

suffered by patients who have been hospitalized and registered as psychiatric patients. They refuse to be given a psychiatric diagnosis and are anxious at the thought of undergoing drug treatment.

The fact that Danish society is now informed about the political abuse of psychiatry in the USSR has severely damaged the image of our profession. The knowledge that a diagnostic classification can be distorted for political reasons undermines the confidence there is in the conventional use of diagnostic methods; forced hospitalization on political grounds leads to a reduced understanding of the need for legitimate, compulsory admission. Psychiatric registration used as a means of control in the USSR undermines the appreciation of the importance of a psychiatric register for research purposes.

The picture in Denmark today is that of psychiatry making scientific progress but undergoing considerable

problems in its clinical application. The public is poorly informed about what psychiatry has to offer. Instead, there is fear and mistrust of the profession. There are economic and organizational limits to how psychiatric care is being allowed to develop. Psychiatry is little respected as a science today. What can we psychiatrists do? Public education is obviously not enough. Some psychiatrists have concluded that Denmark has the psychiatry it deserves. However, it is my opinion that psychiatrists ought to act vigorously and specify the kind of profession they want to be part of. We must also take a stand against the Soviet misuse of psychiatry (as does the resolution passed by the Danish Psychiatric Society in 1982). We must strongly oppose improper psychiatry, wherever it occurs. Finally, we should describe our discipline positively—the types of patients we can help and our methods of treatment.

Correspondence

Confidential references

DEAR SIRs

Although it has many imperfections, the system of collecting confidential references from independent nominated referees has served our appointment system well. Unfortunately no matter how we regulate our postgraduate training schemes, the quality of future consultants in the NHS is determined by the advisory appointment committees.

The interview in which every member appears to be driven to ask questions which often elucidate no information relevant to the decision before them, is an unreliable instrument. It is all too easy to be impressed by a plausible but shallow person, and to overlook the merits of one whose gauche or shy performance fails to impress. The independent references add another dimension to the interview and should sharpen the discrimination of the committee.

In recent years I have been appalled to read references from senior and respected members of the profession extolling the virtues of some psychiatric paragon who seems as far removed from the confident, but ignorant, applicant who faces us that we assume it to be a case of mistaken identity. However, the consistency of the discrepancies between testimonial and applicant make it clear that many colleagues have abandoned honesty in the interest of the candidate getting the job or of themselves getting rid of the candidate.

Quite rarely, now when a reference is received in which some minor blemish of character or experience is admitted I sigh with relief at this vestige of honesty and take the reference seriously. Unfortunately I find that some members respond to anything less than an adulatory reference with a

firm decision to reject the candidate.

It is sad that one should have to say that a reference should reflect the integrity of the writer as well as the qualities of the applicant. A balanced reference can be of inestimable value to the decision-making process and the success or failure of any consultant should reflect upon those who supported his appointment.

How can we secure the attainment of reliable references? Should College assessors be invited to comment on gross discrepancies? Should we take up references on referees or should we give up referees?

SYDNEY BRANDON

*Leicester Royal Infirmary
Leicester*

Dynamic psychotherapy in the NHS

DEAR SIRs

In his attempt to show that dynamic psychotherapy is cost-effective under the NHS, Dr Whyte (*Bulletin*, February 1983, 7, 29) starts by excluding the severely, the acutely and the chronically ill, who are the bread and butter of the Service. He would treat cheaply by devoting one or more hourly sessions every week, for months or even years, to those who do not need a nurse, social worker, psychologist, occupational therapist, radiologist, pathologist, pharmacist or even ambulance, portering or laundry service. Dr Whyte would not himself train the ordinary nurse, social worker or psychologist, but would give priority to the training of other psychotherapists who would somehow reach the ordinary NHS staff. I am frankly unable to understand this kind of