

HUMANISING CRIMINALITY - A MEDICAL STUDENTS PERSPECTIVE ON FORENSIC PSYCHIATRY

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As a first year undergraduate medical student, I completed a summer studentship placement program in July 2018. My placement was based in the Psychiatry Department at Kings College London. I had a great experience where I learnt many fundamental aspects of psychiatry. This was conducted through lectures, workshops and real life stories of patients. I also had the privilege of living with a psychiatrist for one week, which gave me an invaluable opportunity for conversations on topics which were not discussed in detail during the week. The summer school was for medical students and junior doctors that had an interest in psychiatry and were seeking insight on whether or not to pursue this field. While the entire week included fascinating lectures, it was the trip to Royal Bethlem Hospital and the meeting with three patients in the low secure unit that left the biggest impact on my new perspective towards patients, as well as humans in general.

When the forensic psychiatrist told us we were going to meet these patients, I was both curious and nervous. Never

had I encountered anyone with this kind of criminal background before. The three individuals we met were each at different stages in their rehabilitation and the crimes committed by all three include offenses of rape and murder. We were briefly informed about the upbringing of these individuals which typically included violent family backgrounds, where sexual and domestic violence was commonly received and reciprocated. What became clear from our conversation was their differing personalities, ranging from being talkative and keen to showcase development, to being reserved and rather philosophical towards each question. One individual was suffering from schizophrenia and after some jail time, he was admitted in the hospital and given appropriate medicine and therapy. This individual eventually became fully aware of their wrongdoings and is now working in the community with people suffering from similar illnesses. Therefore the same person who committed a heinous crime is now actively working to prevent the next heinous crime. This is to the credit of forensic psychiatry - a field that seeks

to understand and help the most despised segment of our society.

Before entering the Royal Bethlem Hospital, I understood the importance of non-judgment for a clinical practitioner when it comes to interacting with humans that are looked down upon in society due their past actions. Although this is a principle taught and practiced by many, I think it is easier said than done when social stigmas against certain crimes are so fierce. Upon leaving this hospital I now understand that all humans possess the capacity to act as good as they can, evil. What determines how they act is perhaps too complex to confidently state, although a plethora of factors are associated. What can be ascertained is that a doctor who is conscious of this reality has a far greater power of empathy than the doctor who was simply taught to try and put themselves in the shoes of the patient.

I would like to thank Kings College London as well as the Royal College of Psychiatrists for organizing such an enriching summer school. While I still have many years remaining until I decide what type of doctor I want to be, the positive impression of psychiatry has been cemented. I hope to use the lessons learnt from this week regardless of my future speciality.

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CONFLICT OF INTEREST

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