A STUDY DAY ON ALCOHOLISM

The headquarters courses committee has struck a fertile vein in their exploration of new courses. Using the college machinery to work in close collaboration with organisations such as the Chest and Heart Association, the Multiple Sclerosis Society and the Diabetic Association, postgraduate courses have been organised with the resources of these societies and the network of the College to give general practitioners a new look at old subjects.

This study day held on 23 March, 1972 was arranged in association with the Medical Council on Alcoholism. Opening, Dr Watson, the President, noted that alcohol produced death in many ways, physical death, mental death, social death, financial death and, not least, spiritual death. He felt that there was a very narrow dividing line between those who always had alcohol every day and those who were slaves to the habit. Admiral Sir Dick Caldwell, the Medical Executive Director of the Medical Council, took the chair for the meeting and made the point that with prosperity there was a rising tide of drinking problems.

It was generally accepted that the profession had failed in its overall handling and this condition was having extreme medical, economic and social consequences, resulting in many wasted lives. In Scotland, it had been shown that 26 per cent of male admissions to mental hospitals had alcoholism as an underlying cause and that the suicide rate in alcoholics was 80 times that of the general population.

Dr R. Steel

Speaking first on *Alcoholism and the general practitioner*, Dr Robin Steel of Worcester said that the normal way of using the general practitioner services was inappropriate in the case of alcoholics because many were not on a doctor's list, the illness was denied, concealed, evaded or disguised and the doctor might ignore or reject it. Many specialist psychiatrists are not prepared to treat the complaint and the community at large has not provided the facilities.

There were many spurious reasons why general practitioners did not wish to treat this condition yet none had a rational basis. It had wreaked havoc in the medical profession and its slow insidious onset, in common with diseases like myxoedema and pernicious anaemia, always made diagnosis difficult to the clinician who knew the patient well. The particular problem of alcoholism was that the patient's desire for drink caused him to mislead his physician and this was a major difficulty for general practitioners.

Even the keenest of general practitioners in a practice of 3,000 said they knew only three or four alcoholics. The Cambridge survey suggested they should find 12 patients and the Jellinek formula (using cirrhotic deaths as an index of alcoholism) that there should be about 30 in an average practice. High suspicion, local knowledge, the intelligent use of a good alcoholic unit with Alcoholics Anonymous, gave the general practitioner a unique opportunity to follow-up his patients. Alcoholism was a challenge to general practice. The general practitioner, as a leader of the community, could alter local attitudes and opinions.

Dr E. B. Ritson

Dr E. B. Ritson, a consultant psychiatrist from Edinburgh, talked on *Who are the Alcoholics?* He felt that the stereotype of the 'Skid row alcoholic' sleeping rough did a grave disservice to medicine. It was common among many prosperous business men or lonely wives as well as those working in the trade. It might take ten or more years of heavy drinking for addiction to alcohol to occur. In particular, he suggested that withdrawal symptoms of morning shakes were missed and treated with tranquillizers for 'nerves'. The prodromal stage in those under 30, the high number of men afflicted in their prime and the lack of respect for person or social position were all powerful reasons why general practitioners should study the problem with increased sophistication.

Dr K. Dickinson

Dr Ken Dickinson who has completed a Nuffield travelling fellowship in North America studying postgraduate education in psychiatry, thought that lectures were of transient benefit. He then proceeded by role playing to demonstrate how patients might be signalling in surgery

consultations their alcoholism to the doctor who would only perceive this if receptive. Several of the audience who were bold enough to deny that such spontaneously acted consultations would have occurred in their surgery on Monday morning, were invited to demonstrate their techniques as an alternative. Such was the skill of the actress portraying the alcoholic or relative of the alcoholic that an immediate impact was made upon the audience.

'Peter'

Probably the greatest impression of the day was the personal testimony of 'Peter' a recovered alcoholic from Alcoholics Anonymous, who with great courage explained the road that went from his heavy social drinking in the East and the Army to alcoholism in top management until disaster struck and he was rescued by a chance encounter with Alcoholics Anonymous.

Although doctors were experts in all diseases, alcoholics were experts in lying about alcoholism and it was this intimate knowledge which caused their success with fellow sufferers when more conventional approaches failed. He emphasised that the attack of alcohol was no respecter of persons and secondly that the best results were obtained in the fullest co-operation between general practitioners and the referral services of which Alcoholics Anonymous was just one. He estimated there may be half a million alcoholics in the British Isles, of whom 90 per cent were not yet known but were on the road to insanity and death. If one allowed ten relatives, employers, friends and others in a circle per alcoholic, the misery affected about five million people.

Film

There was an uneasy moment at the break for lunch as the large audience came downstairs past the college bar. A certain amount of false-heartiness and possibly higher incidence of abstinence was noted by detached observers—perhaps a personal response to the problem of the day? The film shown first after lunch had been produced for Smith, Kline and French at St. Bernard's Hospital by Dr Glatt, an authority in this field. This was an excellent documentary which can be commended to others organising a similar programme. The narrow boundary lines between social abuse, excessive drinking and alcoholism were emphasised. A discussion group at hospital was shown.

Dr D. L. Davies

The final speaker was Dr D. L. Davies of the Maudsley Hospital. In describing *How can we help them?* he pointed out that prevention was probably more for the social worker and society at large rather than purely medical, whereas the doctor had to rely on early case finding. The noxious side-effects of alcohol were more easily treated than the production of motivation for total abstention. He advocated multi-disciplinary groups such as the Summer School on Alcoholism, run by the Maudsley Hospital which produced awareness of the complementary social agencies available. (*See* Medical News).

He preached the advocacy of common sense and said that in English law it was not a sign of certifiable insanity to drink oneself to death. Although the patient might be retained in temporary psychotic episodes, alcoholic intoxication had never been a sign of mental illness *per se*. A considerable response arose from the floor when he suggested that the doctor, after clearly advising the alcoholic to stop drinking, might inform the family if his advice was declined, that it might be preferable for the family to see a solicitor rather than to continue to shield a deteriorating alcoholic. In subsequent discussion, Dr Davies defended this argument. His philosophy was that in medicine and psychiatry especially, one was only trained to use what knowledge was available and was not omnipotent. He noted that only between 10 and 40 per cent of patients have psychiatric ailments which are responsive to present treatment in their own right and that little progress has been made since Thomas Trotter of Edinburgh wrote his treatise in 1894.

He pleaded for more scientific investigation on the topic and suggested that the stereotype of alcoholism was as divorced from reality as many other stereotypes such as that of homosexuality. He believed that there should be no waste of time defining in pedantic detail what an alcoholic was and that subdivision into exact sub-categories was also dissipated effort. He felt a more fruitful approach might arise from the discovery that one seventh of patients admitted to general hospitals were having alcoholic problems, and at this stage, they might well be amenable to medical guidance and advice whereas if left until later years, might have passed the point of no return.

Discussion

As is usual in many meetings, the discussion was the liveliest part of the day and on this occasion, the presence of Peter had a major impact. The range of normal drinking, both in this country and in such countries as France was stressed. The problems of integrating with social agencies, including probation, child guidance and the legal profession were a recurring topic.

Many family doctors found themselves unable to accept the view that in English law, a man had a right to drink himself slowly to death and the role of the doctor in this situation was to advise the family by withdrawing their support—so the patient would either reach disaster or the stage at which he would be willing to accept advice from Alcoholics Anonymous. There was a considerable demand for precise details of treatment and many questioners felt this lack of precision disturbing.

The interest engendered in the subsequent discussion and the fact that over 50 doctors applied to attend, revealed that many feel a need for further information on this topic. The painful change in attitude, the realisation of the increased numbers suffering from this complaint, as well as the difficult boundary line between social pleasures and society's disease, all constantly recurred during the day.

Dr G. T. I. Watson

Dr Watson made a helpful suggestion that literature concerning *Is your relative an alcoholic?* could be left in places where an alcoholic would be looking for drink. This occasionally provoked a catastrophic reaction in the wake of which useful therapy could be done, although he recalled one occasion when such a blow-up had occurred just as he was departing for a dinner party. He felt that many of the problems of alcoholism were due to the *conspiracy* that it was normal to eat too much, drink too much, smoke too much, drive too fast, compounded with a *conspiracy* of pessimism whereas with a cure rate of 50 per cent in many series, this was far better than many other illnesses.

The administrative arrangements were a happy collaboration between Admiral Sir Dick Caldwell of the Medical Council on Alcoholism in association with Dr Peter Mond for the Royal College of General Practitioners.

Perhaps Faculties outside London might take a leaf from the headquarters courses book. As an alcoholic might say—'What about another one?'

ADDENDUM

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ROBIN STEEL

TRENDS IN MEDICAL EDUCATION

The selection of careers from among available specialties partly depends on an assessment of trends in medicine. More obviously than other specialties those providing primary care (e.g. family practice) are 'system-defined'—i.e. they are shaped and made real by the needs of the present system of care. Students now selecting careers in family medicine are acting on current assumptions about the medical-care system of the future, although opinion in academic medicine and among medical practitioners remains divided about these issues.

This analysis of factors acting to shape the system of medical care indicates a slow, ponderous and steady movement towards emphasis on primary care, family medicine and family practice. That movement may be expected to accelerate during the next two or three years—a time that will be critical in determining whether the function of primary care and family medicine will be fully professionalized and built into the evolving American medical system.

Magraw, Richard M. (1971). *The New England Journal of Medicine.* **285,** 1407. (Author's abstract).