

## PERSONAL LEARNING OBJECTIVE

To become comfortable with using the 'addiction terminology' when conversing with people with addiction

## Sea Changes



### Introduction

This trip symbolised not only the challenge of hard work and adversity, but also our first and most likely only truthful insight into addiction prior to beginning work as a doctor. Despite how far and wide the reaches of addiction are, medical students throughout the country are not given enough experience of it. Fortunately, this Student Selected Unit (SSU) provided that much needed contact and its subsequent teaching moments beautifully. Throughout this reflection, I am to explore how exactly it has affected me, both personally and as a future professional.

### What is my understanding of addiction?

Having had no personal experience of addiction, I decided to use this opportunity given to me to assess whether or not the sailing experience affected the way I viewed addiction. I had written down my perspective on addiction prior to any research as I felt this reflected my actual, unbiased views. I also then wrote down my perspective on addiction one month after the sail. During this time, I was able to meet with a service user that had carried out the trip with us.

### *August 2016*

Addiction is most likely a condition of someone that is weak-willed. Someone that doesn't understand limitations and control, and are generally a drain on society and healthcare. I understand that although socio-economic background may have a role in addiction, relationship breakdown is the key reason why people abuse addictive substances. There should be more support for people suffering addiction to overcome and succeed in life.

### *December 2016*

Addiction is a hugely complex issue, and it is completely unfair to attempt to summarise it in such a simple way as above. After having a conversation with Jamie\*, a service user, and gaining a very frank and honest insight into their path down the addiction road, it became clear that theirs was a daily struggle. It showed me that there can be no broad generalisations made of all addicted people, as each person has an individual story and therefore deserved to be treated on that basis alone. Through Medical school, the one message that is emphasised over and over again is that of ensuring **patient-centred** care. This means that the treatment of a person includes not only their physical health, but their mental and emotional well-being.

Research shows that a major influencing factor in addiction is the lack of bonds and connections with other people (TED Talks). One major human 'experiment' that highlights this best is that during the Vietnam War, despite the high use of heroin during the war, 95% of those servicemen did not become re-addicted upon returning home. This is in complete opposition to the average man's beliefs regarding addiction and reinforces that a good

background of family and friend support is important in establishing the course addiction takes in a person's life. (Stanton, 1976)



*Day one on board*

### **What did it change about me?**

The whole experience of this SSU (in particular the sailing trip) has had a clearly demonstrable effect on me as an individual. My learning objective of being able to converse comfortably and without causing offence seemed an unlikely goal after only six days on the boat. However, the constant close quarters and team working in order to perform basic daily tasks, provided the perfect environment to break down any mental barriers and hesitations I had.

On the boat, we were expected to essentially run it as if it was our ship, and this included cleaning, cooking, being lookout, changing sails, steering and occasionally enjoying the fruits of our labour on a beautiful sunny day. These tasks certainly exceeded what little preconceptions I had of this trip in my mind, as I had not fully taken on board the extent to which we would be participating. In full honesty, my expectations of the sailing trip were similar to that of a holiday, in the sense that my main goal was to get to know other members of the team and 'have fun'. The reality was much more physically tiring, but

mentally rewarding, as there is no better cohesive agent than raising and stowing an incredibly heavy anchor at 6.00am.

Communication and teamwork were essential to the success of this trip, and they were both thoroughly tested within the first hours of introduction during hoisting and trimming of the sails. Fortunately, these interpersonal skills are also essential during my future as a doctor, and as such this was an excellent opportunity for practice and improvement.

During the first day of the trip (this included the overnight watch as well as cooking/cleaning), I found it extremely difficult to connect in any meaningful way with both the service users as well as the crew. On reflection following the trip, this was most likely due to my own apprehension regarding saying the wrong thing, and potentially alienating people. Fortunately, (or unfortunately, depending on how you view the situation), I suffered from a bout of sea sickness, which although I had been warned about, I had had no real understanding as to how debilitating it can be. This meant that I was unable to participate during my watch shift, which increased the burden on my other group members. I had feared that this lack of participation would negatively influence my relationship with my team mates, however it had the complete opposite effect. It provided the opportunity for me to be vulnerable in front of strangers, and for them to provide some nurturing, which was in itself a wonderful moment. This event was a principle reason for the success of this trip from my point of view, and provided excellent points for reflection.

Interestingly, due to the nature of the sail, and the people on board, reflection was a part of the daily routine. It helped to normalise the event for us (medical students) and provided a continuation of what the service users were used to carrying out as part of their rehabilitation. Initially it was a slow and laborious process, with the danger of being a fruitless exercise. This can be completely attributed to the understandable unwillingness of anyone to be provide any genuine reflection of the day's events. This resulted in mostly generic reflection for the first and second day. However, as the group became more cohesive, it led to deeper and more meaningful reflection, which was incredibly helpful in not only reviewing the day's activities, but to provide a protected time to completely focus on what it meant for us. I have tried to implement this practice in my life, however I find it is more helpful when done once a week. This provides me with the ability to not react to situations before I have had the chance to fully appreciate all aspects of it.



*The final feast with the whole cast and crew*

### **What will it change about my future practice?**

Addiction is a tendril that wraps itself around every aspect of a patient's life, and therefore will be seen in almost every branch of medicine. I hope to practice in Obs&Gynae, and will undoubtedly see the effects of addiction on both the mother and the child, as well as the social aspects through relationships that I observe.

I believe that any changes to my future practice will be as a direct result of the changes to my mind-set regarding addiction. I will no longer be practicing under misconceptions, and be able to give impartial treatment to all my patients. I am now a strong believer in the ideology of 'if you ask, you won't offend', and will aim to make this a focus in all my consultations.

A noticeable change in my professional approach to people with addiction is that I am no longer tolerant of casual derogatory remarks made about them by fellow medical students. I believe that it is the burden of the new doctors to embody and emulate that which should be the ideal, and in this case it is the fair and equal treatment of all patients, no matter their background.

## Conclusion

Addiction is a complex and nuanced subject, which cannot be fully understood through a six-day sailing trip. However, it can and does provide a much needed snapshot into the life of an addict. This is invaluable in our future, as there is no part of medicine that remains untouched. The sail helped improve my interactions with addicts and as a result has made me a better person, and eventually, hopefully a better doctor.

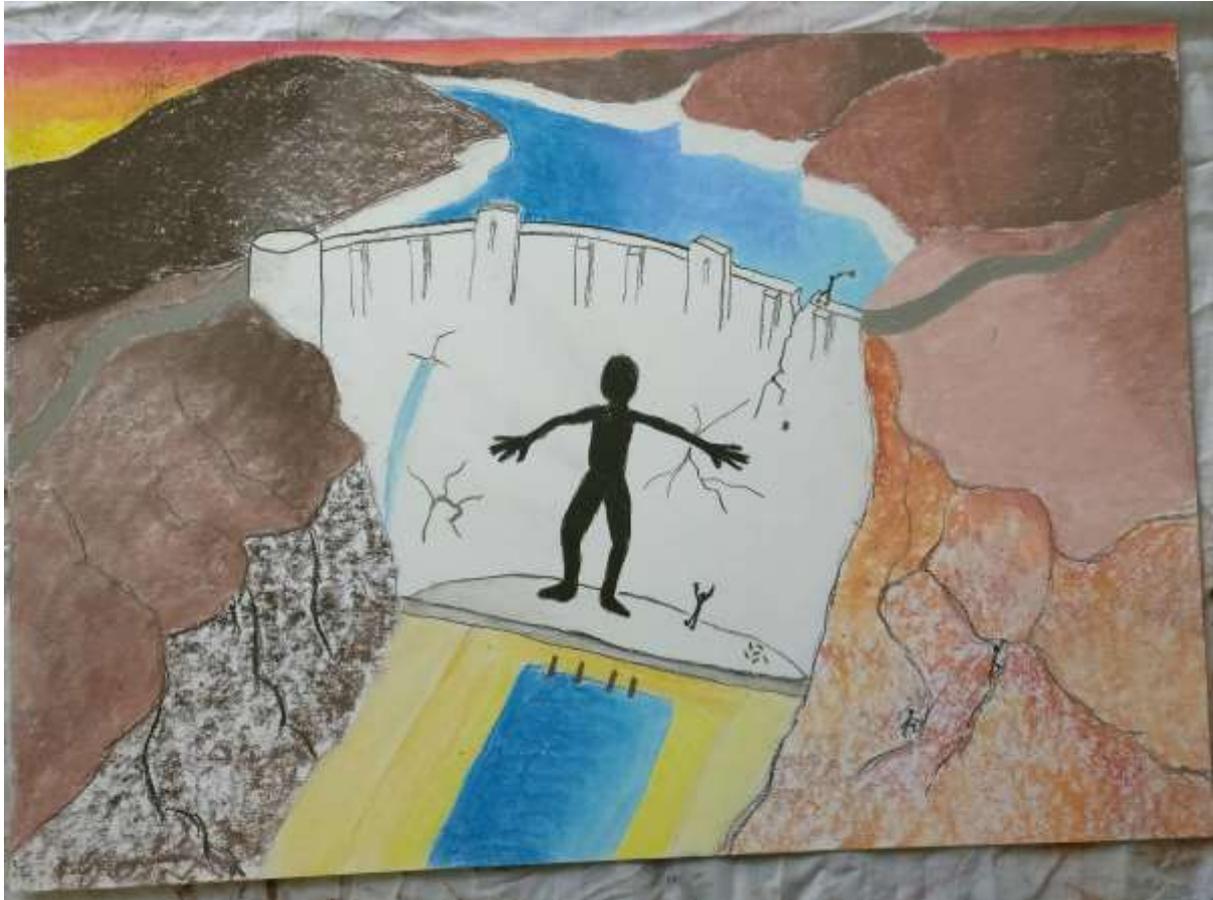


*The very tired and sun-kissed crew post clean-up.*

\* Names used in this reflection have been anonymised to protect the identity of the individual. Consent was gained to use their story as a basis for reflection prior to writing it.

**The pictures used were taken after verbal consent gained on the pre-voyage meeting.**

## Our Art piece



This art piece was created as a collaborative piece between myself and my placement partner.

Word count: **1479**

## References

- Stanton, M. Duncan. "Drugs, Vietnam, And The Vietnam Veteran: An Overview". *The American Journal of Drug and Alcohol Abuse* 3.4 (1976): 557-570.
- TED Talks,. *Everything You Think You Know About Addiction Is Wrong*. 2015. Web. 30 Mar. 2017.

