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Why I chose psychiatry

Ian Rowbotham

Part one – In the Beginning

'Most of you will become GPs', said the smooth lecturer, himself a consultant, a word which once meant Great Beast of the Swamplands. But gene dilution diminished its potency; thus it begat consultant nurse, consultant physiotherapist, consultant (car sales) and consultant hospital cardiac specialist (drug rep.), consultant accountant (turf) and subspecies too numerous and complicated to spell.

With DNA weakened, having neither Awayday awareness certificate nor distance learning MSc to protect against the approaching cataclysm, they were hit hardest. General practitioner (*prosapiamedicus*), no longer 'slacker' and 'also ran', walked over the Earth, terrorising governments. These intelligent, well-adjusted creatures mated early, saw their progeny grow up and drank in the bounteous new dawn.

The old, lumbering predators grew scarce, further handicapped by the twin eruptions of 'Emmehsi' and 'Emtasse' in 2007. Their descendants ran amok panicking, stricken by shortages, blinded by fallout, even charging round on 7-hour ward rounds at night and weekends, as their dominion shrivelled and the more nimble-footed opt-out doctors (*Cotidieopus*) joined the ascendancy.

Part two – Apres le Déluge (moi)

A mature student of mature years, I had watched in wonderment from the first rumblings of Tomorrow's Doctors. I had seen two great eras: Surgery and Medicine. Next came the Paediatrics and the Age of Endocrinement, then, as a meteor paints the sky with its single daub of brilliance, Psychiatry. Seven weeks of revelation followed. I could understand its language, follow the puzzling, yet attractive logic and uncertainty; there were also many people. The full tide of human existence was not, as Samuel Johnson put it, at Charing Cross but right here in the vortex of my medical school career. These were not bags of symptoms to be diagnosed, treated and pressure-hosed through the rotating door of MAU, but human lives; part of the joyful, tragic, brutal, desperate web of experience.

Our course organiser, and head of year, made sure Psychiatry formed a good chunk of exams (wake up!). We visited a secure hospital, attended interactive lectures and clinics, saw child, liaison, eating disorders and drug and alcohol psychiatry culminating with a forensic flourish in a mock murder trial.

Part three – flying solo

FY1 colleagues asked, 'What did you do before medicine?' (I made musical noises on a piece of wood) and, 'Are you going to do General Practice? (I'll do anything, make the tea). But was I a GP? It was an obvious choice, but Psychiatry's small flame persisted, illuminating the hallways and passages of my mind.

Psychiatry at FY2 (getting serious) was another positive experience. Then came Orthopaedics (deeply enjoyed but never intended as a career). I set 4 months to decide, but the Damascene moment came during the second week, when I was asked to review a frail elderly man, debilitated with Parkinson's disease, who had been given a new hip. He had become agitated 3 days post op and had 'punched' the physiotherapist (how?) and 'throttled' a nurse (serious cricoid trauma was, fortunately, avoided). What I subsequently found may have decided my choice of career. Clearly frightened, he believed patients were being systematically murdered (they were being discharged), addressed me as Dr Death (justifiable given my spirited drilling technique) and claimed police were outside to interview me about the killings. He was plainly terrified and, after further investigation, plainly psychotic. Owing to his severe Parkinson's, I prescribed Quetiapine 25 mg, had a further rootle through his notes and found he was already on it, a fact recorded in the A&E admitting notes but never entered on his chart. A simple mistake was corrected and this man was allowed freedom from his demons. Psychiatry's die was, if not fully set, cast.

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