The other thing I want to mention is social work. I think there is urgent need for us to train an entirely new type of social worker to work in the community as a member of a group-practice team. If you have had any experience of working with hospital social workers—people who have been trained to work in hospitals—you will realise that they have no concept of morbidity in the community. This is not unlike the hospital psychiatrists' concept of psychiatric morbidity in general practice.

Professor J. Crooks

There is a tendency for general practitioners to follow the practice of hospital consultants in drug use. This undoubtedly influences how they manage their patients. In this connection I have been involved in some studies in Scottish health departments concerned with the ways in which general practitioners could be involved in the hospital services and *vice versa*. At Livingston New Town in Scotland, a most interesting experiment seems to be paying off; one general practitioner has a part-time appointment with the new hospital psychiatric department, and a hospital psychiatrist works from the new health centre. The cross fertilisation of ideas taking place is of tremendous benefit. The general practitioners have quite a different attitude to their patients' psychological problems because also working at the health centre are psychiatric social workers, social health visitors and good nursing assistants.

WHY DO DOCTORS PRESCRIBE PSYCHOTROPIC DRUGS?

DR W. W. FULTON

It is a common assumption, often made subconsciously, that drugs are prescribed to conform with the needs of the patient after the diagnosis has been made. Is the use of drugs congruous with need? In some instances, e.g. insulin, this is undoubtedly the case, but even in a disease like diabetes, some patients may get oral hypoglycaemic agents and the pattern varies from doctor to doctor and country to country.

Psychotropic drugs have a wide field of application and it is not surprising that they are among the commonest drugs prescribed. It is also a field in which the placebo effect is likely to be great. Are they all necessary? This question is often asked, usually by people with no experience of general practice, but occasionally some of us in this field look at the situation and when we do, we look at it from the other side of the fence, namely, the standpoint of the people who come to consult us. The conditions for which psychotropic drugs are ordered are among the commonest of those which bring patients to see their doctors and 25–30 per cent of all consultations are said to be for these conditions.

Ideally, drugs should be ordered only where their use is indicated; they should be prescribed in appropriate doses to provide maximal therapeutic response with minimal side-effects and for an optimal length of time. If these strict criteria were adhered to, the prescribing of psychotropic drugs would fall dramatically—but would the patient benefit?

The patient's expectation of drug treatment must influence the prescribing doctor. Patients believe that for every disease there is a specific remedy, usually a drug, if only doctors could find it soon enough. This traditional attitude of almost superstitious

faith is constantly reinforced by newspaper and television advertising of drugs for self-medication, printed articles, and radio and television programmes on medical topics for the lay public and much of the fictional portrayal of medicine on the screen.

One of the big changes in the attitude of our patients towards disease in the last 20 years has been the growing respectability of neurotic symptoms. Formerly, it was more common for patients to present with a physical complaint which, on investigation, often turned out to have a psychoneurotic component or even cause. Now, patients are actually encouraged to report with neurotic symptoms. In the National Health Service a patient does not even need to have a reason for seeing his family doctor other than that he wants to see him.

Patients who see specialists generally have to be suffering from some specific disease, preferably one in which the specialist is interested; patients come to their family doctors with problems, not diseases. It may be, therefore, that the increase in the use of tranquillisers may be related more to the number of patients coming for treatment than to any other factor. One of the ways a doctor can show the patient that he cares is to prescribe a medicine which the patient believes will help him. It is a visible and tangible token and a constant reminder to the patient of his relationship with someone he trusts. The doctor may, in Balint's words, be prescribing himself; the drug is an adjuvant.

One of the doctor's difficulties in this situation is the bewildering array of drugs from which to choose. The ideal sedative or tranquilliser would, without impairing the patient's alertness or physical capacity, diminish certain unpleasant feelings of tension, worry and anxiety, restlessness and panic—but no drug has so far completely achieved this aim.

Tension or anxiety may not be an illness at all but evidence of human interaction which might be regarded as normal behaviour . " Certain fear-provoking situations have a specific preference for the production of anxiety syndromes. . . . In general, the specific quality of the reaction is determined more by the constitutional make-up than by environmental factors. . . ." (Sargant and Slater, 1964). The most pathogenic element in man's environment is man himself or the situations which man creates.

Should the doctor be trying to deal with these situations by prescribing drugs? Franz Kafka made his country doctor say: " To write prescriptions is easy but to come to an understanding with people is hard." No doubt, if the doctor had more time to deal with the situation he might not need to resort to the easy prescription of tranquillisers.

But it is often impossible, given all the time in the world, to modify the patient's environment, whereas it is relatively simple to modify his reaction to his environment which may remain unfavourable for him. Drugs may help the patient to live with the conditions or to accommodate, though he will probably have relapses and remissions. If the environment cannot be changed or can only be partially changed, drugs may even prevent further damage to the personality by acting as a kind of barrier between the person and the stressful situation. They can also be used for a limited period to buy time while trying to change the environment. Sometimes the patient's personality may have been permanently damaged and if again further damaged may be even less able to cope with an unfavourable situation in the future. If taking tranquillisers enables him to cope more readily this reduces the trauma and gives hope for the future.

The alternative may be and often is that the patient resorts to self-medication with the traditional means of escape from an intolerable situation, namely alcohol with the possibility of even more serious physical, mental and social deterioration leading to greater interference with the personality and with the ability to cope with future difficulties.

Fashions in medicine are constantly changing. Three generations ago, symptomatic

treatment was about all there was; this was followed by a period of therapeutic nihilism which, in turn, went out of fashion when a wide range of specific remedies became available and symptomatic treatment came to be regarded as less respectable. He would be a poor doctor, however, who did not attempt to alleviate pain and distress, although negligent if he did not also attempt to remove the cause if this were possible. Even if the prescribing of psychotropic drugs is purely symptomatic, this is often still justifiable.

Even when the sternest critic might agree that there is a need for short-term medication he may question the wisdom of repeated ordering over a long period. But life-long treatment in other fields of therapy is proper and sometimes necessary. The illuminating study of repeat prescriptions in general practice carried out by Balint, Hunt, Joyce, Marinker and Woodcock and published as *Treatment or Diagnosis* (1970) shows how the device was adopted as a means of maintaining some kind of therapeutic relationship between patient and doctor during many years without involving either in a more psychologically disturbing and possibly traumatic encounter.

Today's young doctors are superbly educated in the basic medical sciences and in clinical practice but heavily orientated in their undergraduate teaching towards organic illness; if no physical disease can be demonstrated, the condition is apt to be labelled 'functional' and interest tends to evaporate. There is also a great lack of proper vocational training for general practice after qualification in the course of which the future family doctor would learn more of how to handle people, what has been called " the art so long to learn " (McKnight, 1971).

If the prescribing of psychotropic drugs in general practice is not as rational as some would like, any harm that is done is more likely to be to the country's economy than to the health of its people. When we consider the enormous quantities of barbiturates and other sedative drugs prescribed, the number of people who misuse them in any way is surprisingly small. The choice of weapon for self-destruction is to some extent a matter of fashion as well as availability. By wise selection of preparation, the doctor may minimise the risk but it can never be totally eliminated without the complete withdrawal of a range of drugs which bring immense benefit to a large number of people.

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DISCUSSION

Dr W. W. Fulton

Why do doctors prescribe psychotropic drugs? I do not pretend to know the answer to that question, even if there is an answer. Instead, I have taken a somewhat philosophical look at the subject.

The first point I make in my paper, is that in my view, one of the reasons for the increases in the ordering of psychotropic drugs, which have been demonstrated by Peter Parish (1971) and others, is the changing pattern of illness brought (and brought at earlier stages in the illness than formerly) to general practitioners by their patients. I believe there is also evidence that doctors' attitudes are changing to meet these changing