

## Conference briefings

### Medical out-patients with non-organic disorders

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It is hard to believe that this coming together of the Royal Colleges of Physicians and Psychiatrists to discuss the patients that so often bounce back and forth between the specialists was the first of its kind.

"Reattribution" emerged as a buzz word. This describes the process of providing a rational explanation for the patient's symptoms which make the link between mental and physical states. No consensus emerged but it seemed that plausibility rather than accuracy was the order of the day.

Many physicians voiced their frustrations at receiving psychiatrists' reports containing the familiar cliché "no formal psychiatric disorder". This was often applied to patients whose problems could be diagnosed from weighing their case notes rather than reading them. There is an important distinction between psychological *mechanisms*, which may be dysfunctional and psychiatric *disorders*. It is the ability to deal with the former confidently that physicians lack. Could "mistrust of doctors" be classed as an abnormal psychological mechanism?

Later the focus moved on to "dealing with the problem". "You can't teach old dogs new tricks" seemed to summarise the chances of changing senior physicians' skills in managing patients who did not fit into the sort of neat categories one reads about in the medical textbooks. Junior doctors are the people

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who should be trained in its application provided they can stay awake long enough.

Psychological approaches emphasise the importance of transference relationships and re-experiencing interpersonal conflict associated with symptoms, in therapeutic settings. Many speakers conceded that there remained a hard core of untreatable patients for whom "damage limitation" was the only hope. A take-home message was that there should be a distinction between bland reassurance – which relies heavily on the doctor's status and the patient's dependence – and the provision of "an accurate and convincing alternative to the patient's experience". The latter is claimed to mobilise the patient's own coping mechanisms and avoids conflict with the doctor.

Missing treatable psychiatric illness could be as serious as missing cases of cancer. But non-psychiatrists need guidelines on which patients to refer and on what grounds. While many constructive suggestions were made, it seemed obvious that only by a similar coming together of physicians and psychiatrists in their own clinics would a satisfactory partnership be forged. What was that they said about bland reassurance?

*The Proceedings of the conference will be published jointly by the Royal College of Psychiatrists and the Royal College of Physicians and will be available shortly.*

### Community care in crisis – homelessness and mental illness\*

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One week before Christmas in the crypt at the Church of St Martin-in-the-Fields, Dr Malcolm Weller

*\*Conference held on 17 December 1990 at the Church of St Martin-in-the-Fields, London.*

addressed a conference for CONCERN (Care of the Neglected: Combining Education, Rehabilitation and Nursing). The purpose of the conference was to highlight the plight of mentally ill, homeless people