



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,

including trainees, who want to understand more about caring for mental illness in the community.

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REATTRIBUTION: LINKING SOMATIC SYMPTOMS TO PSYCHOLOGICAL DISTRESS (video)

Linda Gask and David Goldberg
Department of Psychiatry, University of Manchester (1991)
Running time 50 min. Price £35.00

'Reattribution' is the term used for cases of psychosomatic illness where patients have been enabled to 're-attribute' somatic symptoms to mood disorders rather than to physical illness. In this training video, produced by the Department of Psychiatry at the University of Manchester, a structured approach is adopted which is centred around film of clinical consultations involving patients with symptoms such as tension headache, abdominal pain and backache. Strategies are formulated and the viewer then has the opportunity to see these strategies being used by several general practitioners. There follow further consultations after which viewers are encouraged to use the strategies that have been presented.

All the cases shown are of patients with relatively recent onset of psychosomatic symptoms. The point is made that not all patients can 'reattribute' following only one treatment session. However, this is the only reference to the difficulties of treating patients with established psychosomatic disorders.

The video will be useful for trainee general practitioners but it is a pity that no warning is given of the pitfalls of attempting to treat all patients suffering from psychosomatic symptoms with the sort of strategies described. In established cases of psychosomatic disease the only strategy which may make a positive contribution to management, is to support the patient and wait patiently in the hope that an opportunity for 'reattribution' may arise.

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EPONYMISTS IN MEDICINE: ALZHEIMER AND THE DEMENTIAS

G E Berrios and H L Freeman (eds)
Royal Society of Medicine, London (1991)
149 pages. Price £7.95 p/b, £12.95 h/b

The idea of a series describing the lives and contributions of doctors who have given their name to a disease or syndrome is an attractive one and I started to read *Alzheimer and the dementias* with interest. However, I soon found that it was not the compulsive read that I had expected.

The book consists of contributions by several authors and this in itself makes it difficult to maintain a thread and the editors appear not to have succeeded in linking the sections together. The work is very much about the dementias, including a history of the condition before the 20th century, with chapters about the social aspects of Alzheimer's disease, the vascular dementias, a history of subcortical dementia and other forms of dementia. Only one chapter is devoted to Alzheimer and his life and this is the best part of the book. It is sad that he himself died at the early age of 51 years from rheumatic endocarditis.

The last chapter was an insightful analysis of Shakespeare's *King Lear* by J G Howells. I now understand much more about the complex psychopathology of the plot and realize that Shakespeare's picture of dementia may have one weakness. Throughout his disturbance the king is made to grow in moral stature — he has learnt through his disturbing experience. In fact, it is rare in dementia to learn at all.

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