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Too Much and Never Enough

Balint Society Essay Prize 2021 Joint Winner - Student

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Towards the slower end of an afternoon during the fifth week of my clinical training I met a young man in the open doorway of one of the Emergency Department's higher-security rooms. Though many months have passed since then, the sequence I witnessed and what followed have retained a striking clarity that I went on to present to the seven other members of my Balint group. In this essay I will detail the experience and my response to it, the discussion that my group engaged in regarding the case and the lessons that it left me with.

I heard him first. A loud and pleading male voice that cut through the bloops and buzzings of the majors' bustle. Again and again he repeated with a shaky firmness: "please bring me my shoes so I can go to the toilet please bring me my shoes so I can go to the toilet!". From a distance I observed him appeal, with increasing exasperation, to the decreasingly patient and unreceptive healthcare assistant (HCA) who had been tasked with keeping an eye on the newly-shoeless arrival. He was sitting, legs bouncing restlessly, on one of the weighted chairs that is a feature of both the soft-walled, camera-monitored, lockable rooms that are used for more unstable Patients.

I initially adopted the curious caution I had begun to wear in the company of the ward's more volatile occupants. The scene unfolded as I stood observing from around the corner bend of the staff desks, surprised that this man, in a state of such clear distress and vulnerability, was being left to protest as though he were a disruptive schoolchild. I approached and the tense assistant, relieved to find a break from her vigil, explained Connor's (pseudonym) situation. He had come, at his mother's insistence, for fear that he may harm himself. As was the hospital's policy, his laced shoes had been confiscated on the grounds that they would provide him a ligature. Regrettably, the policy included no toilet visitations clause, leaving all involved caught in guideless stasis.

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Connor hastened to add that he especially needed his shoes as the toilet floor had been spoiled by some unidentified liquid and that it was undignified to have to make the journey in just socks. At this, the HCA snapped round and reprimanded him: "If you're so worried about your dignity you wouldn't have threatened to pee in here!", gesturing at the dull room behind him. Not rising to the barb, Connor went on to read from his phone to the screen-gazers behind us that, as was clearly stated in the Trust's freely-available online principles, he was being treated in a dehumanising and therefore negligent manner. Surely, I thought, this would cut through the distracted fug that seemed to have filled the department. After all, maintaining a Patient's humanity is a fundamental of good medical practice with treating Patients 'politely and considerately' being one of the very first Duties of a Doctor, as outlined by the General Medical Council. Alas, his well-researched plea was met by its intended audience with blankness. Their attentions already committed elsewhere, there was no capacity to accommodate the needs of this physically healthy troublemaker.

It was at this point that, out of curiosity and the hope that a new ear might be of some use, I decided to approach and take the seat alongside Connor. He's 28 years old but has always lived with his mother and been distant from his father. He would like a partner but isn't in the right place to find one currently. He has been suffering bouts of mental difficulty since early adolescence and became fascinated at a similar age by pharmacotherapy, going on to qualify as a pharmacist, working as his mind permitted. This isn't the first time he's attended a hospital on account of psychiatric troubles, in fact he spent six of "the worst weeks of [his] life" in a specialist unit during his most severe episode.

The unit had been a truly awful place for him, he explained. He often felt as though not one of the strangers tasked with overseeing his recovery felt any shred of care or compassion for him or his fellow Patients. He said that many of them were desperately uninformed of the sorts of side-effects that they might expect

from their drug regimens and so he had taken it upon himself to keep them informed. He recalled how during his life as an Inpatient, discussions around the side-effects of the psychoactive drugs prescribed were often lacking, with strange and frightening subjective distortions omitted from consultations. He recounted a terrifying sensation that his mind had been stretched and torn away from his body during, and for many weeks after, starting one of his previous antipsychotics. The sincerity of his speech left me convinced that there was truth in his words. It was an extraordinary experience listening to Connor as he shared his detailed knowledge of the mechanisms and pharmacokinetics of chlorpromazine, fluoxetine, and haloperidol and his own mind-bending experiences using these therapies over the years. By the time we arrived at the lull marking the end of our discussions, more than 40 minutes had passed. His shoes had been returned, his calm restored and, as he got up to make his trip toiletwards, I thanked him for sharing his story and he me for "just treating me like a human being".

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A moment of silent contemplation settled across our virtual meeting, the faces of my groupmates resting in thought. They had listened intently and without interruption. Shared by us all was a horror at the experience. In a place of healing, where the very act of attending hospital can be fraught with worry, to suffer so extensively over a pair of shoes seemed a useless betrayal of the Patient's trust and principles of care so basic as simple kindness. They began their questions of clarification - Where was his mother throughout this? Did he mention any support networks? How did the A and E Doctors respond to you speaking with the Patient? - before swiftly bringing their attention to the Patient himself.

Immediately the discussion centred on Connor. What a warped and confusing process to endure. Putting the desperate faith of your recovery into the

one group we're always told we can trust, only to be largely ignored and further tormented with disarming humiliation. An immediately central significance the group brought forward was Connor's mental instability upon arrival. The combination of rudeness and frigidity he faced would be enough to unsettle anybody. But Connor is not just anybody. He is an especially vulnerable cis-man who has fled to hospital for fear of what he might do to himself. The last thing he needs is a telling off. To learn that he had a history of being traumatised by his stay in a psychiatric hospital further strengthened both our estimations of how worried he must have been in the lead up to his arrival and our sympathies towards, what was for him, yet another negative experience in another professed temple of healing. Given the timeline, his prospects seemed bleak. In-and-out of hospitals, on-and-off different drugs. Where was the light at the end of the tunnel? It was hard to fathom the hopelessness that chronic mental ill health instils in its sufferers. We hoped keenly that some lasting resolution could be found for Connor and those like him. In the future, the others speculated, such a tarnishing of the Patient-Healthcare relationship would surely lead to later presentations and, tragically, worse outcomes for those whose faith in seeking help has been undermined. It brought the discussion to bear on what Connor's experience said about unfortunate trends that seem to permeate the current system.

That it is even possible to have an organisation that operates on the scale and with the intensity of the NHS is a miracle of human effort and a luxury afforded Britain by being one of the world's few, early-industrialising (and all the sorry rest) winners. Resources will always reach their limit. There is a number of beds, a number of Nurses, of Physiotherapists, ABG syringes, incontinence pads. Ever more prevalent, the 'pressures on the system' seems to have become a reporting cliché. It won't keep up, doesn't keep up and so, naturally, standards decline. Healthcare staff are people just as any other. Underpaid, overworked, gaslit without end by their own government and now carrying the additional trauma of

2020-21, it is unrealistic to expect Healthcare Workers to be consistently cheery and amicable. Who can really blame the HCA for not being able to contain her frustration? She's probably commuting to work from a rented apartment that she still has no ownership of after 10 years of bill-paying with her sister sleeping on the living-room sofa after being laid-off by the warehouse she used to work at, with their elderly father abroad who can't afford the stay-at-home carers he needs. The other staff in attendance weren't ignoring Connor out of spite. They were just trying to manage the many other, equally-deserving Patients who needed their help.

At the same time, some problems are better served in hospital than others. In the era of interventional healthcare it is possible to work pure magic for somebody who would otherwise reach their living end by a broken heart; but long and tortuous is the healing, if at all, for those that suffer from a broken mind. The latter simply is not as treatable under the current conditions. Connor needs a psychiatrist, better antidepressants, psychotherapy, a community gardening project, friends and who knows what else? But these sorts of resources are scant, if available at all. At last *beginning* to receive more of the sort of attention it needs, the provisions for mental health are still a way off from where they might be hoped to reach. With only the more extremely unwell Patients able to secure a bed, people like Connor are something of a loose end. Biochemically-speaking, he's fine. Agitated but otherwise normal, inflammatory markers low, examination unremarkable; he has nothing much to gain as an Inpatient. The best he might hope for is to be sent to another psychiatric unit, hopefully one where he wouldn't feel so alienated. There isn't really a place for Connor in a hospital. Just as he is one of society's outsiders, so too is he without belonging amongst the beds of the general and specialist wards.

Then there's the other great finitude: time. Connor came in distressed and he needed time to re-find his calm. On this occasion the treatment was cheap and simple: a conversation about this, that and the other thing that he's passionate

about. But it all costs time. It's not a procedure with a point of clear completion. In the emergency context, perhaps more than any other, the time of staff is spent with precision. The benefits of three-quarters of an hour chatting to one highly-anxious Patient will surely be outweighed by what might have been done with that time attending to physically-unwell others. The group saw the repercussions this would have for the emergency staff themselves. Efforts to help restore balance to Patients coming in with psychopathologies are often limited in their success. The feeling that their endeavours are wasted is erosive to Emergency Staff (nothing troubles a fixer like a Patient they cannot fix). As the experience repeats itself, a pattern is established and hope for such admissions dwindles. Eventually the sick of mind come to be regarded as 'difficult' Patients; their depressions unresponsive, their personality disorders refractory to treatments, their lives still in disarray.

And what of his mother? Though she had featured only a little in the conversation, she is surely one of the foremost figures in his life; his primary carer and closest relation. It must be tremendously worrying, the group concurred, to be the Parent of somebody so troubled. With Connor's employment unstable, any work that she might be doing would be their household's single income. Perhaps she had nervous hopes that Connor might be able to look after her in later life. Perhaps her responsibilities to him had made it hard to find a new partner after his Dad left. How might the experience of mothering such a vulnerable child affect your own capacity to have friends and enjoy a social life? It appeared likely to us that she may well struggle in her own ways. Psychopathology is often shared between family members and mercy knows she had her personal stressors. The potential to blame oneself (as a Parent), to imagine that you had failed to create a secure and nurturing environment, seemed unavoidably high.

Finally, the others considered my own position as a student. It had been strange to enter a situation where an antagonistic dynamic was already established between the Official and Patient. There's a certain degree of automatic synchrony

that one feels with a colleague (though I was not, in fact, working during this scenario). You trust in their position, even more so when interacting with a Patient who is not in sound mind. It was startling, therefore, to find myself without faith in the composure of the HCA. Their attitude seemed uncaring, cruel even. An error in the system. An anomalous result.

The group speculated too on how my relationship with Connor might have impacted on my assessment. Fundamentally, I had left his company with the pleasant feeling of having had a positive impact. Unthinkingly, I had allied myself to him, feeling proud to have helped him, to have understood when there was nobody else to. He trusted me and so I trusted him. Had events transpired differently my conclusions would surely too have been altered. If, for instance, I had left his company after a muddled and anxious ramble; his mood much unchanged, my sympathies would have instead been with the encumbered emergency Doctors and Nurses; stoically persisting in their work despite demoralising failure.

Ultimately, I'd let my first-time success go to my head and cloud my objectivity. I imagined the benefit of our discussion to be enduring but for all I knew he could have woken up the very next day in exactly the same state, our conversation long-forgotten. Take his account of the staff in the psychiatric hospital. I had totally given myself away to sympathy with his story of cold and unhelpful workers but what if that hadn't been the case? I had viewed his interference in the counselling of the other Patients in a positive light but was that such a logical conclusion? It just as well could have been the case that what he told the other Patients had frightened or confused them, led them to mistrust the psychiatric teams and hindered their chances of recovery. How could I know that he really was a registered Pharmacist? Perhaps it was a self-aggrandising delusion, installed to give him some much-needed confidence. Yes, I had found him to be superbly well-informed but, as his pin-point scoping out of the hospital's

guidelines demonstrated, the relevant information is rarely more than a few taps away. A good clinician would hope to maintain a balance between healthy scepticism and emotional receptivity and it seemed I had veered more to the latter.

No lull this time but we all knew by the clock that the time for discussing the case was over. In the months since then, and over the course of writing this essay, I've begun to find myself wondering what changes might have spared Connor the most searing of his troubles. The ugly choreography of what came to pass whilst I was in his company seems symptomatic of a system gasping for better organisation and funding. A and E was never going to be the right place for him but where else could he go? The work of crisis teams and mental health charities like Mind are invaluable. The difference that an intervention can make is dramatic, but to *prevent* these problems from ever gathering pace in the first instance is surely the direction in which meaningful improvements truly lie. There has never been a more urgent time to look for and implement more effective, alternative approaches in healthcare. Might a new emphasis on prevention be it? Connor had been left to fall deeper and deeper down society's cracks for most of his life. His situation is one shared by an agonised and unrepresented population of modern Britain. More than a pill they would benefit from investment into their local situation. Such questions are to be answered by communities and their representatives. For the developing medical student the power of reflection lies in the new insights that the process shows you.

The group's discussion helped me to step outside of myself and to appraise the situation from a more objective perspective. At points it had been embarrassing to come to terms with the idea that I had let myself be carried away on a stream of unchecked compassion, leading me to give a disproportionate amount of weight to a single view. It taught me the value of working with a group that I can trust. Being able to be vulnerable made for a more accurate and honest evaluation of the

experience and taught me the value of collegial discussion. Not only can you be open about your mistakes with peers but you can be a better Doctor for it.