I may have got this all wrong from beginning to end, but that is a risk for anyone who tries to interfere helpfully. I daresay the Pundits of Edinburgh and the Scholars of Denmark Hill will not only disagree with everything I have written, but with one another as well. I shall follow any future correspondence about this with great interest.

EZRA THE SCRIBE

PSYCHIATRY OBSERVED—PERSONAL REFLECTIONS IN RETIREMENT

K. S. JONES
Retired Consultant Psychiatrist

Here I was engaged in a profession in which I did not know my way about!

C. G. JUNG

Having reached the age at which the option can be exercised in my specialty, I retired, after twenty years as a whole-time consultant psychiatrist, in the summer of 1977.

Junior posts had variably been intriguing and stressful and Jung's words summarize my novitiate. My senior registrarship had, ironically, shown me the value of an active out-patient department backed up by a small number of beds—ironically because in 1957 I was confronted with the overall care of more than 600 beds, all for male patients, and an out-patient department divided between a general hospital and a psychiatric hospital. These two hospitals were geographically only two miles apart but conceptually were widely separated: space does not permit expansion of this theme.

Over the years a major effort in the psychiatric hospital—it would be invidious to select particular groups involved and impossible to pay tribute to them all: nor would I stigmatize those unduly apprehensive of change or blind to the need for it—resulted in reduction of overcrowding, opening of closed wards, wide extension of elementary amenities, and some integration of in-patient and out-patient work. The final development of sectorization was a major advance (in which consistent personal participation was prevented by absence on sick-leave: in this connection I am glad to acknowledge the tolerance of my employing authorities and of my immediate consultant colleague) fostering more intimate rapport among most of us concerned with treatment in the wards. Throughout, physical and social therapeutic advances, including legal reform, were vital instruments for change.

The out-patient clinics eventually became united in the general hospital, and in 1967 my catchment area was halved, from an impossible 130,000, by the arrival of the colleague mentioned above. There seemed to be an increasing number of referrals from the wards, many inevitably the consequence of self-poisoning, and finding adequate time for assessment and treatment was often challenging. Government advice that all such patients should be psychiatrically examined acquired a hollow note, and the problem was quite often compounded by the impression that referrals sought 'disposal' rather than uncommitted advice, a motivation which was understandable but sometimes unattractive.

A research interest can add an extra zest to routine activities, and committee work is unavoidable in psychiatry because of its influence on the total therapeutic environment. Although it is an unfashionable admission, service on Hospital Management and other Committees had its own satisfactions (and, in passing, involvement in the preparation of an argument for the foundation of a medical school in Swansea was frankly enjoyable).

Multidisciplinary teams have a long history although lacking this dignified title. I support their formal recognition but still believe that the consultant should retain the final responsibility for decisions affecting his or her patients. From a mature matrix of consultants—and this may prove elusive!—a medical administrator should be elected for a fixed term, be given sessional relief and efficient secretarial help, and be expected to encourage the smooth internal and external operation of the hospital. Such an administrator should strive to realize that there is no complete safety in hospital matters and that a search for this will prove stultifying. The heroic, or alternatively sacrificial, rôle of some old-time medical superintendents should be discounted. Finally the tyro in the field of administration might do well to keep in mind the comment of a surgical teacher in my youth that 'even the least experienced is not infallible'.

My regrets are that initially I failed to recognize the need for an organizational approach to some of the necessary reforms and that I was relatively inexperienced in psychodynamics (a deficiency which personal crises subsequently obliged me to attempt to remedy), and both these limitations restricted the help I could have given to my colleagues, especially those just entering psychiatry. Another regret is that the first ten years as a consultant, and most of the preceding years in training, were too demanding to allow me to see much of my family. Work may sometimes offer a 'respectable' evasion of the intimacies and stresses of family life, but to me it seemed only that I was responding, with others, to heavy professional pressures. This response could well have been too acquiescent, and the identification of one's reasonable rights in a variety of spheres is vital for one's self, one's colleagues and one's patients, although the compromises involved may inevitably be only partially satisfactory.

Problems naturally arose in some interpersonal areas. It may well be, as a celebrated novelist has suggested, that psychiatry can be attractive to the misanthropic, and experience gives this a certain credibility as one ingredient in the complex mixture of strengths and weaknesses which provides professional motivation. Some, whether or not involved in psychiatric practice, retain unrealistic attitudes to psychiatric problems, and here prejudices require to be worked through rather than acted out. The plea, in a word, is for insight. Pre-graduate education in psychiatric and interpersonal problems, which contribute so massively to post-graduate practice, will no doubt fill some of the lacunae. It is more comfortable to recall others' errors than one's own, and clinical work can be varied by the discovery of unsuspected organic disorder or by the intriguing absence of the *positive* evidence required for psychiatric diagnosis.

Various re-arrangements took place among non-medical colleagues, and one can only hope that recent administrative changes in nursing and in social work will eventually prove to have been worthwhile. In the meantime I hopefully claim warm and mutually respectful relationships with the majority of such co-workers in the past, despite the potential hazard sometimes presented by their seemingly increasingly senior seniors. The loss, however, of some of the best skills in psychiatric social work can only be described as tragic, but, phoenix-like, they may perhaps revive.

Finally, public attitudes, influenced for better or worse by the communicative media, are sometimes biased, and probably in no other medical specialty can ignorance be so confidently occupied by phantasy.

Such, then, is the background of my current view, a view in which confusion is still prominent. I retain the belief that psychological medicine, apart from being the only reliable approach to frank psychiatric illness, offers one of the few secure footholds—although patently not the only one—for direct intervention in the generality of distressed human relationships. Sensitivity and other relevant qualities are not the prerogative of one particular discipline, but in some areas commitment still requires to be defined or redefined. Professionalism is the principal, albeit imperfect, safeguard for the patient or client, but there are many times when the novelist or playwright can illuminate where professional insights remain sterile. Certainly I often turn to literature to remind myself of how people really feel and think, and to find meaningful descriptions of shared experiences.

I care about the future of my former clinical area and about the security of the advances which so many laboured so long to accomplish. Many questions of personnel, national finance, and social priorities are involved, and it is difficult to separate my own temperamental vicissitudes from those of the National Health Service and of society in general. Liaisons shift, and the radical may become the reactionary with the passing years. It seems clear, however, that NHS morale is sadly declining, while society—despite enhanced ideas of social justice and of responsibility in ecology and conservation—seems to show an increasing and ugly material competitiveness. In this context scientific advances are perhaps ambiguous.

In psychiatry, as in life in general, empathic and concerned relationships are a crucial ideal, and one must attempt to avoid distorting others by unrealistic expectations and to learn to accept the polarities, often disconcerting but often promising, inherent in human nature. We all belong to the same world, and a variety of pessimistic presentations—insensitivity, arrogance, bureaucracy and so forth—may be associated with the ability to make useful contributions. Nevertheless, the balance between productive involvement on the one hand and indifference or hostility on the other can be regrettably fine.

I recognise my own polarities—anxiety and anger contrasted with hope and concern—but one component is a desire for the future healthy development of psychiatry. Despite a few past occasions of serious doubt I regard my choice of specialty, and my continuing interest in it, as inevitable.