Henderson Hospital in this country.

Perhaps we should leave humanitarianism mainly to social workers and nurses, help GPs to apply current treatments, and organize ourselves to undertake effective research into the biological causes of mental disorders and their cure. Maybe we could learn how to do this from the example of the physicists. They have been triumphantly successful in elucidating the structure of matter, and the structure of mind is no less important a problem, but the timescale needed, judging by their experience, should be measured in decades rather than years. Quite fundamental changes in the ways in which we usually think and organize ourselves would be needed for success. It is often said, with some truth, that small scale research habitually undertaken by psychiatrists produces results that are either trivial and believable or surprising and unacceptable. The College and each Region should appoint full-time research co-ordinators to ensure that we examine non-trivial problems in a believable way and that continuity of research effort is maintained for whatever time may be necessary.

Foreign Report

On Finding a Place in the Sun

By GORDON PARKER, University of New South Wales, Sydney

Issues of identity and contemplation of the future have been preoccupations of Australian psychiatry recently and will be identified and contemplated in this report. While aware that to direct attention to such issues is *ipso facto* evidence of insecurity about identity, and is certain to be a relatively unsubtle exercise in convoluted nationalism, your reporter suggests that jingoism, if properly defined as 'love of Australia', is an adequate defence.

Issues affecting the profession have a wider context which should not be ignored. It was Donald Horne who, in 1964, described Australia as 'the lucky country'. Specifically, he said: 'Australia is a lucky country run by second-rate people who share its luck'. He developed the view that Australia was a 'derived society' whose prosperity came mainly from the luck of its historical origins (with overseas innovations and the results of the manufacturing age imported), while it lacked any capacity for originality. Following one generous generalization with another, Horne described the élites as second-rate self-congratulatory, provincial minded, and lacking any ideas as to how to give definition to any unique Australian identity (Horne, 1976).

While Horne's allegiances were clearly not with the Conservative party of that day, they did reflect the stirring within some of a national consciousness, an intermittent exercise that has occurred since a flag was raised at Botany Bay. In 1972 those stirrings were definable and were encapsulated in the momentum that elected the Labor Party to government.

If one has ever believed that psychiatry, as against the political process, has some influence on social change, it would be a dispiriting task to seek confirmation in Horne's book on the Labor Government. For in the early 70s '... it was Whitlam who defined new realities, expressed new values and seemed to reach out for the new creative moods of the age ... He was concerned with the cultivation of an Australian sense of excellence' (Horne, 1976). In those heady days the exodus by the Australian intelligentsia (whose ambition it had been to grow up to become expatriates) was reversed. A thousand symbolic flowers were ready to bloom. The Whitlam government engendered a decidedly creative mood.

Further, it created Medibank.

Medibank, Labor's 'most visible single measure' (Sexton, 1979) was, in essence, a health insurance programme providing access to health insurance for people previously unable to afford private insurance. Its introduction was opposed by a medical profession that saw it as the first step toward nationalization of health services. While the profession did not fear that Medibank would result in loss of income, it also did not anticipate that the early years of Medibank would be associated with a doubling and tripling in medical incomes. That result, and the effects on the practice of medicine, deserve a volume in any history of Australia.

In November 1975, Whitlam was given his marching orders, and in the ensuing election the Liberal Party was returned to power. Since then Medibank has been cut, pruned, and reshaped, and it is likely to be ring-barked shortly. Medical costs, which escalated dramatically in the years of, and in part as a consequence of, the Labor government, have still increased (although less alarmingly) during the years of the ensuing Liberal governments. The politicians now chant increasingly that social and medical

https://doi.org/10.1192/S0140078900011512 Published online by Cambridge University Press

problems are not to be resolved by throwing money at them. In a recent paper the Chairman of the Senate Standing Committee on Social Welfare, a physician, argued that the proposition 'medical care equals health' is wrong (Baume, 1979). He noted Wildavsky's 'Axiom of Inequality', which states that 'every move to increase equality in one dimension necessarily decreases it in another', and suggested that our choice is to determine which inequality we are prepared to live with. Accepting but not stating or critically examining the Illich (or McKeown) proposition that only a small percentage of improved health outcomes over the past century can be attributed to medical inventions, allowed Baume to paint the likely scenario if the politicians are to have their way in Australia. Clearly, costs will cause them to offer less support to the traditional expensive, curative interventions and to express greater interest (the type of interest being unspecified) in preventive interventions which may not require the expensive medical practitioner. Such developments are hardly surprising. The tap controlling medical costs, turned on in Whitlam years, is now being turned off. The psychiatrist is involved, not only because psychiatry is part of medicine, but particularly because it has a distinctive place in its hierarchy. Psychiatry, together with pathology and radiology, is being rapaciously attacked. Articles, generated by leaks from health funds (in particular) and government, regularly document the abuses and idiosyncracies of a few rogue psychiatrists, so that members of the Royal Australian and New Zealand College of Psychiatrists stand condemned by the company they keep. Following that campaign, the health funds are applying limits to rebates for private psychiatric services.

Some psychiatrists have considered options for survival. An article by Ellard (1979) is the definitive reference. He argued as follows: Psychiatry is part of medicine. Medicine will survive and prosper as long as it produces value for money. Those days are coming to an end. Doctoring will, in the future, be done 'by other cheaper tradesmen, inexpensively and relevantly trained in more discrete areas, with the remnants of our profession functioning as a sort of glue holding them together.' The diminution will be general, but will not occur in the next decade until a time of 'economic necessity, consumer evaluation ... and pressure from other professions seeking money and power will begin to divide up the field now known as medicine.'

Token gestures will not save the day. Ellard's judgement on the political effectiveness of Peer Review committees will not shatter the convictions of any but the naïve. He suggested that such committees would remain unnoticed until 'one day they agree about particular steps, which if taken, would disturb the status and income of the bulk of the medical profession. On that day further committees will be appointed.' Further: 'I do not know of any profession or trade which has regulated itself firmly and honourably when money, prestige and status were at stake, and I cannot think of a less likely first than medicine.'

While Ellard suggested that survival might come about by default, with other professionals making themselves so expensive that doctors would be left with their traditional slice of the cake, he considered that survival might most likely be achieved by élitism. He suggested that the Australasian College would need to prepare for an increase in candidates and numbers, clarify the nature of the rock upon which it proposes to stand, and seek survival through élitism. 'It may be argued that this is no more than tawdry opportunism. Perhaps it is, but at least we are in good company, for every branch of learning, medical or otherwise, is lengthening its training period and raising its standard at the moment.' He argued that the College should raise its standard 'continually and inexorably ... until those who are its Fellows are believed by all to be highly skilled in human behaviour and all its aberrations.'

While Ellard saw the future of psychiatry as being determined by money, politics and power, other views have been put. It is rather ironic and trite to suggest that communication needs to be improved, but we do need better public relations, not necessarily of the cheap lobbying brand (for if we live by that standard we will surely die by that standard). The man in the street has little knowledge about psychiatry or psychiatrists. That is hardly surprising. What is more surprising is that the politicians and the health fund bureaucrats have absolutely no knowledge as to what occurs in a psychiatric consultation. They are perplexed as to how people might simultaneously be in employment and in receipt of psychiatric services. Faced with such an inexplicable process, in receipt of rumours of abuse and waste, they see psychiatrists as the inessential in pursuit of the ineffable. Attempts by several psychiatrists and by the College to correct this situation are now being made, but the net might have to be flung more and more widely.

One possibility would be to emulate the activities of some other Australian colleges and perform 'great deeds'. The Royal Australian College of Ophthalmologists has for example, been involved in an extensive programme designed to identify and treat trachoma in Aborigines. The programme is clearly identified with that College, which is seen as attentive to the needs of a minority group whose health problems have tended to arouse the consciousness, but rarely the efforts, of white Australians. While one might well envy the ophthalmologists in having a treatable, let alone a clearly definable, condition for their attention, we should still be able to institute some community-spirited exercise that would bring psychiatry into some public focus of honour.

Consistent with the preoccupation with internal reflection, the 1980 College Congress had as its theme 'Australasian Psychiatry'. (Anyone wishing to contemplate Australasian psychiatry in some depth would be assisted by the September 1981 issue of the *Australian and New Zealand Journal of Psychiatry* which will publish a number of the Congress papers.)

In a forum that attempted, in part, to define the practice of

https://doi.org/10.1192/S0140078900011512 Published online by Cambridge University Press

psychiatry, Professor Nurcombe suggested that Australian psychiatry could be characterized as being more advanced than British and American psychiatry in two important areas. First, there were easier relationships between psychiatrists and those who practise in other areas of medicine. Secondly, the bio-psycho-social approach that had taken root here some years ago was now firmly entrenched. Balancing those attributes, he pointed out that psychiatrists had been tardy in defining issues in Australian and New Zealand society which required consideration (e.g. problems of migrants, problems facing ethnic minorities, difficulties in structuring health services for geographically remote areas) and that psychiatric thinking was locked into British constraints. This is hardly surprising when, in another paper, Professor Cramond noted that 60 per cent of College members from overseas come from the UK, with the Scottish medical schools contributing one quarter of the total UK figure. He noted further that while graduates from Australian medical schools have contributed principally to the top administrative positions in most states, few have held chairs at Australian universities. Most of those early, and/or present incumbents have been from the Maudsley, the University of Newcastle upon Tyne and Aberdeen University (Cramond, 1981).

Another speaker, Professor James, of the University of Otago, considered that Australasian psychiatry was influenced by four principal factors—size, isolation, administrative procedures and the method of remuneration. He suggested that the small number of College members in the two countries (1,300 in 1980) fostered an opportunity of personal and intellectual exchange. Again, the number made it less easy for eccentric groups to burgeon, and more likely for a healthy and stimulating eclecticism to develop. While Australia's isolation had been seen by many as a disadvantage (Blainey described it many years ago as 'the tyranny of distance'), James saw advantages: it gave rise to a quest for excellence and stimulated travel (the *Observer* critic, Clive James, has said that to be born in Australia is to be born in the Garden of Eden—out of necessity, one has a need to venture out to meet evil), and travel encouraged the eclecticism with the traveller bringing back the best from overseas. James noted also that isolation protects us from the newer idiocies of places such as the US West Coast, and also enables originality to develop somewhat less influenced by prevailing forces in dominant cultures. James also suggested that the method of remuneration has allowed private practice and a relatively unhurried style of psychotherapy to develop, and concluded with a description of Australian psychiatrists: 'Geographically mobile, socially content, professionally informed, materially affluent and theoretically eclectic. There would be some who would say a touch smug too.'

Professor Kalucy described Australasian psychiatry as anti-élitist and pragmatic. This could, at worst, be anti-intellectual and anti-scientific and reflect a degree of casualness, while the move to eclecticism could be no more than an excuse to do nothing at all. The suggestion that Australian psychiatry is distinguished by its eclecticism was a recurring one, with one speaker (Dr John Parkinson) tracing its origins back a century and a half. It is likely that our self-styled eclecticism is not a myth. It would be hardly surprising that after many years of adopting a derivative and dependent position in relation to British and American influences, we might borrow whatever we pleased. But if the future for psychiatry lies with mastering and refining the methods of a number of psychiatric skills (i.e. pluralism as defined by Havens in *Approaches to the Mind*), then Australian psychiatry, while ideally positioned to take up such an exploration, has not clearly defined this as a goal. There are many anti-creative forces that operate at present, not least the financial incentive for the young psychiatrist to go into private practice.

As suggested earlier, Australian psychiatry reflects the broader society—we are replete with natural resources, but we have no clear plan as to their development. Materialism and hedonism are abroad in the land. At best it is a period of detumescence after the Whitlam era, a time of consolidation before further leaps. While the one thousand flowers have not bloomed, perhaps we realize that such an expectation was no more than a dream. So, with some sense of frustration, we await strong and creative leaders who have a vision and who are prepared to push against the edges. Until then, it is pleasant but slightly soporific in the sun.

References

BAUME, P. (1979) The great equation is wrong. *Australian and New Zealand Journal of Psychiatry*, **14**, 175-78.

CRAMOND, W. A. (1981) The overseas contribution to Australian psychiatry 1950-1980. *Australian and New Zealand Journal of Psychiatry* (in press).

ELLARD, J. (1979) The future of psychiatry in Australia. *Australian and New Zealand Journal of Psychiatry*, **13**, 43-49.

HORNE, D. (1964) *The Lucky Country*. Sydney: Angus and Robertson.

—— (1976) *Death of the Lucky Country*. Melbourne: Penguin.

SEXTON, M. (1979) *Illusions of Power*. Sydney: Allen and Unwin.

https://doi.org/10.1192/S0140078900011512 Published online by Cambridge University Press