

Correspondence

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Predicting the productive research psychiatrist

SIR: I read Parker's article (*Journal*, January 1989, 154, 109–112) with considerable discomfort as it seemed to fail both scientifically and morally in claiming that the most important predictive factor for the productivity of a research psychiatrist was 'track record', contributed to principally by "the number of publications in the early part of the review period, number of citations to published work, rating by peers, and possessions of a research degree". It is quite obvious to me that the most important factor is the sex of the psychiatrist, i.e. one should be male and then other factors follow. While I would not dispute that Professor Parker had a representative sample of psychiatrists, the fact that there is a male preponderance (89%) suggests that sexist prejudice plays a critical role. The establishment, which is male, seeks representatives like itself to propagate it. Women are largely left out, or are given assistant status, e.g. Professor Parker mentions women at the bottom of the paper where grateful thanks are given in small print.

Unfortunately, sexual stereotyping is still prevalent among both male and female medics. Moreover, the UK government, having committed itself to educating equal numbers of male and female medical students, found that self-regulation of the medical profession and its institutions could not be relied on to achieve this and thus commissioned a study to examine the main influences on the careers of women doctors (Allen, 1988). This reported that medical career progress depends on an 'old boy network' which excludes women (Allen, 1988). Thus, women have to spend longer periods at each grade and

experience worse career prospects. They are also expected to specialise in less prestigious medical specialities. To make the matters worse many medical women still have a lower degree of confidence than men (although higher than ten years ago) and unrealistic expectations of what they should be doing, so that they commit themselves to too much work i.e. they still do more than their share at home. This, of course, means that too little domestic responsibility is taken by the majority of (medical) men who expect even a professional spouse to lapse into a domestic role to facilitate the fast progress of the man's career.

There are many papers on attitudes to women in science and Professor Parker might say that these are only published in trivial journals. I would like to remind Professor Parker that every reputable journal has been trivial at some stage of its existence.

There is no such thing as an absolute everlasting security for any establishment, and the fear of change can lead to behaviour which creates entry barriers for the newcomers in the form of rules and regulations which are oppressive, limiting to progress and ultimately detrimental even to the authors of such rules. Thus, it is important to recognise that there are destructive psychosocial factors which are much more important in determining the productivity of a research psychiatrist than it is pleasant to admit. Alternatively, one could say that the social system itself positively reinforces the careers of some people more than others.

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Reference

ALLEN, I. (1988) *Doctors and their Careers*. London: Policy Studies Institute.

SIR: In a polemic that has a distinct *ad hominem* tone, Haeger imputes poor science, failed morals, prejudice, sexism, condescension and a dismissive capacity (moi?).