to our patients in such a way that they are fully understood.

What I wish to add is that the doctor, if he is to show the sensitivity needed under the circumstances, must himself have confronted, and worked through in his imagination, the despair, fear, and grief, of his own future death – and as a result to have achieved equanimity in the face of this universal reality.

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The integration of psychiatry and psychotherapy

Sir: We were delighted to read Jeremy Holmes' optimistic editorial (*Psychiatric Bulletin*, August 1995, **19**, 465–466) regarding the integration of the specialities of psychiatry and psychotherapy. However, a major omission was the thorny issue of training. Why does an organisation like the NHS specify the need for psychoanalytic and other psychotherapies, yet not accept any responsibility for comprehensive training?

It is specifically to avoid delivering care in a 'vaguely psychodynamic' and possibly harmful way that many junior doctors seek a systematic training in psychoanalytic individual, group, or family psychotherapy at their own expense. The Royal College of Psychiatrists (Grant *et al*, 1993) states that experience in individual dynamic psychotherapy is a mandatory requirement for qualification, and acknowledges the "danger of the devaluation of the need for rigorous training". A recognition of the sparse supervision available within the NHS, and work demanding a high level of therapeutic skill, fuel the wish to be properly trained, even if one does have to fund it oneself and accommodate the training around ones' full-time NHS job. Private training organisations' fees and training analyses can cost up to £15–30 000 over several years. Many would deem anyone taking on such training at personal cost as misguided; yet we believe that many trainees see themselves as having little choice. Additionally, doctors are disadvantaged compared to non-medical colleagues in attempting to recoup their training expenditure by practising privately, not being allowed to advertise or have a listing on registers which are available to the public (British Medical Association, 1991).

It has been said that in the United States "psychotherapy is rapidly becoming an endangered species" (Wallerstein, 1991) due to a reduction in core junior doctor psychotherapeutic training. Here in the UK, the reality of limited funding must encourage the split that Holmes describes. This split strengthens the identity of each discipline at the expense of mutually beneficial working arrangements. Joint training arrangements could serve as a focus of increasing cooperation, yet there is little comment on how to facilitate comprehensive training within the NHS and for the benefit of NHS patients.

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Sir: Dr Jeremy Holmes has cited me inaccurately (*Psychiatric Bulletin*, August 1995, **19**, 465) in writing that "Marks now concedes that psychoanalytic psychotherapy has a role in the long-term treatment of patients with personality disorder".

The passage referred to (*British Medical Journal*, **309**, 1072) in fact read: "It would be justifiable to give some patients with chronic personality problems prolonged psychotherapy in the NHS if benefit from it is shown and there are no good brief alternatives. Unless value is proved, however, prolonged treatment should not be part of routine care." A different meaning somehow.

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Reducing non-attendence at out-patient clinics

Sir: Rusius (*Psychiatric Bulletin*, May 1995, **19**, 291–292) rightly emphasises the costly nature of non-attendance at out-patient clinics. An alternative method of reducing non-attendance is to visit the patient at home.

For a four year period (1989–1992) one of us (DA) prospectively studied a domiciliary clinic in an old age psychiatric service. All new out-patient referrals were seen in their own home for initial assessment. Non-attendance rates were compared with a traditional hospital clinic run by the second consultant in the department. Non-attendance rate for the domiciliary clinic was 1.7% (8 of 462 referrals) and the hospital clinic 21.2% (57 of 269 referrals). Non-attendance for