

# Correspondence

## 'What should psychiatrists do?'

DEAR SIR

I wonder if other readers of the *Bulletin* experienced the same sense of dismay as I did after reading Dr Nunn's article: 'What should psychiatrists do?' (*Bulletin*, June 1981). If indeed the personal view of Dr Nunn reflects the general state of psychiatry in Britain today, one must conclude that psychiatrists have lost, or perhaps never found, the purpose of their calling.

Dr Nunn appears to believe that we are ineffective therapists and have little to offer the mentally sick that cannot be better provided by the skills of the nurses, social workers and general practitioners. Certainly, members of the first two professions are active in developing and improving their own therapeutic skills, as rightly they should; but if psychiatrists have nothing to add to those skills it is a poor result indeed for the years of training we have undergone. Dr Nunn also thinks that for the milder forms of mental illness general practitioners cure all those patients who can be cured and that referral of their failures to psychiatrists is a waste of time, since we can do no more than they can.

It would seem that Dr Nunn holds psychotherapeutic skills in low esteem. Perhaps he belongs to that group of psychiatrists who equate the term psychotherapy with time-consuming and esoteric procedures of uncertain outcome which are neither practicable nor desirable in the setting of the National Health Service. It was fortuitous that Dr Greben's thoughtful paper 'The Essence of Psychotherapy' appeared in the *British Journal of Psychiatry* in the same month as Dr Nunn's despairing tract. Granted that Dr Greben is a trained analyst and practises in Canada and not in Britain, yet he points out that long training and an extensive amount of time in which to carry out the procedures are not, in fact, the essence of psychotherapy. There is a current excitement in the development of brief psychotherapeutic techniques; some of them will no doubt in time be cast aside as ineffective and frankly foolish ventures, but others will be shown to have been important stages in the development of psychological healing. The young psychiatrist today who remains uninterested in these techniques and takes no trouble to acquire some skill in the use of some of them may indeed only look forward to a professional future of increasing disenchantment with his work as he wearily signs endless prescriptions for sedative drugs.

On the other hand, those who do acquire worthwhile psychotherapeutic skills will find their work to be both exciting and rewarding; they will have much to contribute beyond the expertise of the social worker and the general practitioner and they will be too immersed in the fascinations of the work to be gloomily wondering what they should be doing.

Finally, Dr Nunn respects the need for research and the need for psychiatrists to be engaged in it, but he seems to think that worthwhile research cannot be carried out away from large grant-funded institutions and that a working clinician cannot rise above the level of publishing presumptuous nonsense. That view is a destructive travesty of the truth. Certainly, research institutions are needed to follow through expensive projects beyond the powers of the clinician, but in the end the major innovations and advances in the practice of medicine, and psychiatry in particular, have originated from the observations of clinicians in their hospitals and consulting rooms. That, after all, is how phenothiazines were introduced for the treatment of schizophrenia. Furthermore, quite apart from any useful contribution to knowledge, the pursuit of research alongside clinical work adds an exciting and satisfying dimension; in fact the development of enthusiasm for clinical research by junior doctors is a most powerful preventative against future professional ennui.

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DEAR SIR

I thought it might be of interest to your readers to know that the article by Dr C. M. H. Nunn (*Bulletin*, June 1981) has given us reassurance. Our work over the last 20 years in East and North London has shown us a decline in the quality of psychiatric services. There have been many unhappy and sometimes tragic consequences of hospital policies that deny asylum to long-term psychiatric patients, particularly those whose illness makes them, at times, 'difficult' to manage, or who do not respond to the treatments offered.

It was an honest article, and that was refreshing and reassuring.

There can be no improvement in the situation whilst consultants and their associates pretend that modern psychiatry is giving an adequate service to the mentally ill.

Dr Nunn asks, perhaps with tongue in cheek, whether humanitarianism should be left to social workers, nurses *et al.* Many of us have felt for some time that the Hippocratic oath has gone into abeyance. Please—will the Royal College give it the kiss of life?

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