care) control group.[13] Similarly, in a controlled trial of the impact of a clinical psychologist versus usual psychiatric care, Earl and Kinvey reported that the treatment group received significantly less medication than the control group up to the end of their treatment with the psychologist.[14] However, this difference in prescribing was not sustained at longer follow up, seven months after counselling had ceased. In a trial with a different objective, to compare the psychological outcome of a group randomized to drug treatment (anxiolytic medication) versus a non-drug group (brief counselling without anxiolytics), similar improvements were experienced in both groups in terms of psychiatric and social assessments up to seven months later.[15] Lastly, a retrospective audit in one general practice examined the impact on prescribing psychotropic medication before and after the introduction of a counsellor to the practice.[16] No changes in the prescribing volume or cost of psychotropic drugs were demonstrated; an increase in prescribing was demonstrated when those who received counselling were compared with matched controls.

Despite the widespread introduction of counselling services in England and Wales the issue of treatment efficacy is still not established.[2,3] What is even less clear is the relationship that exists between counselling and prescribing of psychotropic drugs. Our interpretation of the results of the randomized trials is that there is a qualitative difference in the practice of clinicians who know that they are being closely observed in a trial to that of clinicians working in everyday practice. The results of this present observational, cross-sectional study concur with the audit performed by Martin and Martin.[16] Although under trial conditions certain psychological interventions may reduce the need for drug treatment this effect is not, at the moment, observed in mainstream clinical practice. This present study does not support the assumption that the volume of and cost incurred by prescribing of psychotropic drugs will diminish with increased counselling provision; counselling may actually increase the volume and cost of such prescribing, particularly of antidepressants. The underlying reasons behind this relationship need further study, particularly to determine whether psychotropic drug prescribing is used as an adjunct to rather than as an alternative to counselling.

These findings indicate that providing more counselling in general practice is unlikely to be funded from savings in prescribing of psychotropic drugs. It remains to be seen whether general practitioner fundholding incentives for the creative use of savings on drugs will result in a further expansion of counselling in general practice. If the provision of counselling services were a means of reducing the overall expenditure on care for those with depression and anxiety then it might be a reasonable policy to press for more counselling. However, it seems possible that such a policy would cost more money; more counsellors would be required and, as shown in this study, prescribing costs may increase. What is needed is a refocusing on general practitioners' attitudes towards mental illness, on their perceptions of how pharmacological and psychological interventions operate and on the clinical effectiveness of these interventions.

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Doctors as patients

GPs' views on osteopathy

As chairman of the Royal College of General Practitioners' examination board, it is one of my pleasant duties to attend the annual examiners' workshop. Two days before this year's workshop, I developed sudden and very severe low back pain on getting out of my car. This resulted in my having to abandon my heroic attempts to do morning surgery and retire to bed where I stayed for four uncomfortable days. As a result, I sadly missed the examiners' conference, but spent much of the time negotiating over the telephone on the topic of summative assessment with many very senior general practitioners, including four regional advisers, senior RCGP officers, a couple of professors, and other leaders of our profession. Of the 12 doctors that I spoke to, 10 advised me to see an osteopath. When you think how doctors have thought about and talked about complementary therapists in only the relatively recent past, this advice is quite astonishing and shows a dramatic change in mainstream medical thinking.

If senior members of our profession now feel this way, surely it is time for such important therapies to be available to our patients as part of the National Health Service. Is it ethically acceptable to deny effective treatments to our patients simply because they cannot afford to pay? Incidentally, I did see an osteopath, and he worked wonders.

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