

UNIVERSITY OF MANCHESTER

Erasmus Report

Lyon, France

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Before you arrive

First of all, definitely do Erasmus. I remember being slightly disappointed that I couldn't do a more 'adventurous' elective, but I now feel so lucky to have had a full four months in France, and Erasmus funding is a big help. I know some people were worried that their French wasn't good enough, but the placements are generally supportive enough that any level of French can get by. My most fundamental advice is to wait until you arrive to sort out accommodation. I tried to arrange a flat to rent before I arrived and paid a deposit and a month's rent for it. This turned out to be a big scam. The flat did not exist, at least not for rent, and I had no way of getting my money back. This was obviously devastating and ruined my first week or so in Lyon. The only way to be certain about your accommodation is waiting till you get here. Don't worry, it only took me a few days to find somewhere, there are lots of spare rooms available.

Whilst you're in France you will be asked for lots of documents. Make sure you bring all your important papers with you. One thing I didn't expect to be asked for and had to get sent from home was my birth certificate.

On the other hand, you do not need to bring smart clothes with you as everyone wears jeans and a t-shirt under their white coats.

Before you arrive you will be asked to pick placements and will be provided with an incomprehensible list of placements and their credits to pick from. Ignore it! We don't need to choose from these so just put down whatever you want to do. I did not realise this so limited my choices quite a lot. Changing your placements afterwards requires a lot of persistence.

Why Lyon?

Lyon is the third biggest city in France, after Paris and Marseille. It is therefore perfect if you want a lot happening but without the stress and expense of Paris. There are a lot of students, many of whom are international and I think it's one of the friendliest places in France I've ever been to. In addition, Lyon is simply beautiful, historic, classical buildings, huge rivers and lovely parks. We are here at a perfect time to go skiing. For this there are coach companies that take you from Lyon to the pistes every weekend of season. It's a great day trip and is a cheaper way of getting your ski pass. As I write this however, the ski season is well and truly over. We have moved swiftly into the sun of the summer months and we are meeting up after hospital to sunbathe by the river and picnic. So luckily, with the timing of Erasmus you get to experience the two best seasons.

There are also a lot of great places to visit nearby in France but also in Switzerland and Italy. Even very ordinary towns are beautifully built. Lyon is the perfect place to be for making weekend trips.

When you arrive

The first thing you will have to do is sort out all your papers. You are not able to go into hospital until this is all done. This is where I got frustrated and French bureaucracy and inefficiencies. One

thing I didn't know, was that you have to go to a SMERRA office to buy a sort of professional liability insurance. Then you can take this to the international office with your other identity documents and get a student card. At this point, it is also really important to get your certificate of arrival signed so that you can get your Erasmus funding.

Another important thing to get sorted out early on is a sort of benefit for accommodation that students are entitled to. This is called APL and is available through the CAF organisation. The amount varies, but seems to work out as about a third of your rent. This is what you need your birth certificate for. It's a long process and they want lots of different documents but I think it's worth it.

French healthcare

It's great to have experience of the French healthcare system which is excellent in many ways. They have much better funding for their healthcare; the money going in is noticeable. They have more doctors and nurses and other healthcare workers in ratio to patient numbers. I also got the impression that there was easier access to certain speciality care such as psychologists. I'm not sure how the regulatory body works here in comparison to NICE, but it seems that they are quicker to authorise and fund novel therapies.

There are many frustrations with the system however. The mixed public, private and insurance funding is very complicated and requires a lot of paperwork. In fact, there is a lot of paper work for everything. It seems often like unnecessary bureaucracy with duplicates being made on paper and on the computer system, and of course it is often this work that falls on us students to do. No one seems to want to make efficiency changes however; everyone is used to it, even the patients who bring in their bulging but organised folders of health records.

Not only is much of the doctors time taken up with paperwork rather than anything clinical, I get the impression that having so many staff means that everyone works a bit slower. This is great in terms of being less stressed but I found it frustrating, I wanted to be more active. For instance, one a couple of the juniors spent nearly an hour sitting in the office complaining about how much work they had to do!

I also found a lot of the waste in the system frustrating, due partly to a system that is proud of its tradition but therefore also not very progressive and partly due to the expectations of the patients. For instance, many patients rarely go and see a GP but go straight to a specialist. They have also come to expect a high level of interventions be that investigations or treatment. Eventual treatment therefore is sometimes based on these expectations rather than on evidence.

It is very surprising, just across the channel, how different that treatment could be. A lot of medications are prescribed, many that we never use. If you go to the GP with a cold, for instance, you will come away with two bags of prescribed medications and perhaps some homeopathy as well. Even when they do use medications we are used to, no one uses the generic name so it becomes quite hard to understand.

Overall, I think the patients are happy with their healthcare and the access to specialist care is fantastic. For me however it is a frustrating system to work in due to all the waste and inefficiencies. From an altruistic point of view I did think it would be good to work in a system that provides patients with such good care but, for some reason it didn't feel that rewarding.

Placements

Paediatric endocrinology

By chance, I had two succeeding placements in endocrinology: one adult and one paediatric. Both involved a relatively high proportion of patients with diabetes and this allowed me to reflect on the differences of patient experiences between children and adults. Ignoring the obvious medical differences with type 1 and type 2, I think there are many different psychosocial complexities concerning children with this sort of chronic disease.

Most of the children I came across were very withdrawn at the beginning of their first admission. They have never been to such an overwhelming environment, with incompressible noises and many strangers. Apart from this initial fear however, I think young children have certain psychological make ups that allow them to cope better with the diagnosis of a chronic disease than adults. For instance, I think the idea that children 'bounce back' is more than just hyperbole, I saw many kids visibly get much better once the initial shock of all the changes are over.

I also think that, in comparison to most adults, most children are more likely to live more in the current moment and have less of the perspective necessary to comprehend the enormity of a chronic disease diagnosis. This is not meant to understand their understanding, I directly observed a wonderful ability to understand diabetes and its management in great detail, however I think that children are less likely to worry about the distant future or get depressed or anxious about their health.

This is of course helped by their trust in their family who generally hold the largest burden of disease management at least initially. This is a very stressful time for parents, not helped by having to juggle often other kids and hospital visits. We therefore always spent a lot of time with parents providing education, support and answering any questions.

This can all change however in adolescence, from what I could see teenagers soon began to struggle with what their diagnosis meant and how it made them different from their peers. Despite most of them able to do everything those without diabetes can do, having the label of a disease made them feel not 'normal', something that I think is very difficult for teenagers. In addition to this, they face the 'embarrassment' of regular injections and have to plan and worry more about their meals and activities than their peers.

In addition, this is the point that many teenagers are faced with the additional burden of having to take over control of their disease from their parents. This must be quite stressful initially.

Finally, it is the age of a more unpredictable lifestyle and of experimentation all of which has the potential to derange diabetes control. Therefore, I saw many teenagers who lost control of their diabetes or sometimes basically completely stopped their insulin because of self-image issues etc. It is no surprise then that many of these young people got depressed or anxious.

To address this, the hospital put in place day hospitalisations, child psychotherapist consultations and even foreseen hospitalisations to get diabetes back under control and to do re-education. I was very impressed with some of the consultations I saw, for instance spending a few minutes with the patient without their parents in the room and being very empathetic. I also noticed that they always took a holistic approach and asked about how things were at school and at home. One doctor also made sure to tactfully mention potential issues very early to avoid later problems, for instance emphasising the importance of contraception when necessary and the dangers of smoking and alcohol.

I found that rather than getting frustrated with a withdrawn young child or a sullen teenager it was useful to imagine their fear or worries to better understand how they could cope with their disease.

Gynaecology

I think that obstetrics and gynaecology is one of the aspects of French healthcare that most differs from British. French women see their gynaecologists regularly instead of their GP for things like smears, contraception and breast examination. This seems to be an expensive system but much of the population has little faith in generalists due to the system of job allocation that means GPs generally attained the lowest marks. Often however, people develop a good rapport and trust for gynaecologist which I think is very important for often sensitive issues.

The medical culture in France however is still quite paternalistic and I didn't find this very comfortable. Not much was explained to patients, they were left wondering what their diagnosis was and examinations and tests were done without explaining why. There was also not much in the way of joint decision making, just had to take the doctor's advice. Whilst I was used to the paternalistic approach in other French specialties, it seemed to me to be particularly damaging in O&G. This is due to the vulnerability that is often found, even though we wish it wasn't so. There is something disturbing in the fact that the body can cheat us that normal female functions lead us to be sat across an imposing desk, lay on a table, inhaling anaesthetic gas. Many gynaecologists fail to acknowledge or even recognise this so this somewhat blundering paternalistic approach does nothing to alleviate fear.

It was also much more medicalised. For instance, midwives in France have much less autonomy, they are not able to deliver babies without a doctor present and it is doctors who do the routine consultations during pregnancy. I also noticed they were much more likely to suggest gynaecological surgery for things like fibroids and cysts after a shorter time of medical therapy.

One thing that particularly surprised me was that it is illegal for lesbian couples to have any help conceiving. I learnt this when I saw two women having to go to Brussels for treatment. This seems to be quite a non-progressive standpoint or policy.

My final bug bear was the regular prescription of homeopathy to every woman who had recently delivered! This was given alongside all other prescriptions on official prescription sheets that I think give it a sort of authority that is not deserved. I knew that homeopathy was popular in France but I at least thought that healthcare professionals would not endorse it. On the contrary, they based their prescriptions on tradition, anecdotal evidence and the fact that many patients liked or wanted it. I was disappointed, when evidence of their inefficacy was highlighted, that no one wanted to change this manner of prescribing for the sole reason that this was how they'd always done it.

Psychiatry

I chose a placement in psychiatry because I thought it would be good for my French, and I think that was true. It was particularly interesting in understanding the nuances of the language for instance recognising whether things were phrased appropriately for the context or perhaps expressed a bit bizarrely.

It was a very new experience for me as I had previously only ever observed outpatient appointments, whereas for this placement I was in the biggest psychiatric hospital in France. The grounds were immense and included a farm, a huge church and a couple of parks complete with deer.

Whilst they said that psychiatry in France was the worst funded specialty I got the impression that waiting lists were shorter than in the UK. There were also a wide range of outpatient or intermediary care services.

Stigma in France is still a big problem with mental health. I encountered a few patients who they really struggled to find somewhere for them to live because no organisation wanted to take them in. I particularly remember meeting a 60 year old lady who was living in a, probably inappropriate, retirement home. She really struggled, firstly with ageing with a mental illness, but secondly being in a place where no one understood or was trained in psychiatry and with much older and physically sicker residents.

I spent a week in an outpatient district service in the poorest part of Lyon. This was really interesting because you could see the convergence of a lot of problems such as unemployment

and addiction. It was also an area of high immigration so the service dealt with many refugees who had suffered traumas and stress.

I also learnt of a somewhat surprising psychiatric diagnosis called 'Syndrome de méditerranée' this was essentially playing on the tendency of many Mediterranean people towards melodrama, so was used to label those whose moods were exaggerated.

I also enjoyed that consultations frequently contained some philosophical discussion. For instance, one patient expressed that they thought the fact they weren't very intelligent made it harder for them to cope with their illness. This led to a long discussion about what intelligence really was and whether it was really all that important especially in terms of mental health.

I was particularly interested in observing certain psychoanalytical techniques. I liked the idea of listening without judging, without preconceptions, without trying to package things into neat medical phraseology. In some cases, it seems they are trying to reach into the unconscious, to discover feelings, sadness, sources of anguish that the patient themselves are barely aware of. It is, in a way, an exercise of the most profound type of empathy.

General reflections

There is nothing like living abroad to make you miss strange little things from home, even so, it will be very hard to leave. It has also made me realise little quirks of Britishness, me it a strange politeness habit or a slight embarrassment that no one seems to be bothered by. I find it very interesting to be able to compare and contrast cultures, and I will certainly miss the more relaxed way of life in Lyon, not to mention the sun.

The interesting thing about speaking so much French is that in very small ways it changes your personality. The ability to express yourself using different phrases and words, I think begins to change the sort of things you say. For instance, in French even relatively simple phrases can sound philosophical or profound. In this way we are a function of our environment and also the language we speak.

Living here, I have noticed a strange duality: sometimes living abroad, far from family and friends makes you feel alone; sometimes speaking a foreign language and traveling at such close proximity to others makes you tired and want to be alone. In reality of course, this is one of the many ways in which traveling helps us learn about ourselves. I made some fantastic friends in Lyon. The easiest friendships to make are with other Erasmus students, you have an easy commonality of being foreigners together, but I also found the Lyonnais remarkably friendly and welcoming.