

# Abstracts

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## Medicine and Society

John Wattis

C. Ham, D. J. Hunter and R. Robinson, Evidence based policy-making. *British Medical Journal*, 310 (1995), 71–72.

This selection from the last 100 references I have scanned highlights three important political issues, continues the debate on psychiatry and religion and reports on one extraordinary old lady. The political issues start with the campaign for ‘evidence-based’ medicine. In the light of the myth of the ‘infinite’ demands for medical services predicated by some politicians, doctors are increasingly asked to justify their behaviour in treating patients according to medical evidence. An academic industry has been built on the need for systematic reviews of the evidence for and against medical procedures, and further work on developing ‘clinical practice guidelines’ and ‘care pathways’ led one senior physician to comment that consultants might soon be reduced to ‘painting by numbers’. Of course there is a need for value for money in medicine, as in any other sphere of life, but there is little evidence whether this will be best served by the industrialisation and de-professionalisation of medicine. Many of the questions in the treatment contract with an individual can only be addressed in the context of a personal relationship between the physician and patient but the industrial model tends to de-personalise.

Ham and his colleagues plead for evidence-based policymaking and for a Centre to analyse and co-ordinate the results of the work of the existing institutes, independent of political parties and credible to governments of any complexion. In this way perhaps the politicians may be ‘hoist with their own petard’.

The Health Policy Network, *Health Policy Networks in Practice: The NHS Market*, National Health Service Consultants’ Association, Banbury, Oxfordshire, OX17 1QH, 1995, 50 pence.

This report, from the UK National Health Service’s Consultants’ Association, a group devoted to defending the values of the NHS as originally set up, analyses the problems of the NHS reforms. Enthoven’s initial analysis of the NHS failures is described as flawed. He assumed

that loss of job security and new financial incentives to good practice were needed to replace professionalism, that detailed constant billing was essential and that the NHS was intractably resistant to change. He also ignored the 1974, 1982 and 1984 reforms and their impact in destabilising the NHS. According to the report, Mrs Thatcher's reforms were entirely ideologically driven.

Eleven problem areas are identified: (1) High bureaucratic (especially transaction) costs, (2) the incompatibility of strategic planning and the market, (3) the emphasis on competition and confidentiality rather than co-operation and accountability, (4) the extension of two-tier health care, (5) financial crises leading to 'needs blind' closures, (6) reduction in the range and quality of services and research, (7) demoralised staff, (8) anti-public service propaganda, (9) the industrialisation of care, (10) the erosion of public health medicine, and (11) the 'democratic deficit'. This report is well presented and would repay study by anybody who feels the NHS reforms are not entirely helpful.

Scottish Mental Health Working Group, *Mental Health in the Media*, Scottish Association for Mental Health, Edinburgh, 1995.

The Royal College of Psychiatrists has recently organised a major petition about the negative way that mental health problems are portrayed in the media. The Scottish Mental Health Working Group, the Association of British Editors, and the National Union of Journalists' Scottish Council are ahead of the game and have recently produced new guidelines giving simple background information for journalists and sources for further information. A survey is also reported of a month long study of the mass media which found 500 items relating to mental health issues, the majority of which (66%) linked mental illness with violence to others. A survey of the public found that 63 per cent linked mental illness with violence and that two-thirds attributed their beliefs to the media. In only 18 per cent were portrayals in the media sympathetic. There was no specific mention of age related factors.

D. Crossley, Religious experience within mental illness. *British Journal of Psychiatry*, 166 (1995), 284–286.

This review paper discusses the neglect of religion and spiritual matters in psychiatric published research. Barriers to research identified include

the risk of pathologising religion and spiritual experience. This is avoided in DSM-IV by 'Z' codes for relevant psychoreligious and psychospiritual experiences. Other obstacles identified include the differences between patients and practitioners in religious beliefs, the risk of inappropriate pressure on patients from the religious beliefs of practitioners and feasibility problems connected with measuring the existential rather than the purely nominal value of religion. Attribution theory, personal construct theory and interpersonal and psychodynamic theories are suggested as ways of approaching religious experience in psychiatric research.

K. Ritchie, Mental status examination of an exceptional case of longevity. *British Journal of Psychiatry*, **166** (1995), 229–235.

Finally, our wonderful old lady! J.C. was 118 years and 9 months old in November 1993. She was born in France and, at the time of the original paper, was living in Arles. Dr Ritchie presents a short history of the subject and the results of neuropsychological examinations over six months as well as a CT scan showing some atrophy. The subject's performance on tests of verbal memory and language fluency was comparable to people in their eighties or nineties. The subject was deaf and blind but there was no evidence of functional or organic mental illness, despite the 'atrophy' on the CT scan. J.C. actually showed improvement over the period of testing, attributed tentatively to increased stimulation. *The Lancet* used the report of J.C. as the centre piece of an editorial announcing their intention to hold a major conference in 1996, 'The challenge of the dementias: towards a better understanding of cognitive impairment'.

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**Older Workers**

**Julia Johnson**

Paul R. Jackson and Philip E. Taylor, 'Factors associated with employment status in later working life', *Work, Employment and Society*, **8**, 4 (1994), 553–567.

This article reports on factors affecting the withdrawal of older male workers from the labour market associated with unemployment, premature retirement and retirement at 65 years of age. The findings