

Medical students' attitude to psychiatry

DEAR SIRs

Dr T. H. Turner (*Bulletin* January, 1986, 10, 8–9) posed the question 'Whatever Happened to Stigma?' and showed that it still persists. I support his views on the need to improve the image of psychiatry and can supply some evidence to support his data on the views of medical students.

In July 1985, I surveyed the attitudes of all 72 students who attended the first morning of their first teaching block in psychiatry, which in Liverpool occurs at the end of their fourth year. This was a new course and their views could not reflect previous exposure to formal psychiatric teaching: 62.5% felt that psychiatrists were held in poor regard by most other doctors, whilst only 18.1% disagreed, 52.8% felt that psychiatrists tend to be more emotionally unstable whilst only 20.9% disagreed, and 91.7% felt psychiatric patients tend to make more emotional demands on their doctors. On the other hand 94.4% thought that psychiatric skills are essential in general practice and only 8.3% believed that within medicine psychiatry is one of the less important specialities. This last finding may be influenced by the fact that in Liverpool psychiatry is a distinct part of the final exam with its own written and clinical exams which must be passed in order to graduate. The 72 all completed the questionnaire, but 64 students failed to attend. This shortfall was attributed by the students mainly to the need to study for an imminent obstetrics and gynaecology exam which in itself is an interesting comment on their attitudes. Students' attitudes are amenable to change through experience^{1,2,3} and it would therefore seem reasonable to assume that these views have been influenced by the attitudes encountered during medical school.

Yet are these attitudes really surprising when a recent leading article in the *Lancet* can be entitled 'Psychiatry: a discipline that has lost its way'⁴? Turner reminds us that there are no black and white answers to the major questions facing psychiatry in the face of the rundown of the large mental hospitals and the need to develop alternative and replacement facilities. It would appear evident that different answers may be appropriate in different situations, but as Goldberg and colleagues report (*Bulletin* February 1986, 10, 36) there is increasing pressure to conform to a notional standard without adequate demonstration of the efficacy of such an approach.

We know that the failure to develop appropriate local responses will lead to an increase in the number of people with psychiatric illness receiving inadequate care. We will then find stigma increasing again and the image of psychiatry becoming more tarnished, not only with out medical peers, but with beleaguered relatives and the general public.

Would it not be appropriate for the College to be seen at the forefront of research in this field? I suggest that perhaps this could be through the new research unit acting

to encourage and coordinate such service evaluations. I believe that the positive evolution of appropriate services based on informed opinion rather than dogma could do much to reduce the build up of negative attitudes which lead to increasing stigmatisation.

IAN DAVIDSON

Royal Liverpool Hospital
Liverpool

REFERENCES

- ¹WILKINSON, D. G., GREER, S. & TOONE, B. K. (1983) Medical students' attitudes to psychiatry. *Psychological Medicine*, 13, 192.
- ²—, TOONE, B. K. & GREER, S. (1983) Medical students' attitudes to psychiatry at the end of the clinical curriculum. *Psychological Medicine*, 13, 655–658.
- ³BURRA, P., LEICHTNER, P. & WALDRON, J. J., HANDFORTH, J. R., JARRIET, F. J. & AMARA, A. B. The A.T.P. 30—A scale for measuring medical students' attitudes to psychiatry. *Medical Education*, 16, 31–38.
- ⁴Anonymous (1985) Psychiatry—a discipline that has lost its way. *Lancet* 1, 731–2.

ECT in the Netherlands

DEAR SIRs

Electroconvulsive therapy (ECT) remains a controversial subject, nowhere more so than in the Netherlands. Your readers may be interested in recent findings and developments regarding its use in that country.

In 1984 a majority of the Dutch Parliament voted in favour of retaining ECT as a therapeutic option in the treatment of psychiatric patients, a motion strongly opposed by socialist and communist deputies¹. Under the public mental health guide-lines issued in February 1985, the use of ECT has been restricted to a total of ten centres (academic hospitals and a few special clinics) and for cases of 'vital' depression that have not responded to alternative forms of treatment. A second, independent medical opinion and a register of all ECT cases are also mandatory. Objecting to the narrow criteria, one deputy, a former psychiatrist, proposed that the indications for ECT be left to the discretion of the responsible specialist. His suggestion as well as one that patients be transferred to other clinics for reassessment prior to ECT were rejected by the Secretary of State.

Prior to the introduction of the 1985 guide-lines, ECT in the Netherlands had already been limited to a small group of patients with severe, refractory and often long standing depressive illnesses. Blansjaar and Nolen² report that in 1976 only 46 patients, from a national population of 13.9 million (1978), received ECT. In the USA, UK and Denmark it is used about a hundred to two hundred times more frequently. Findings based on patients from these countries may therefore not be strictly comparable to those obtained from smaller and more highly selected Dutch samples.

For many years 'Bloemendal', serving the Dutch provinces of North and South Holland with a population of 5.5 million, was in effect the only centre in the