



DEVELOPING COMMUNICATION AND COUNSELLING SKILLS IN MEDICINE

Roslyn Corney (ed)
Routledge, London (1991)
 208 pages. Price £12.99

I looked forward to reading this series of contributions from prominent exponents of the theory and practice of communication and counselling skills. The three sections of the book deal with the basic issues and skills in communication and counselling, the development of specific skills and, from a broader perspective, the role of the doctor and other professionals.

There are several excellent sections — Linda Gask illustrates skills in practice and Peter Maguire describes difficult communication skills, such as breaking bad news. Other topics include crisis intervention, managing the aggressive patient, handling complaints, extended interaction with terminally ill patients, people who are bereaved and patients with cancer, and use of cognitive behavioural techniques: all are competently handled. Particularly useful is Roger Higgs' chapter on looking after oneself. The values and assumptions that drive workers are not easily reconciled with the 'moral triage' that reality imposes. It would seem therefore that the book is a useful resource.

How is it, therefore, that it seems to miss the point? Its approach assumes that the skills needed for improved communication are to be developed and enhanced in three areas: in diagnosis and treatment, where the doctor ascertains the patient's concerns, worries and theories about the illness and responds appropriately; in giving information to the patient regarding his or her illness, the treatment and any side effects and making sure that these have been understood and remembered; and in giving emotional support and care to patients and their families, recognizing their feelings, fears, distress and anxiety. This approach is reasonable and necessary but it does not go far enough. What has happened in medical schools where such approaches in communication and counselling are developed is that these approaches are marginalized. The new innovations are often perceived in a negative light, as something in which real doctors do not engage. There is an urgent need for the student to have experiential learning (with suitable supervision), interacting with patients from the time they enter medical school.

There is little sense of a common interview model which answers the key questions of what is the patient's problem, what is the patient trying to communicate, and how should the patient's illness be managed? Answering each of these questions requires behaviours to be used in the interview which can be taught. In particular, this book fails to convey the importance of being able simultaneously to solve a problem clinically and communicate. For example, a young woman who complains of a headache and looks dejected is not questioned only as if she might have an intracranial tumour but rather her depression is identified by the appropriate use of facilitation, confrontation and sustainment.

Medical schools will, quite reasonably, seek to base exercises on interviewing skills on clinical situations. Where the contributors of this book can help is not merely to bemoan the shortcomings, such as failure to give patients adequate information, but to teach how the conventional medical interview can be augmented by behaviours and skills which help to determine what the patient is trying to communicate.

All those interested and involved in teaching doctors have two important tasks — to ensure from medical schools an allegiance to and ownership of the model or way of interviewing patients briefly alluded to above. They, and many of the rest of us, have also to use methods, for example, feedback from video work, which can properly illustrate the skills to be acquired and practised. There are signs from the General Medical Council and the Kings Fund, among others, that such tasks might be addressed. If and when they are this book may have greater potential. It is, however, in the supervised 'doing' followed by reading that we will advance.

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AFTER THE ASYLUMS

Community care for people with mental illness

Elaine Murphy
Faber and Faber, London (1991)
 248 pages. Price £7.99

Over the last 30 years there have been enormous changes in our approach to caring for people with mental illness. The National Health Service and community care act (1990) has given another jolt to the system.

But have we learnt from the past mistakes? In *After the asylums*, Elaine Murphy takes us back to the 17th century to describe the evolution of modern psychiatry. In the past all was not bad and the upsurge of asylums in the middle of the last century was promoted by a group of caring reformers who wished to protect vulnerable individuals from society rather than vice versa.

The introduction of the NHS seemed to provide a platform for a good system to develop but she describes how all went wrong over the period 1962–90. The blame is not placed entirely on politicians; her own profession, including the Royal College of Psychiatrists, comes in for a considerable amount of criticism. She comments that many psychiatrists are too selective in the range of psychiatric problems they are prepared to deal with.

The author sees developments over the next few years as crucial to achieving a better service. In the last chapter she gives examples to show how community psychiatric care can work.

I would recommend this book to all general practitioners,