Greek doctors' attitudes to mental illness

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In April of this year my wife and I had the privilege of making a tour of Greece to talk to groups of doctors at local medical societies about depression. There are no general practitioners in Greece comparable with the British family doctor. In the two largest towns of Athens and Thessalonika, where more than half the population of the country live, all the doctors specialise. The six meetings I attended were in smaller towns, the average attendance was about 50 doctors, including many women practitioners. In these places the doctors tended to be more like generalists, and they called themselves by, to us British, the misleading name of 'pathologist'. These were, however, the nearest equivalent to our general practitioners.

A mere week spent in talking to groups of doctors, usually through an interpreter, is obviously a crude way of seeing Greek medicine, but I could not fail to form some impressions. If these are inaccurate, then I apologise. The goodwill, generosity and overwhelming hospitality was evident everywhere we went. Any Greek who could speak a few words of English was keen to talk to us, and help us in every way.

Psychiatrists combined their specialty with neurology, and this blend of skills seemed a good idea. The tendency was for all emotional problems to be referred to this specialist, it seemed as if the ordinary doctors disliked or were afraid of emotional problems. If they used the tricyclic drugs at all, they were dispensed in homeopathic doses, and when the patient failed to respond, they decided the drugs were useless. Mono-amine oxidase inhibitors were rarely used by anyone. As one doctor remarked, "In a country that lives on cheese and red wine, how can we prescribe them?"

Most of the patients were covered by medical insurance, which paid the doctors' bills, and those of the hospital, but many people were prepared to pay extra for privileges, such as a private room in a clinic. There are, of course, many poor people in Greece who could not afford insurance, and these were cared for by state doctors. I have no idea how this type of medicine differed from the private practice which most doctors used to earn their living.

There are only two medical schools in the country, at Athens and Thessalonika. I was told that too many doctors were being produced. The profession was popular for young people, perhaps because it was so well paid.

Doctors who had worked in Britain assured me that they earned more than was possible through the British National Health Service, but some of these people had enjoyed the system over here, and the pension was attractive to them. The big drawback to working in Britain was our dreadful climate! I was told by these doctors that the British patient was the best in the world. They were said to be courteous, grateful and uncomplaining, very different from the Greek people who were said to question everything, to shop around from one doctor to another, and to grumble at the side-effect of any drug or inconvenience. In Greece there is little loyalty to a single doctor.

I visited a neuropsychiatric centre in Volos. I was told that this private hospital was the finest in the country outside the two main cities, and it was impressive. All the wards were small, none held more than three patients, and the atmosphere was cheerful and pleasant. I felt that a little more occupational therapy would not come amiss, and the concrete exercise yard for a closed ward was bleak. The staff were kindly, and in discussion we seemed to agree on everything. The psychiatrists here had no objection to the generalist doing some of the work.

In other places the attitude was very different. It was maintained that only a psychiatrist could deal with psychoneurosis, and that it was both dangerous and wrong to expect other physicians to hand out tricyclic drugs. They also disagreed with my thesis that all doctors should be able to assess the suicidal risk of a depressed patient. This they conceded might be alright for the phlegmatic British, but it would be dangerous with the more volatile Greeks.

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I felt that on the whole the Greek people were much the same as other European peoples, and depression with other emotional problems seemed to be as common there as here. Knowing my interest in the subject, many doctors and others approached me with their troubles or those of their relatives. It seemed to me there was a need for doctors who were prepared to accept responsibility for this side of medicine, other than the consultant neuropsychiatrist.

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HEALTH CARE IN RURAL AREAS

This paper suggests that as 20–30 per cent of the population of most European countries will continue to live in a rural area, attention should be given to the problems of rural health care.

The difficulties of achieving an accurate picture of rural morbidity patterns and of a comparison with urban settings is discussed. Experience at the rural clinic at Tessin G.D.R. suggest that rural care shares broad problems with city life e.g.,

(1) The advent of " free " medical care, linked with medical exemption from work has led to an increased consulting rate for minor self-limiting conditions.

(2) The increasing incidence of reported " psycho-nervous disturbances."

(3) The rising prevalence of chronic degenerative disease.

(4) The sequelae of ageing, " reflected in some polymorbidity."

The paper, however, underlines some of the health problems specific to rural areas, e.g.

(1) The disproportion of the young and the old in rural populations.

(2) The increasing accident rates associated with mechanised and mass production methods of farming.

(3) The hazards of widespread use of chemicals.

(4) The development of " bad new habits " imported from city to countryside—e.g. obesity, increased alcohol consumption, living in flats, passive forms of recreation, and so on.

" Decisive criteria of urban life " says the paper " are now found in the village itself."

The paper goes on to suggest that while " strictly observing National traditions," the strategy of developing rural medical care in all countries should include:

(1) More medical resources invested in rural areas.

(2) An improved co-ordination of public health services.

(3) The involvement of physicians in a " very broad spectrum of decisions in nearly all fields of social and economic development."

(4) An adequate provision for emergency medical services, tailored to the individual area.

(5) A much more systematic development of morbidity recording and analysis than has been available in the past, is the only rational basis on which to remodel the services.

Finally, the authors are clear that the generalist physician must provide the basis of a rural health service, but his training can only be optimally developed when the pattern of health needs is more clearly defined."

REFERENCE

Elliott, C. K., Tenyi, J., Huyoff, H. (1974). Paper on the organisation of medical care in European countries with reference to general practice. Delivered at the European Symposium of the International Association of Agricultural Medicine and Rural Health.