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## Reflection

### Bark of the giant Sequoia tree

Chinenye Omesili

As the rays of the sun flooded my bedroom from the half-closed grey wooden blinds, I woke up from a deep and rejuvenating sleep, feeling refreshed. This was a stark contrast to the non-refreshing sleep associated with chronic fatigue syndrome – why the dawn?

As I stretched my limbs, I noticed that they were slightly stiff, but not rigid. In my mind, I ran through the Simpson Angus scale to ensure that I was not experiencing any symptoms of drug-induced Parkinsonism symptoms, but quickly reminded myself I was not on any medication. With that in mind, I got out of bed ready to face the day – why the feelings?

I quickly freshened up and prepared breakfast for my little children. Their regular morning gibberish filled my head. The words of Winnicott's theory on 'good enough mother' drifted into my head, but I shook them off and turned the pancake in the pan. On several occasions, I paused to check if I was experiencing a form of thought disorder or an auditory hallucination – why the thoughts?

Dropping the children off at school, I drove to work, enjoying my 40 min of non-clouded consciousness – a world of sanity. Despite experiencing a flight of thoughts, tangentiality and emotional dysregulation all at once, I regularly find solace in the little inspirational card hanging from my rear-view mirror serving as a soundboard for my frustrations. The transference and countertransference energy exchange between us can be cynical, but then who cares – why the silence?

I got to work euphoric but not to the extent that a diagnosis of F30.1 (International Classification of Disease 10th edition, code for manic episodes) comes into play. I whistled into the ward walking on cloud nine, greeting all and sundry, peers and patients alike. Obviously, a cup of tea to kick-start the day – why the joy?

Ward rounds started with new admissions reviewed. Cases ranging from unspecified dementia to drug-induced psychosis, with a sprinkle of Patau's syndrome and bipolar, with me getting all the diagnostic criteria mixed up and asking insurmountable questions. My notepad was open and my pen scribbling away like a reed brush dipped in ink on papyrus. I circled and underlined to place emphasis. Whether or not I get to read them afterwards is any one's guess – why the ambivalence?

In the depth of all of this, I skipped my lunch (and other times ate quickly to avoid my stomach embarrassingly rumbling incoherent pressured speech). I spent my day chasing results, letters and specialists. Some days fly by, running faster than a cheetah, while other days stand still like a catatonic person, taking 3 h to move from one hour to the next. Let me not indulge in my opinions on the British weather and its unstable personality trait. So unpredictable with an attitude of a child with conduct disorder and a flavour of ADHD – why the fiery temper?

How I ended up back at my doorstep was unfathomable. My bag hung down from my shoulder like someone at the extreme end of bipolar, with its zip expressing exhibitionist disorder. One thing was certain – the creases of tiredness on my face could allow a stream to flow. I retired to bed wearing the clothes of exhaustion. I bet I could pass as having REM sleep behavioural disorder. Fortunately, there is no need for a dopamine active transporter (DAT) scan. I know I was just a tired trainee worn out from my day-to-day activities, but I will continue as I am thicker than the bark of the Sequoia tree – Alas, here is the truth.

All in all, I will always choose psychiatry.

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