

different and flexible treatments ranging from a clinical approach (pharmacological and psychotherapeutic) to a more socially orientated one (provision of sheltered jobs, work in co-operatives, and residential communities).

Domiciliary visits are undertaken only when patients cannot or refuse to come to the clinic or in an emergency. This derives from the great importance we attribute to the patients' motivation, consent to treatment and autonomy. In convincing patients to attend our centres of their own accord, we limit any tendency to passivity and regression. This also establishes a suitable distance between patient and doctor, where the doctor is not seen as a controller, and the centres become a shelter where patients can come during either 'psychotic storms' or calmer periods.

The staff consists of 6 psychiatrists, 13 nurses, 3 social workers, 2 occupational therapists and 2 domestic assistants. Of these workers 1 psychiatrist, 4 nurses, 1 social worker and 2 occupational therapists are permanently based at the day hospital. Almost all have had an exclusively community-orientated training.

Riccione does not have a psychiatric ward and in case of need we rely mainly on the Cesena psychiatric ward at the general hospital (35 km north of Riccione).

The psychiatric reform law of 1978 gave great importance to the concept of treating a patient, as far as possible, in his natural milieu. The law limits hos-

pital admissions to those occasions when every other approach has failed. We have therefore never felt the need to open a psychiatric ward, but instead we decided to develop new intermediate facilities, such as the day hospital.

Our daily goal and challenge is to continue to work in this manner. We must maintain a tight network of contacts with our primary-care colleagues (especially GPs), local authorities and any other individuals who can contribute to our programmes of comprehensive care for our patients in the community.

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## Wisdom

*A short series of short pieces (with questions)*

### 1. Beginning

"A poor man in an Eastern country travelling on foot along a road between towns spies something lying across his path and steps quickly back in alarm. He has mistaken the thin coiled object for a poisonous snake. It remains inert and, moving closer, the man sees what is in reality a piece of rope. The fear subsides. Pausing momentarily in reflection, realising that the rope will do to hold up his sagging trousers, the traveller picks it up and ties it with a smile of satisfaction around his middle before continuing on his journey."

This story is often told by Buddhist monks to beginners taking an interest in their teachings. The allegory is clear: the ideas you hear from us may sound strange and threatening at first, but if you examine them closely you will see that they are not only harm-

less but could also prove useful . . . just what you are looking for in fact.

Is it possible to study and so acquire wisdom? Perhaps. If so, is it not likely that some of the ideas presented to the student will seem strange and alarming at worst, useless or even ridiculous at best, in the beginning? Some teaching is required, and for the student curiosity, patience and perseverance, together with the use of a free and discerning mind.

If this is truly the case, a paradox has already arisen. Here is the chicken: wisdom. Here is the egg: a free and discerning mind. Which shall we choose to put first?

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