

ALL DOCTORS should see the video, *Can You Spare a Moment?*, by John Cleese and Anthony Jay (£620 to buy, £100 to rent for two days, £130 for three days; Video Arts Ltd, Dumbarton House, 68 Oxford Street, London W1N 9LA). Sadly, not even the fact that the tape stars John Cleese will attract those who are most likely to benefit, once they learn that it is about counselling. "That's all marriage guidance stuff," might be a predictable response, although it would be like saying "Surgery, oh that's all about scalpels." Counselling complements the didactic and authoritative side of medicine—it's about perceptiveness, listening, understanding, recognising difficulties, and ultimately helping people to make decisions, resolve conflicts, and solve problems. Our patients are much more in need of counselling than we recognise: abdominal pain, headache, or chest pain are far more likely to be caused by everyday stresses and strains than by appendicitis, a brain tumour, or angina. Any practitioner who aspires to be a truly good doctor must understand the fundamentals of counselling.

John Cleese, Prunella Scales, and others show a host of *Fawlty Towers* types of counselling and then contrast these with the Savoy equivalent. They use everyday scenes to show how (and how not) to set up an interview, encourage people to talk, help them to think through the problems, and, finally, let them find solutions. Each step is clearly discussed and vividly illustrated; there is not a dull moment in this highly professional 25 minute tape, which is accompanied by two booklets—one summarising the content, and the other a discussion leader's guide.

The viewer should not be put off by the management as opposed to medical setting, for not only are we increasingly expected to manage nowadays but also the principles of counselling are identical whatever the setting. It's a shame that there is a slight emphasis on the boss helping the employee, for as the tape shows counselling may equally be doctor to patient, consultant to junior, or colleague to colleague.

This is a tape for any doctor who takes seriously the role of helping others. I recommend it particularly for any doctor responsible for training others. It has specific applicability in psychiatry, paediatrics, occupational and community health, and, of course, general practice. I wonder which imaginative medical schools will put this tape on their "required viewing" list. How sad that it is so grossly overpriced at £620. It can, however, be rented for £100, which is only £1 for each medical student in each year in most medical schools.—BRYAN LASK, consultant psychiatrist, London.

THE PLIGHT of mentally ill people around the world but particularly in Japan, the United States, India, and Egypt was illustrated in *The Forgotten Millions* (ITV, 31 March). Director, David Cohen, and coproducer, Joan Shenton, were inclined to see the influence of Western psychiatry in the Third World as baleful. Where there is any money to spend, a medical model of psychiatry prevails, although there can sometimes be "a subtle mix of cash, care and imagination finely tuned to local needs. These are still a minute part of the whole, and the whole offers every opportunity for abusing patients."

England got off lightly in the film, but we were reminded that the exposé of medieval conditions in Japan was stimulated by David Cohen's earlier film, *I Was In Broadmoor*. Scenes in that film stimulated human rights lawyer Etsuro Totsuka to start a campaign of investigation and reform. A quarter of a million people are held prisoner in Japanese mental hospitals (compared with 7000 statutorily detained in Britain), often in wretched even barbarous conditions. Most mental hospitals are privately owned, and there is little academic medical interest or training in psychiatry. Patients are abandoned, incarcerated for years without communication to the outside and with no right to regular review. Fear and shame lead

relatives to arrange for most mentally ill people to be locked up. There are no "dossers, tramps, or wierdos" visible in Japan's streets. The film's producers hope that Etsuro Totsuka will get moral support in Britain and that British medical and psychiatric institutions will urge Japanese colleagues to welcome and support the "Kyoto Principles" agreed in January 1987 by an International Forum on Mental Health Reform.

In New York the myth of community care has turned into a nightmare. Psychiatric inpatients fell from 93 000 in 1960 to less than 20 000 today, and psychiatrists are mainly said to treat the "worried well." Otherwise, only the very sick and dangerous get treatment, remaining meanwhile on the streets like Ricky, who pushed somebody under a train in the subway before he could get into hospital. Ironically such scenes as we were shown from New York (a drop out centre with 600 beds closely packed on a warehouse floor and patrolled by armed guards, unable to prevent the occasional murder) led to reservations from American psychiatrists at Kyoto. They supported the five principles agreed unanimously but found legal guidelines much more difficult to settle. The issues are set out in a recent *Lancet* paper (21 March, p 676).—s BOURNE, psychiatrist, London.

I WAS HOPEFUL when I sat down to watch the video *Don't Lose Heart* by the Chest, Heart, and Stroke Association (available from the association, Tavistock House North, Tavistock Square, London WC1H 9JE, price £9.50 plus 50p postage and packing).

Working in an area where facilities for rehabilitating patients who have had heart attacks are non-existent, I thought it might both save time and improve care to have a good video to lend to such patients. Alas, these hopes were not fulfilled.

The video starts well, with soothing music and the equally soothing voice of Andrew Cruickshank explaining the pathophysiology of a heart attack with good graphics. It goes on to advise on exercise, stress, diet, smoking, and alcohol, and the important topics of sex, driving, and medication are also discussed. Thus the relevant subjects are covered.

The advice on return to activity and exercise is sound and given in a clear and concrete way. The information on attitude to life, work, and recreation is also eminently sensible and in line with research findings, but the tone at this point becomes one of moral exhortation. Indeed, the implication seems to be that it was the patient's unwise behaviour that caused the heart attack. This may often be true, but more tact is needed in explaining this to patients than is shown here. Perhaps the inevitable image of a paternalistic lecture from Dr Cameron created by the voice makes this worse.

The message on diet is perfunctory—lose weight if obese and cut down on animal fats. How to do this is not explained, and what to do about other aspects of the diet, such as total fat, salt, sugar, and fibre intake, are not mentioned. Since advice on diet is time consuming to give and difficult to remember, a potentially valuable use of the medium is lost here. Smoking, too, receives little attention—merely advice to give up, with no mention of how or why.

Perhaps the greatest weakness, however, is not content but presentation. It is essentially a talk, read by one voice, illustrated (apart from the initial graphics) with cartoons over which the camera pans. This is visually uninteresting and fails to exploit the medium. One wonders why videotape was chosen in preference to audiotape or a booklet, when the pictures contribute so little. Indeed, they actually limit its usefulness since they clearly depict a white, suburban married couple. Practising in a multiethnic inner city area, I would feel reticent for that reason alone at lending this to many of my patients. It is unfortunate that the good idea of using video to give advice to patients, who have had heart attacks has not come off, since made with more thought and flair such a video could be valuable in both hospital and general practice.—PETER D TOON, lecturer on general practice, London.