Failing sick doctors

EDITOR,—Recent experience has shown me some of the deficiencies in the National Advisory Service for Sick Doctors and the health section of the General Medical Council.[1] I became aware of another doctor with alcohol problems and received comments from a district nurse, a local pharmacist, and several local doctors. The doctor concerned was not known directly to me, but I thought that I should take some action before a disaster occurred. I had received comments about serious errors in prescriptions and his apparent confusion at times.

I contacted the National Advisory Service for Sick Doctors. The advice I was given was neither helpful nor practical: I was told to give the doctor the telephone number of the service and ask him to get in contact. From what I had heard I knew that this would not be well received. I also contacted the General Medical Council, which required specific information about incidents involving the practitioner. Clearly I was not in a position to provide this as I had no first hand knowledge. Finally, I was able to speak to the secretary of the local medical committee, who knew of the problem and was acquainted with the doctor's own general practitioner. Unfortunately, this "softly softly" approach does not seem to have borne much fruit. The doctor concerned continues to practise when there is some likelihood that he is unfit to do so.

While I realise that the bodies concerned are reluctant to act on rumour and innuendo, it seems impossible for them to take action when a colleague has adequate grounds for at least some concern.

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1 So easy to start. *BMJ* 1995;**310**:337. (5 February.)

The inhumanity of medicine

Interpersonal and communication skills can be taught

EDITOR,—D J Weatherall asks, with regard to the teaching of interpersonal relationships in medical educations, "can such attitudes be taught?" and, "given our track record, who is to teach them?"[1] He asserts that, "except by example, no medical school can teach a young person to be understanding and caring—this can only come from experience of life." Earlier, however, he mentions "the delightful, caring, and extremely gifted young people" entering medical school.

Perhaps the problem is not so much "teaching" caring as ensuring that it is nurtured rather than squeezed out by the very process of medical education. In 1970 Helfer first showed that as medical students moved through their training their interpersonal communication skills diminished.[2] Often, doctors who have had little training in communication skills provide a poor role model for students. Even when excellent interpersonal skills are evident, the care that would routinely be taken to explain and impart the skills of, say, the physical examination is missing.

We know from research into medical education that interpersonal and communication skills can be taught and that the benefits of this teaching persist.[3] Students can, for instance, be trained to empathise.[4] Teaching by use of observation, well intentioned feedback, and rehearsal enable the acquisition of interpersonal skills; in contrast, experience alone may well only reinforce bad habits.

This research has now been turned into practical teaching programmes. For instance, at the University of Calgary training in communication skills has been a major plank of the medical school's curriculum for 19 years, tackling increasingly complex areas as the course progresses.[5] In the vocational training scheme for general practice in Cambridge, central importance has been given to attending to both disease (the symptoms and signs, diagnostic reasoning, and biomedical understanding that characterise Western medicine) and illness (the unique experience of the individual patient—or his or her ideas, concerns, expectations, feelings, and thoughts) in every consultation.

Skills that lead to better caring and understanding can therefore be taught. Perhaps of even greater importance is that considerable research now shows that interpersonal and communication skills make a difference not only to patients' satisfaction but also to compliance and the outcome of disease. Accurate and efficient care, not just supportiveness, is therefore the prize to be achieved through the teaching of these skills.

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2 Helfer RE. An objective comparison of the pediatric interviewing skills of freshman and senior medical students. *Pediatrics* 1970;**45**:623-7.
3 Maguire P, Fairbairn S, Fletcher C. Consultation skills of young doctors. 1. Benefits of feedback training in interviewing as students persists. *BMJ* 1986;**292**:1573-6.
4 Sanson-Fisher RW, Poole AD. Training medical students to empathize an experimental study. *Med J Aust* 1978;**1**:473-6.
5 Kurtz SM. Curriculum structuring to enhance communication skills development. In: Stewart M, Roter D, eds. *Communicating with medical patients*. Newbury Park, CA: Sage Publications, 1989.

Medical education is brutalising

EDITOR,—We believe that the dehumanisation of medicine that D J Weatherall describes lies behind much of the miscontent, demoralisation, and mental ill health of doctors, increasing numbers of whom are being referred for help.[1] Last year we piloted a preventive intervention, which was not entirely successful. We invite discussion on why this might be so.

We taught psychotherapy to fifth year medical students over eight weeks. We covered subjects such as death and dying, the doctor-patient relationship, difficult patients, the BMA's video *A Stressful Shift*, and somatic presentation of emotional disorder. We deliberately left the last session unstructured to allow free discussion. Much alienation and distress were clearly expressed, and students reported how helpful that was.

Encouraged by this, we decided to set up "more of the same" for when the students became house officers. Fourteen expressed interest, and we planned a fortnightly discussion group over six months, with periodic evaluation by use of the interval general health questionnaire and questions about drinking, smoking, and difficulties with relationships. The group was led by two doctors: a male registrar on one year attachment in psychotherapy (JA) and a female psychotherapist who had been a general practitioner (AB); the work was supervised by senior registrar in psychotherapy who was trained in working with groups (RH). The intention was to discuss and try to understand the psychological aspects of normal medical and surgical care.

Nine house officers started coming, but attendance dwindled rapidly; numbers were down to ones, twos, and threes after two months. The discussions seemed valuable, with clear articulation and some understanding of difficult emotional situations at work. The last three scheduled meetings were not attended by any house officers, although the participants had been reminded by letter that the group was available. The meetings therefore stopped, and evaluation of the questionnaires was not possible.

We believe that we were observing one of the brutalising processes of medical education. Enthusiastic and interested medical students had become busy and stressed house officers without time or inclination to consider the more difficult aspects of their work. It is a small conceptual leap to hypothesise that it becomes too difficult for house officers to think about these issues because they then also need to ask themselves difficult questions: about what is happening to them, their ideals, and their self image. Perhaps such questions provoke too much anxiety at this stage of their careers.

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1 Weatherall DJ. The inhumanity of medicine. *BMJ* 1994;**309**: 1671-2. (24-31 December.)

Falling quality of caring mirrors the rise of materialism

EDITOR,—D J Weatherall seeks an explanation of the apparent downgrading of the quality of medical caring.[1] I believe that this mirrors the ascendency of materialism and the decline in spiritual and moral values that have taken place over the past 50 years. A good example is to be found in the classified advertisement section of the issue containing Weatherall's editorial: the MEDICS Locum Agency advertises that "Money answers all things."

The main concern is not what is responsible for