Correspondence

The dying don't need analytic psychotherapy

SIR

Dr Lawrence Goldie, *Journal of medical ethics*, September 1982: 128-133, made some telling comments concerning the apparent inability of many doctors and nurses to take the necessary time and trouble to tell patients the truth and help them cope with it. He did not, however, concern himself too much with why it is that after so many similar exhortations from himself and others concerning the need for time, trouble, talk and tolerance, the situation seems to remain unchanged. One possible answer I would suggest lies within his own article. For, having persuasively argued the need for a doctor to communicate properly, to listen carefully, to question intelligently and to counsel sympathetically, Dr Goldie then transmogrifies such a doctor into a 'psychotherapist' and advances the *non sequitur* that the appropriate interviewing method is derived from 'psychoanalysis and psychotherapy'.

Yet every example of poor communication advanced by him in his article points to the need for much more valid and justified psychological skills than those derived from psychodynamic psychotherapy. The patient whose GP never warned him of the possibility that his blood tests might reveal a serious disease did not need a therapist steeped in oedipal theory and ego psychology; he needed a doctor able to communicate simply, straightforwardly and sympathetically. 'Mrs S' benefited from being given the opportunity by Dr Goldie to review her past life, muse on her fortunes as well as her misfortunes and prepare herself for her death. There is no evidence, in his text at any rate, that what he did for her required any elaborate or technical psychotherapeutic skill. 'Psychotherapy'

declares Dr Goldie, 'uses the psychoanalytic technique in searching for the truths which will help people to reduce unnecessary suffering and survive it when it is inevitable'. Quite what these techniques are is not at all clear from his article. But the techniques which are commonly referred to as psychoanalytic involve the measured interpretation of unconscious conflicts and mechanisms of defence leading eventually to the establishment of a transference neurosis through which the genesis of infantile conflicts and their intrusion into the present life of the patient may be resolved. Whatever one might say about the merits of this approach elsewhere it does not seem to have any obvious justification in the circumstances described by Dr Goldie.

This is not an academic issue. Many GPs, hospital doctors and nurses appear to share Dr Goldie's confusion and assume that any form of psychological intervention, if it is to be any good, must be infused with psychoanalytic values and techniques. Many of them, lacking Dr Goldie's familiarity with such matters, understandably shy away from talking to their patients, fearing that their untutored efforts will cause damage and that 'appropriate' psychotherapy requires a time-consuming training and a familiarity with a complicated metapsychology. Dr Goldie only reinforces such misconceptions in my view.

In fact, there is a growing body of evidence (1) which suggests that by using much more basic psychological skills doctors can bring about improvements in the doctor-patient consultation and even in patient outcome which compare quite favourably with those achieved by more time-consuming methods or more highly-trained therapists. The most urgent priority at the present time would appear to be improving the basic interviewing skills of doctors and others engaged in the clinical management of

patients. The skills concerned include the provision and probing of verbal and non-verbal cues, the use of open-ended questions, the maintenance of good eye-to-eye contact, the ability to listen without being overwhelmed by the garbled and the nervous, and the judicious use of time.

It is these and allied skills, which have little to do with psychoanalysis or indeed with psychoanalytically-derived psychotherapy, which we should be developing and fostering in doctors and nurses. It is interesting to note that had those who were responsible for the care of the patients in the various examples provided by Dr Goldie possessed such skills to a reasonably developed degree then the complications which reportedly ensued would almost certainly have been avoided.

References

- (1) Goldberg D, Steele J J, Johnson A, Smith C. Ability of primary care physicians to make accurate ratings of psychiatric symptoms. *Archives of general psychiatry* 1982; 39: 829-833; Hogan D. B. *The regulation of psychotherapists*. Cambridge, Mass, USA: Ballinger Publishing Company, 1979; Marks J N, Goldberg D P, Hillier V F. Determinants of the ability of general practitioners to detect psychiatric illness. *Psychological medicine*; 1979; 9: 337-353.

ANTHONY W CLARE
Deputy Director
General Practice Research Unit
Institute of Psychiatry, London

Confidentiality and occupational health physicians

SIR

While clearing out an old filing cabinet I came across the enclosed letter. It seems