

Neurology – A reflective perspective

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For generations the mind has been mystifying physicians all around the world. It is the powerhouse behind everything we do, and everything that we are – therefore there is no wonder that reams of time, research, money and effort has been poured into this¹.

The Association of British Neurologist, through various publications in the last 10 years, has stated that there are too few neurologist consultants, and that provisions need to be made to ensure that there is comprehensive care to patients in hospitals². In light of this there has been a recent drive into increasing the number of clinical consultant posts in local hospitals. This drive has led to more innovative measures being implemented in this field, including new research on pharmaceuticals as well as introduction of new technologies.

A general misconception of the field of Neurology by medical students is that it is too complicated³. However, I found my experience to be one of the most organised, patient orientated, enjoyable experiences I have encountered on a ward setting. The teaching sessions that accompanied the firm brought all of the previous years of knowledge together like a solved jigsaw puzzle – linking the neuroanatomy with the pathophysiology of an illness and the role and impact pharmaceuticals have⁴. With everything falling into place and having a better understanding, it gave me more confidence to explore further into this field.

Having previously only had brief exposure to Neurology, to be in a committed arena focused on this speciality was a daunting experience. Opposed to other specialities, where history taking is the millstone to your diagnosis, management and follow-up care, there is a much bigger onus on clinical skills and interpreting findings. The obvious signs of loss of sensory or motor functions are evident, but more subtle focal lesions are sometimes harder to pick up, this is when drawing on your clinical knowledge and application is required. This remains one of the evident advantages to Neurology, compared to other disciplines - that it remains clinically orientated. There is only so much that could be galvanised from a case history. As medical students we had ample exposure to the ward, and were able to approach patients and hone in on our clinical skills. As our basic knowledge had been laid down, through teaching session's and also clinical case studies, we had the theory behind many of the clinical assessments, but lacked confidence and

appropriate patients to assess. This changed as we integrated ourselves with the close-knit multidisciplinary team and the patients. There seemed to be buoyancy in mood, as we became more proficient undertaking assessments, for instance a cranial nerve examination that once took 10 minutes to carry out was halved, without feeling like we had missed anything vital out.

More so, it was an eye-opener to experience, (even for a brief period), the sub-specialities that Neurology caters for, an aspect that I particular enjoyed was neuropsychiatry. Essentially the brain is an intricate piece of machinery, as with all things in life, sometimes this goes awry. For me to observe from a clinician's point of view and come to the same conclusion as my peers, gave me a sense of pride, knowing that I was moving in the right direction in my medical career, and that all that pent up knowledge was at last being implemented on a practical level. Unlike other fields, for the most part we were left to our own devices – we were not spoon fed. This was refreshing, although a little overwhelming at first. We were responsible to find, clerk, assess and present patients to our team-members. The feedback we received was invaluable; it illustrated the extent of our competency and also left you with a sense of achievement knowing that you are capable and apt.

For those that are looking for a speciality once they have started their medical career, Neurology is an exciting and innovative place to be at right now. With an aging population worldwide, more effort, resources and money is being spent on degenerative illnesses such as Alzheimer's disease and Parkinson's disease.⁵

Although to some extent current treatments offer benefits to sufferers, there is hope that new pioneering forms of treatment will be developed to manage patients. Additionally this gives students and qualified peers alike a great opportunity to conduct research and audits and get the opportunity to be published. Neurology still remains a minefield of the 'unknown', and it seems to be constantly on a quest to better itself and find new measures and treatments to bring to the patients.

With its new advancements in the pipeline, Neurology seems to have a bright future. However, there is the obvious downside to being in a speciality of this nature. You will come into contact with a large number of patients with untreatable disorders. It

needs someone with a strong constitution to see someone that has a poor prognosis and an almost certain decrease in quality of life. For some, there will be an obvious deterioration before your eyes, other's may have already suffered severe neurological deficits that ethical questions on the continuation of the life may arise. These are tough decisions to make, and needs someone with conviction and strong-will to stand by their decision.

Overall Neurology is what you make it, as is every profession. What stands out with Neurology is the exposure you get to patients. For students this is a valuable and undoubtedly crucial time in their medical training to perfect skills that will be called on in the future. Where else would we find another welcoming and encouraging place to learn the tools of our future trade, that allows freedom to learn, exposure to patients, a myriad of different diagnosis, and most importantly a practical use of your knowledge and clinical skills?

COMPETING INTERESTS

None Declared

AUTHOR DETAILS

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