

attempted, so I asked the casualty officer if the patient had indeed complained of chest pain on admission. "Yes" was the reply, "but he was also hearing voices"!

With up to 80% of psychiatric patients suffering from physical illness (Hall *et al*, 1981), this example highlights the great need for adequate training and education, especially at medical school, if discrimination and stigma are to be reduced.

Reference

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Writing to patients

Sir: In his editorial entitled 'Writing to patients' Marios Pierides (*Psychiatric Bulletin*, July 1999, **23**, 385–386) says that "There have been no published data on the effects of writing to psychiatric patients". This is not true. In the 1980s the Department of Psychiatry at Milton Keynes carried out a randomised study of writing to the patient after an initial out-patient consultation compared with the usual procedure of writing to the general practitioner. Outcomes in terms of satisfaction, comprehension and adherence with treatment were assessed by a

clinical psychologist. Patients who received a letter were significantly more satisfied than patients who did not (Asch *et al*, 1991) and this was confirmed by their comments on the procedure (Price & Asch, 1990). It was suggested that writing to patients should become part of medical education (Price, 1993) to supplement other training in communication skills.

The possibility of writing directly to psychiatric out-patients was also addressed by Thomas (1998), who found that, with the exception of patients with schizophrenia, there was considerable interest in receiving a letter. This confirms our experience in Milton Keynes in which the small number of patients with psychosis did not respond favourably to the letter, whereas the great majority of patients without psychosis were enthusiastic – some of them commented: "Why can't all doctors do this?"

References

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