

alluded to 'mental health problems' that precluded them from stable employment. I encountered many patients at different stages of addiction. I realised that there is no easy solution. Many patients find it difficult to engage with services regularly and staff tried to strike a balance between reactive and proactive care.

Even for those who do stabilise their drug use, it takes time and perseverance to reach a balance that the patient can cope with. Steven had been on a methadone programme and was progressing well until life events shook him and he relapsed. This is a common pattern that I saw where an individual's circumstances met with their inability to cope.

Mental health problems in homeless patients are often complex and comorbid. I could see how these could result from and give rise to homelessness. One of the psychiatric nurses at the clinic suggested to me that 'three quarters of homeless patients require mental health assessment and that the majority of these have a history of sexual abuse.' In many patients, this trauma triggers an understandable route of escape through the use of drugs or alcohol.

I saw too how the homeless are no more immune to world events than each of us. I met with war veterans who suffered PTSD. Some of these were young men, not much older than me, who are returning from recent conflicts.

## REFLECTION

Meeting people like Steven led me into a world that many medical students and young doctors would never have the opportunity to experience. I was given the chance to witness ethical dilemmas and social justice issues for which there are no clear answers. These are topics that are often taught in the classroom rather than on the streets.

This experience taught me a lot about life as well as medicine. Many medical students reach their final years still unsure of which field to practice in and some have limited life experience. As most teaching takes place in carefully 'quality assured' environments it was refreshing to step outside and spend time on the margins of general practice. It was inspiring also to spend time with people who share their

passions enthusiastically and encourage students to engage with medicine as a human being. I was struck by their openness, flexibility, pragmatism, and mutual respect.

Throughout my training, the importance of teamwork and communication are continually emphasised but not always exemplified. My lasting impression of the homeless practice was its ethos of collaboration and the willingness of each member of staff to help one another despite the complexity and challenge of their case load.

I feel that this placement has been a pivotal point in my education. Not only has it reaffirmed where my interests lie but it has allowed me the opportunity to spend time talking with people on a personal level. Meeting each patient and hearing their story enabled me to gain an understanding of how patients arrive at different destinations in their life. I hope I will take this understanding with me when I encounter disadvantaged patients in other settings in the future.

As our conversation ends I thank Steven for his time. He will return now to his journey as I will to mine.

## Kirsty Duncan

### Author's Note

Steven is a fictional name in order to protect the identity of the patient discussed.

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## A conferring

It was a sunlit day in November when the Provost and I arrived in Heathrow. We met up, quite accidentally, on the way to receive our FRCGP parchments; Joe had been awarded his Fellowship in April, but, for whatever reasons, postponed his trip until November and I was glad of the company. The place hummed with excitement. We rubbed shoulders with everybody, but I was gobsmacked to be able to shake the hand of one of my career idols, John Horder, his name adorns the MRCGP cert, in its place of honour over my desk.

The event went off with military precision; opening remarks, honorary fellows and fellows; followed by members. We had arrived, had been peer reviewed, and found deserving of this great honour.

As I stood in line, I could feel my stomach churning, my chest expanding and a great feeling of pride filled my whole being. My heart raced as I heard my name being called and the short 25 word (exactly) citation being read out. I mounted the platform with a great leap (hoping not to trip) and was presented with my rolled parchment by the President. I know he said something nice in my ear, but, for the life of me, I can't remember what it was. The Provost was called later, not because he was any less deserving, but because we were called in alphabetical order, and a great cheer went up for him — somebody had leaked that it was his birthday.

Following a short break, we were treated to one of the most thought-provoking lectures I have ever heard: the MacKenzie lecture was given by Martin Marshall and he discussed the role of general practice — past, present and future; an evolving masterpiece. This was followed by the AGM. At this point, Joe asked me up for some champers and I, after not too much persuasion, agreed. We toasted each other, the College, and all our fellow members, whom we hope will soon be jolly good fellows too!

It was a great day, a great experience and I would recommend it to all.

## Dermot Halpin

The RCGP Annual General Meeting is on 20 November 2009.

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