Canadian psychiatry

DEAR SIRS

The article 'English Psychiatrist in Ontario' by Dr John L. Crammer was interesting but did not give a true picture of the state of psychiatry in Canada. I had the privilege of working on both sides of the Atlantic and, during my first year in Canada, thought that everything in the field of psychiatry should be like Britain. But, the truth is that Canadian psychiatry in all variations—practice, research, academics, and administration—is not a clone of British psychiatry. Dr Crammer's observation on obesity and water intoxication were surprising. In 15 years of practice in Canada I came across obese women and men patients but not a single case of water intoxication.

Dr Crammer's observation on alcoholism is not factual. The consumption in Canada in litres (per inhabitant) of wine is 8.5 and for beer 87.6 and in the UK, 7.2 for wine and 117.1 for beer. Many years ago Sir William Osler said, "Throw all the beer and spirits into the Irish Channel, the English Channel, and the North Sea for a year and people in England would be infinitely better. It would certainly solve all the problems with which the philanthropist, the physicians and the politicians have to deal".

Dr Crammer, I hope will agree that the scope of psychotherapy remains enormous and that patients in Canada have ready access to psychiatrists. In Ontario they do not have to be screened by the family physician all the time as in Britain. This system has disadvantages but proves mainly beneficial to the patient.

Dr Mark Aveline, in his article 'What Price Psychiatry Without Psychotherapy'[1], wrote that psychotherapy was a new specialty in the NHS and that "Human problems in relationship require human remedies, that is, a therapeutic relationship which leads the patient to correct self destructive patterns involved in the past".

Dr Crammer wrote, "Well of course psychiatric treatment may relieve unhappiness—to overcome disabilities, etc." I fail to understand the implication of this statement. Did Dr Crammer mean that psychotherapy was underutilised in patient care in Britain? He added, "There has been little interest in intensive psychotherapy—for which many patients as screened by GPs seemed unsuited". General practitioners often don't have enough psychodynamic background or the knowledge of psychopathology. I wonder if this practice is good medicine.

Dr Crammer, while comparing the Ontario Health Insurance Plan with the British National Health Service, commented "Doctors are not expected to collaborate in the individual's care hence the fact that some Canadian GPs will go away from it for a time and leave the care of their patient emergency—then repercussion on the family". I agree with this but usually the referring physician phones me to give adequate background information about the patient. According to the Ontario Health Insurance Plan, consulting psychiatrists have to send written reports to the referring physician.

Dr Crammer who himself was disappointed with the British system said,[2] "But who do you approach in such a campaign. Twenty-four years as a consultant in the National Health Services showed me over and over again that it is often very difficult to find out who "if anyone" is in charge. Who is actually responsible for that category of decision in the National Health Service and which way the chain of responsibility runs. If you can identify the responsible person you can write to them or speak with them. In the National Health Service it is more like writing to Santa Claus." I feel the Canadian situation is much healthier in this respect. Also, I do agree with Dr Crammer that on this side of the Atlantic we have to spend a lot of time in documentation.

Dr Crammer's observation on psychiatric care for rural populations in Canada was very pertinent.

Dr Crammer did not make any observation on peer review in England but I feel, while Canadian and North American psychiatry has made substantial progress in this area, it is still in its infancy in Britain.

Finally, I wish to quote from *More for the Mind*[3], a study of psychiatric services in Canada which was published in 1963. It stated in epilogue, "Mental health transcends medical concern with sickness and health. It relates to the whole spectrum of organized social living. It has to do not only with spotting and treating children with mental health problems in the school but with the whole fabric of the school itself. It has to do not only with the neurotic and character disorder of adults in the community but with their marital, occupational and social needs. Thus the mental health problem of the community while having an important psychiatric aspect, will not be resolved successfully by psychiatric planning alone. It will involve careful joint study and planning with many professional disciplines including among others, Psychology, Education, Social Work, Theology and the Law". They were not just recommendations written 23 years ago but played a major role in the evolution of psychiatry in this country.

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REFERENCES

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[2] CRAMMER, J. L. (1986) An English psychiatrist in Ontario. *Bulletin of the Royal College of Psychiatrists*, 11, 315–316.

[3] TYHURST, J. S., CHALKE, F. C. R., LAWSON, F. S., MCNEEL, B. H., ROBERTS, C. A., TAYLOR, G. C., WEIL, R. J. & GRIFFIN, J. D. (1963) *More for the Mind*. Canadian Mental Health Association, National Office, 11½ Spadina Road, Toronto 4.

DEAR SIRS

As a medical specialist in psychiatry my experience and training are supposed to fit me for (1) preventing the death of the suicidal; (2) calming the excited, disturbed and violent; (3) diagnosing a whole range of illnesses with behavioural, affective, cognitive, or perceptual symptoms, which impose disabilities on their sufferers; (4) using drugs