Life & Times

Counting myself in:

a consultation in primary care that changed my practice

One, two, three, four, five, six. One, two, three, four, five, six. One, two, three, four, five, six. It had been a while since I relied on the reassuring repetition of those numbers, but over the last 4 months they had become, once again, a regular part of my daily routine. Taps off. Gas off. Window shut. Door locked, one, two, three.

That was how I now left the house in the morning, whispering this sequence to myself, sometimes having to repeat it over and over until I felt just about comfortable enough to leave.

Although I was unaware at the time, I have had obsessive compulsive symptoms since being a teenager, which, for the most part, had disappeared in my mid-twenties. Some years later, as I entered my final year of medical school, they resurfaced. I felt unprepared for its return, overwhelmed by symptoms that I didn't fully understand.

The distressing thoughts had also evolved and now often related to my time on the wards. I worried obsessively about contamination of the sterile field in theatre, of mixing up blood samples and of needle-stick injuries.

These thoughts led to me compulsively checking and rechecking, or seeking reassurance from seniors. The anxiety settled in the bottom of my stomach and wrapped itself around my chest so I felt as though I was walking with a heaviness that I couldn't get any rest from carrying.

As I started my placement in general practice, I was relieved to have a break from the wards, and what I hoped would be a break from the unsettling images circulating around my brain. And for the most part it was. However, after a while, the thoughts I dreaded started to creep through. During one clinic, my supervising GP told me that this was the time in my training to really be enjoyed, where I could learn and make mistakes knowing my seniors would be there as the necessary safety net. I welled up, and did my best to discretely blink the tears away.

The truth was, at that time, I was getting very little enjoyment from medicine and was contemplating whether I was better suited to a different career. I had used to love my time on clinical placements, and as a graduate entry student, who had experienced the monotony of office life, I was always so appreciative of the privilege of studying medicine. However, now, it felt as though every day was a huge effort to quieten my brain from the numerous obsessions and compulsions that overwhelmed it.

Towards the end of my placement, I called a patient in for a routine medication review. I asked her about how she felt about the antidepressants she was on. She said she was happy and was seeing an improvement. While I tapped my notes into the computer the patient sat quietly, taking deep breaths as if bracing herself to jump from a diving board.

When she spoke again the words tumbled out as if they themselves were jumping into the swimming pool, one after the other, with an almighty splash. I looked up at her, her distress was visceral. She spoke of the years of silence, of family secrecy, of the shame that followed her. She spoke of her childhood, overshadowed by images of 'that man'.

She gave few specific details and when she tried to it caused her to retch uncontrollably. She spoke of her fear of talking today, but how she couldn't continue in this state. She retched again. I took her through to see the GP and I watched as the doctor compassionately and gently planned her a path to access support. She left the room looking a little lighter and I left feeling a mixture of awe and sadness.

SELF-CARE

The experience highlighted to me the profound effect of shame. It is enforced by family, by society, and by ourselves, making the act of ridding yourself of it especially courageous. It reminded me why I found it so difficult to articulate the battles I was having.

In a survey on mental illness within the medical profession, 53% of doctors questioned: *'felt that stigma had affected how they felt about their illness. The prevalent themes in the comments were "failure" and "the perception of the illness as a choice."'* In addition, 55% reported that stigma delayed their access to support.[1]

> *"She spoke of the years of silence, of family secrecy, of the shame that followed her."*

I relate with this idea of feeling my problems are one of choice, and as such my inability to cure myself of the symptoms represents my failure as a future doctor. As Dr Clare Gerada explains: *'The relationship between doctors and patients rests on the unconscious assumption that patients embody illness and, in contrast, doctors stand for health and immortality.'*[2]

In learning to become a doctor, I had imposed these ideas of infallibility on myself, which ironically only made it harder to reach said goal. Gerada suggests, however, that the emphasis should be on self-care because overall *'pulling one's own oxygen mask down first is better for doctors and better for the patients they serve.'*[2]

I haven't forgotten my patient's bravery, nor how she reminded me of the incredible impact a doctor can have on a patient's life, and vice versa. I have set about putting my own oxygen mask on. I was able to speak to my university, to my own GP, to my friends, and start cognitive behavioural therapy.

The more I spoke, the less I had to hide my distress and as a consequence, the less distressed I felt. I have come to look at my 'failures', not as opposition to, but, rather as the means to success.

As writer Elizabeth Day puts it, *'success only existed because of the failures that had come before.'*[3]

So while I may occasionally need to count, now I mostly spend my time counting myself fortunate for the support I have, the career I will have, and for my failures, that as it turns out, are not really failures after all.

The author is a junior doctor.

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