

INTRODUCTION

DR J. BISHOP HARMAN

The megasystems that we construct, of which the National Health Service is one, are comparable to a clockwork model. One can see and understand the works and the output can be predicted from the input. They have to be like this to be passed by Parliament and operated by civil servants. The great disadvantage of the clockwork model is that it has no built-in mechanism for change. The result is that tensions build up over the years until there is a peasants' revolt or a palace revolution. It is then changed for a different clock and the cycle is repeated.

Another possible model would be biological evolution. Whatever the purpose of life may be, it has lasted a long time and filled the available space. It has reached this state by selecting the best of numerous variations and repressing the worst. In terms of health organisation, this model would mean that doctors and patients would decide on their own what they would do. The function of the Department would be to observe their activities and subject them to a process of unnatural selection by favouring the emerging mammal and by gradually cutting down the brontosaurus to size.

Now the point of these comments is that this conference arises out of that small part of the National Health Service that does indeed work on an evolutionary model. Doctors and patients are allowed to do what they like about prescribing and taking drugs within very wide limits. Further the Department does monitor these individual variations and occasional mutations and it is its special contribution that it has the means of measuring their results.

The opinion is growing that in the use of psychotropic drugs we may be evolving a dangerous monster, not by intent, but by unplanned increments. If this were so, there would be a case for tipping the environment against it. This view has been rumbling round the profession for several years, and the publication of Parish's (1971) report on *The Prescribing of Psychotropic Drugs in General Practice* suggested that the time had come for doctors to consider how responsible and rational was their use of these drugs.

The conference was called on the initiative of the Department and the contributors are drawn from those who have publicly shown their interest and concern in this problem. It was held at Swansea University College because the Medical Sociology Research Centre had already started a prospective study of drug prescribing in general practice.

No one who has thought about these matters would expect the contributions to be mainly pharmacological. All the drugs are, of course, active. It is not even mainly a question of whether their activity is properly applied. The larger question is why do people look for a solution to their troubles more and more confidently and commonly by taking drugs? The reasons must be sought in patients' and doctors' hopes, expectations, and cultural attitudes. The object of this study is to begin to find the reasons for these attitudes. This is in the hope that a full knowledge of the process may show points at which it may be stopped, slowed, or redirected. It may even happen that knowledge itself will provide its own corrective.

This hope will not be realised at once and the further intention is to circulate the report of this symposium to all deans, tutors and libraries of undergraduate and post-graduate centres. It may percolate to the grass roots, for it is there with the patient and doctor that the important things are done, experience is gained, and wisdom possibly displayed.

REFERENCE

Parish, P. A. (1971). The prescribing of psychotropic drugs in general practice. *Journal of the Royal College of General Practitioners*, 21, Supplement No. 4.