

## Real-life story – doctor with a disability

Rachel was in her second year of medical school when she was diagnosed with rheumatoid arthritis. Despite developing troubling symptoms very quickly, she continued with her medical training and is now well on her way towards reaching her ambition - becoming a consultant psychiatrist.

### **The onset of my disability**

After completing the first term of the second year of medical school I suddenly noticed some unusual symptoms, initially in my hands. Within a week both my hands were swollen and I was dropping things such as cups. My fingers didn't bend and I couldn't make a fist. Then quite quickly after that my toes also became swollen and it was painful every time I walked anywhere.

At the advice of my friends I went to see my GP, who referred me to rheumatology, but I had to wait two months for an appointment. By this time I needed to sit down after walking fairly short distances and was regularly dropping objects. My knees were also becoming swollen. Although my GP had told me that the symptoms were consistent with rheumatoid arthritis, I decided not to tell anyone what was happening.

After my rheumatology referral a nurse practitioner phoned me and confirmed the diagnosis. It was hard to accept that I had rheumatoid arthritis, especially since all the people I had seen in the clinic were much older than me. It seemed unfair as I was in a totally different life situation to those people. Rheumatoid arthritis is a systemic illness and I developed anaemia and fatigue in addition to the problems in my joints.

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### **Returning to medical school**

Undeterred, I returned to medical school to continue with my training. However, I had to drop the badminton and modern dance that I had previously enjoyed. My illness and resulting deformities in her hands and feet meant I was unable to continue with this level of physical activity.

Things were difficult once I was back at medical school. I had wanted to share a house with friends but most of the student houses had steep staircases. In my course, I was about to face practical exams – OSCEs (Objective Structured Clinical Examinations), where you have to deal with different clinical scenarios where patients are played by actors. You are given around five minutes at each station to answer questions. I knew I could not complete the circuit at the same pace as the others, so I was allowed to have a rest after each five minute scenario and continue to the next one later on.

I felt a little ashamed that I was being given extra time in this way. After all, was I really disabled or was I a fraud? However, once I found out allowances were being made for students with conditions such as dyslexia I didn't feel quite as bad.

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## **Support at medical school**

I soon discovered that there was lots of support available. The Disability and Dyslexia Support Service at the university provided me with a support worker to assist with practical tasks such as carrying heavy medical text books to and from the library. There weren't as many materials available online as there are today and so this support made all the difference. My support worker was also able to photocopy chapters from reference books which was a big help. I also had some very good friends who often helped me with what used to be simple tasks such as laundry and cooking.

When I was initially diagnosed with rheumatoid arthritis my grades started to slip a little, but once my support was in place I was achieving distinctions again! In the early stages I was getting by academically but I was very pleased to return to my previous levels of achievement. The university also provided me with a desk-top computer, which saved on trips to the library.

Support and help was also received where I had not been expecting it. Whilst at the hospital, I started to bond with the older people who were also patients. They told me about obtaining help with transport and shared other tips such as using a device to open a bottle of water. These little things made all the difference. Despite having a diagnosis of a chronic systemic disease, my self-confidence was starting to return.

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## **Keeping up with my studies**

I missed out on some important teaching time due to regular hospital appointments and towards the end of the second year spent two weeks in hospital for tests. This was a difficult time for me, since I missed one week of lectures and our first full clinical week on the wards. I had a lot to catch up on once I returned to medical school.

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## **Accommodation**

In the third year of medical school I moved into a specially adapted room in a university-owned flat. There was one other disabled student and we shared with three other students. I had a ground-floor room with an en-suite, and the room was carefully adapted with features such as electrical sockets positioned half way up the wall, which spared me from having to kneel down. I still would have preferred to share a student house with my friends, but this accommodation meant I could carry on with my medical degree.

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## **Less than full time training (LTFT)**

Once I started training as a junior doctor my life improved dramatically. I successfully applied for less than full-time training (LTFT)' and was subsequently able to work 60% of the week. I applied for LTFT during the final year of medical school and part of the application involved meetings with the postgraduate dean and an occupational health doctor.

I normally work for half a day and then come home to rest. During medical school (which was full-time) I often felt I was lagging behind, and I would be exhausted by the end of the week. Working part-time has its own challenges, and you are out of sync with your friends from medical school once they start overtaking you. However, the further you progress in your medical training, the more likely you are to encounter people of different ages and other people doing less than full time training.

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## **F1 and F2 years**

I undertook rotations in general medicine, surgery, psychiatry and general practice during my foundation years. During my psychiatry rotation my consultant was particularly supportive. To start with, the consultant suggested I started at 10 am instead of 9 am, to avoid the traffic. By this time I had my own car, arranged via the Motability scheme which enables you to exchange your mobility allowance to lease a vehicle.

When I was working in a community clinic the same consultant asked his secretary to arrange the transportation of the patient medical notes, which made life so much easier. The team was very caring and supportive and told me not to worry should I need extra help.

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## **My chosen specialty**

I chose psychiatry as my specialty and have just completed my core training which she spread over six years, instead of the normal three. I chose psychiatry as I really enjoyed this specialty at medical school and I also completed an academic project in this area. I also opted for a psychiatry rotation during my foundation training. Within psychiatry one of the main aspects of the work is communication rather than manual dexterity and therefore it suited me well.

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## **My motivation**

As my career has progressed I become more assertive about my needs and less apologetic about my disability. At first I was reluctant to ask for help and went out of my way to hide my disability. Sometimes people make unhelpful comments about me working part-time, saying they would like to work shorter days too. But actually having a disabling illness is not fun, and obviously I earn less money than people who work full-time. I'm not prepared to be treated badly and I know my rights these days. Rheumatoid arthritis isn't always that obvious and people sometimes find it difficult to accept that I actually have a disability.

Finding support in unexpected places is always a welcome surprise for me. Where I currently work our cleaner has gone out of his way to help by providing me with a key to a

door that no-one else uses. This door is right next to my reserved disabled parking space in the car-park and it makes accessing the building very much easier for me.

Discontinuing my medical training was never an option once I was diagnosed with rheumatoid arthritis. I was a medical student first and my disability came after this, so I didn't even consider giving up. I feel like a mentor to other disabled medical students/junior doctors and my advice is to know your rights and make sure you are getting the help you are entitled to. Try not to allow yourself to be affected by other people's negative views.

My experience of being a user of NHS services makes me more understanding of the frustrations some of my psychiatric patients experience. I can really identify with my patients' anger and frustration if they have to wait a long time in clinic for their appointment. I see the patients as everyday people, which I think is partly because I have also been the same situation. I can really empathise with my patients, and I am much more in touch with their feelings.

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### **My goal**

Achieving my goal of becoming a consultant is just six years away and I am looking forward to starting my higher specialty training in psychiatry soon. "Although the damage to my joints is irreversible, the medication has helped my symptoms immensely and I feel very positive about the future."

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