student in the United States. I can appreciate why there is apprehension for this, the nature of mental health means that often patients are not happy to have students present in consultations and as such student placements are limited; understandably, clinicians gave those placements to American medical students.

Although I didn't get the opportunity to experience the clinical side of psychiatry in the USA I did learn that on the whole the approach to mental health care is very different. Clinicians are often required to see up to 30 patients a day on a hospital ward and as such are only able to spend a few minutes with each patient and often without the input of the multidisciplinary team. There are often very few opportunities for patients to leave the ward and as one psychiatrist described them as "short-term jails", it seems that hospital psychiatric stays are a far cry from the structured in depth management and long term follow up provided in our UK hospitals. Another problem focusing more on the long term management of mental illness is the cost of treatment and insurance issues. The USA provides free insurance to those who are low income/unable to secure insurance otherwise which is known as Medicare/Medicaid. Unfortunately, as is the case with most insurance companies, they limit what is covered under their insurance (from diagnostic tests to surgery and medications). This often means that certain things are not covered by insurance and frequently patients suffering from mental illness are not able to receive the long term management that they require and many do not have a regular doctor (unlike the GP system in the UK). Along with the increased risk of psychosocial issues affecting these individuals, many patients end up in hospital frequently or in worse cases arrested and imprisoned for crimes committed whilst unwell. It is a shame that I was unable to experience this first hand as it almost seems too bad to be true...unfortunately, as I did witness first hand in my placement in San Francisco, the economic divide has a huge impact on the quality of healthcare available in the USA and whilst this means that those who are able to afford it are given unlimited tests, management options and in depth treatment (often unnecessarily in what seems suspiciously to be a profit seeking manoeuvre) it also means that there is an even bigger group of people who struggle to get healthcare and cannot even afford painkillers – something as simple as a pack of paracetamol costs up to \$15 compared to £0.60 in the UK. A classic example of this from a psychiatric viewpoint would be the comparison between the many professionals who pay for psychological therapy and the many homeless people who are clearly unwell. Sadly, my experience of healthcare in the states lived up to my dismal expectations having spoken to others who had been before...on a positive note it also made me incredibly proud of the NHS and our provisions in the UK despite the bad press it receives!