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Attitudes of Psychiatrists towards Patients

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How to Offend Patients*

In the summer of 1990, a bill was going through Parliament to give patients access to their medical notes and seemed certain to become law. We thought the moment ripe for a new idea: an audit study of psychiatric and medical case notes to see if they contained offensive comments. If successful, we could become the WATSON and CRICK of psychiatric case note audit.

ATHANASSIOS DOUZENIS, PAUL CRICHTON and TIM HUGHES read through 75 sets of randomly selected case notes, 50 of which were psychiatric and 25 medical, and compiled a list of nearly 400 offensive comments. The 25 medical case notes had been matched for age, sex and thickness in cm. with 25 of the psychiatric case notes. SHÔN LEWIS and CLAIRE LEGGATT independently rated the comments according to a 4-point scale (0 = not offensive; 1 = possibly offensive, e.g. Mr X is well known to the hospital; 2 = moderately offensive, e.g., wife claims he is difficult in hospital and may threaten to discharge himself; 4 = extremely offensive, e.g., a most unpleasant man). The comments were then rated independently by two psychiatric patients and the ratings of SHÔN and CLAIRE were compared with those of the two patients to see whether the professionals could predict which comments would offend the patients.

Our results were briefly as follows: when we compared the 25 psychiatric case notes with the 25 medical case notes, we found that the psychiatric case notes contained significantly more offensive comments than the medical case notes.

* by Paul Crichton and Athanassios Douzenis

Inter-rater reliability between the two professionals on the one hand and the professionals and the two patients on the other hand was high, in other words, the professionals were able to predict which comments the patients would find offensive.

In some ways the most interesting part of the study for us was the comments themselves. Many of them seemed to fall into one of a small number of categories.

Several comments were patronising and were often made by male doctors about younger female patients, e.g., “I reviewed this slightly unreliable lass.” “I believe that in 2 or 3 years’ time she will settle down and be a very sensible young lady.” This good lady appears to be significantly depressed.”

Frequently patients were depersonalised and denigrated to mere “bearers of diagnoses”, e.g. “A known schizophrenic”.

There was also a tendency for doctors to use lay terminology in a pejorative way, e.g. “damaged personality”, “fragile state of mind”, “weak-willed”, “inadequate” and “hysterical”.

Indeed “hysterical” was probably the most frequent offensive comment of all on our list, e.g., “depressed and weepy with *hysterical* outbursts”; “She attempted to leave the ward in a *hysterical* state with her belongings.” “She was fearful nobody believed her somewhat *hysterical* story.” “She becomes *hysterical* when we re-discuss b.d. insulin.”

In addition to “hysterical” patients, two other types of patients proved unpopular with several doctors: the “garrulous” and the “somatisers”, e.g. “She gives rather garbled and embroidered history.” “Weird and wonderful collection of physical complaints.”

Patients who both talked a great deal and somatised their symptoms could elicit particularly powerful counter-transference reactions, e.g., “She once again embarked on her long, convoluted list of physical complaints.”

Sometimes doctors were horrified by their patients’ behaviour,

attitudes or appearance, e.g., “Has been splitting up with boyfriend (she’s been going out with a chap in spite of being married!!)” “Patient not interested in housework.” “Rather hippyish look.” “Lots of cheap jewellery.”

Some comments were sarcastic, e.g., “Thank you for asking me to deal with this very difficult problem again.”

Others were flippant, e.g., “Her usual paranoid self.” “He is one of life’s victims.”

Many were simply abusive, e.g., “psychological assessment: very knocked off.” “by turn bullying, patronising or pathetic and arrogant.”

With the new law these gems of political incorrectness and vitriol will become rarer. Stylistic gestures of Swiftean scorn or Lutheran bluntness will atrophy. Case notes will relinquish their clandestine confessional function and become open books instead of secret archives.

[A detailed account of this study was published in the *Psychiatric Bulletin* (1992), 16, 675–677.]