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Speech for Beat's 'Eating Disorders Awareness Week' event at the Houses of Parliament, February 2017

I know a girl
Whose life is a lie
She sets herself targets
Never asks herself why

I know a girl
Who's tired and weak
She stutters and trembles
And struggles to speak

I know a girl
Who hates what she sees
She tries to improve
Is eager to please

I know a girl
Who's not sure who to be
She's desperate and lonely
This girl is me

I wrote this poem in January 2007, when I was fourteen years old, in between an emergency admission to general hospital and my time at a long-stay in-patient unit, receiving treatment for Anorexia Nervosa.

I am now a junior hospital doctor. I am not a specialist in eating disorders, but I have over a decade of lived experience, combined with general medical training. And I want to use my experience, combined with my knowledge of medical education, to help improve the provision of medical training on eating disorders - both at medical school and after qualification.

Let me tell you about my first visit to the GP. I will read it out of my book ***Life Hurts: a doctor's personal journey through anorexia***, which is published this week.

On Tuesday 23rd May 2006, I agreed to go to the doctor with my mum. It is important to recognize that every person's story is unique and all will have different journeys up to and beyond this point. But what is consistent across everyone who develops an eating disorder is that all will have that first visit to the doctor.

It can be a really positive experience or a negative one. It can be a crucial turning point, or just another staging post in the continual harm that eating disorders do. Which of these it is depends upon the knowledge of the doctor, and the willingness of the patient.

Unfortunately, in my situation, neither of these were present. One might assume that since the GP is the first port of call for anyone with an eating disorder, they would know how to spot the signs and symptoms, would understand the sensitivity of that particular point in the person's journey through the illness, and would know exactly what to say and do. Unfortunately, for me, that was not the case.

My story is not unusual in this respect. Many doctors do not know enough about eating disorders because they don't feature very highly in medical training, as I was to discover when I went to medical school. We had just two hours on the subject throughout the five years of study. And since many students didn't see it as core to their training, only half of them turned up for it.

My GP clearly had very little knowledge of the subject. She was insensitive, making unhelpful comments, and asking inappropriate questions. This was not a positive experience. So, my mum asked the doctor specifically to make a referral to the Child and Adolescent Mental Health Service (CAMHS). Thankfully, the doctor agreed to do this and my mum was relieved.

We stood up to go, and just as I was walking through the door, the doctor called me back for one final question. 'Do you make yourself sick?' she asked. Until that point, I'd not thought about that way of losing weight, but now the idea had been suggested to me, by a doctor, I couldn't get the notion out of my mind.

Being a doctor is tough. Patients expect you to know everything about every condition. Granted, five years is a long time to learn, but students' learning is guided by the school's curriculum and examination topics.

One thing that is key to medical education is learning the skill of pattern recognition. As doctors, a large part of making a diagnosis involves identifying a pattern. For example, I may have a patient on the ward who presents with sudden onset shortness of breath; they may describe some chest pain and a new cough with blood in it. I would examine them and might find that their heart is racing very quickly and I might get an ECG. I would then run this presentation through my medical sieve and identify the most likely diagnosis. In this case I might suspect a blood clot on the lung, I would get a scan, and if that was positive then treat them for this condition. Hopefully they would then recover.

A lot of physical medicine is straightforward, like this. However, with eating disorders there could be any number of features present. They are complex and multi-factorial. They cannot be diagnosed by a few quick formulaic questions. And, inherent in the condition, is the patient's tendency to hide signs and symptoms from family, friends, and medical professionals - and even from themselves.

This makes recognising an eating disorder very difficult, particularly in the crucial early stage, which is so important because the evidence shows that early intervention has a very significant impact upon recovery. So, the role of the doctor in that initial consultation is vital. It is vital, but difficult. It is difficult but not impossible. With adequate education, doctors can learn the skills to identify the very wide range of possible presentations. And they can be equipped to avoid saying unhelpful things that will only make the condition worse.

As doctors, we do not get enough training on eating disorders. Two hours throughout five years is simply not adequate. The prevalence of eating disorders, and their complexity is such that, I strongly believe, there needs to be detailed, standardized, and compulsory education on the subject.

Maybe if my GP had more training I wouldn't have lost so many years of my life, things could and should have been different.

Thankyou.