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## DISCUSSION

*Dr P. A. Parish*

There has been too much talk about labels and not enough about people. General practice is about people and it is our duty as general practitioners to discharge our care of people with compassion. To do this we must relieve pain and suffering, which involves us in the responsible use of drugs. Mental symptoms are just as painful as physical symptoms. Therefore, it is just as rational to use psychotropic drugs to relieve these symptoms as it is to prescribe analgesics for physical pain. Provided of course, that we realise we are only relieving symptoms and not curing the disorder.

However, if we are helping our patients to cope with their everyday existence, then we are right to do this; we are right to provide sleep for the patient who cannot sleep, we are right to calm the tense and lift the depressed. We are right when we rid the patient's mind of distressing feelings. We are right to use drugs to produce these effects, because we stop the patient suffering and we also help his relatives. Having done these things, we must then not forget to treat the patient, we must not forget that our treatment is purely symptomatic. We must, therefore, offer support, encouragement and understanding. We must help the patient once his symptoms are lifted to rationalise his situation and help him, if we can, to sort himself out.

We must, however, know our limitations and if we are unable to understand the complexities of psychological illness, then we can still offer the patient relief from his mental pains. We must understand that in most cases we cannot alter the unalterable, but does this preclude us from the judicious use of drugs? However, in the use of drugs, we must be responsible, we must give the most appropriate drug, in appropriate dosage for an appropriate length of time. We must use the safest and most effective drug we know; this demands detailed knowledge.

Some of the drugs we use are highly effective in relieving mental suffering, particularly the antidepressants and neuroleptics. Unfortunately, these drugs are not always used when they should be and often they are not used appropriately. Other psychotropic drugs, often of unproven value in relieving undefined disorders, are prescribed liberally and over long periods of time to patients who may not benefit from such therapy. These drugs produce dependence and are often taken long after the initial episode of mental stress is passed. It is in the prescribing of these drugs that many doctors appear irresponsible and yet it is difficult to criticise them because of the pressures applied to them to prescribe such drugs. In 1971, in order to make patients feel happy, keep calm, sleep or slim, about 3,000,000,000 tablets or capsules of psychotropic drugs were prescribed by general practitioners in England and Wales. It is time therefore,

that the profession stopped blaming industry, the Department and the patient. It is time that it accepted its responsibilities and started to encourage the responsible and rational use of drugs. Unless changes come from within the profession there will be increasing pressures applied on therapeutics which in the end will help no one.

## PSYCHOTROPIC DRUGS AND SOCIETY

MR G. TEELING-SMITH

Although Dr Parish's paper overtly concerns the prescribing of psychotropic medicines, it deals in reality with much more fundamental problems. The first and most significant is the nature of present-day Western society. The second is the failure of the medical care system to appreciate the social factors associated with present patterns of morbidity. As I think Dr Parish would agree, it is unfair to make the pharmaceutical industry's sales promotion activities or doctors' prescribing patterns a scapegoat for our inadequacy in tackling these much more profound underlying problems.

First, Dr Parish has spelled out the tendency observed in all advanced countries for the public to seek a medical diagnosis and treatment for increasingly trivial symptoms. He could have supported this observation by the concurrent steady rise in numbers of absences from work attributed to 'sickness,' mainly for more trivial 'diagnoses.'

The first thing that can be said about this increasing willingness by the public to go to their doctor is that the doctors are usually responding more or less rationally when they prescribe psychotropic drugs rather than physical treatments for the symptoms presented to them. I shall discuss later whether the relief of stress and its symptoms is desirable or not.

What is quite unforgivable, however, is the situation in which the general practitioner takes his patients' physical symptoms at face value and attempts to treat them by physical means even when they are caused by social and psychological factors. My own general practitioner, for example, tells against himself the story of a young girl with backache who had been booked for admission for spinal surgery 'to correct an abnormality' which had been diagnosed as causing the backache. Fortunately for the girl, my doctor was attending the Balint seminars at the time, and the discussion at one of these prompted him to review the proposed surgery. A second orthopaedic surgeon saw exactly the same 'abnormality' on the x-ray, but advised against physical intervention. The backache was caused by the girl's impending marriage and emigration and it disappeared as soon as her inner conflict was recognised and resolved.

### *Increased use of psychotropic drugs*

Dr Parish has shown some staggering percentage increases in prescribing of psychotropic medicines since 1961—partly of course because as he points out their use was still in its infancy in that year (had he taken his base year as 1951, the percentage increases would mostly have been infinity!).

However, what he has failed to set alongside these increases are the rises in hospital referrals, hospital admissions and particularly in the amount of pathology undertaken which has doubled in the past ten years. There is substantial evidence that much of this