

# BRITISH MEDICAL JOURNAL

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CURRENT SERIAL RECORDS

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### Not So Popular Psychiatry

SIR,—The reason why psychiatry is "Not So Popular" (24 February, p. 435) is in a large measure accounted for by some figures given in another of your leading articles appearing in the same issue (p. 434), in which it is stated that 25% of beds in psychiatric hospitals are occupied by elderly people with dementia. Radical reforms in the provision of the care of this large group of patients are required, and these measures should include more research, which as far as possible should be integrated and co-ordinated with that in other western countries facing the same problem.—I am, etc.,

SIMON BEHRMAN

London W.1

SIR,—As a psychology graduate now reading medicine, I was a little concerned by the concluding remarks of your leading article "Not So Popular Psychiatry" (24 February, p. 435). You write that the lack of enthusiasm of young doctors for work in subnormality "may require some radical thought. If medicine cannot fill the gap, should teachers, psychologists, and social workers be invited to do so?"

Much of the recent progress in the care of subnormals has come from psychologists and educationalists, who have demonstrated the remarkable efficacy of well-organized education programmes. Moreover, the medical superintendents of subnormal units sometimes appear to psychologists to oppose all change in the belief that "nothing can be done for these patients." Whether this

results from a failure of medical education or simply from overwork I would not yet claim to know. However, it seems to me that there is a very strong case for the employment of more psychologists, teachers, and social workers in this section of the Health Service, irrespective of whether doctors are coming forward or not.

The Standing Mental Health Advisory Committee of the Department of Health and Social Security has established a sub-committee to consider the role of psychologists in the health services. May I suggest that throughout the Health Service psychologists and educationalists should be employed where they are potentially most useful? They should not simply be "invited" to do those jobs which the doctors don't like.—I am, etc.,

MICHAEL KOPELMAN

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SIR,—In your leading article "Not So Popular Psychiatry" (24 February, p. 435) you quote a survey of postgraduate training in the specialty, presumably with the suggestion that inadequate training may have something to do with the present low rate of recruitment. While this may be a minor factor, I believe that the present decline in the numbers of new psychiatrists is due to the disenchantment of the majority of undergraduate medical students with the whole concept of psychiatry as an established medical specialty dealing with mental illness.

During our training both in psychiatry itself and in all the other branches of medicine we cannot fail to be impressed by the overwhelming failure of psychiatrists to deal effectively with mental illness. I speak with some feeling on this topic as I had initially intended to adopt psychiatry as my career, but having seen psychiatrists in action I have been forced to acknowledge that not only is there an almost complete lack of any rational basis for psychiatric diagnosis and treatment, but also, and much more alarming, the majority of its practitioners seem unaware of their deficiencies.

The overall impression gained is of a vast conspiracy of silence and self-deception enabling the psychiatrist to go on working as if he were in a medical specialty like any other, with an accepted system of diagnosis and treatment, when in fact most of the diagnostic categories used, and the treatments resulting from diagnosis, are determined more by the experience and biases of the therapist than by the problems presented by the individual patient.

In order to attract more young doctors psychiatrists will have to be more honest in admitting openly their deficiencies (at the expense of threatening their "ontological security"!) and drop the present guise of psychiatry as a mature, established medical specialty. Unfortunately, one thing which has become clear is that, on the whole, doctors do not make the best psychiatrists, and certainly the medical training course to which we are subjected is largely irrelevant to the problems of the mentally ill; I was therefore glad to see that your article ended with a question as to which type of person