

have their own free facility, a second is for the rich or heavily insured, and lastly, there is a free state facility for the poor. One is quick to observe a bizarre trichotomy of psychiatric treatment in the three groups: drugs, psychotherapy and drugs respectively. Subgroups do, of course, exist. For example, the treatment of a middle-class individual often involves handing the unfortunate a copy of the Yellow Pages. Directions are given to choose therapy administered by someone whose name ends in Ph.D. as this is more economical.

The place of electronconvulsive therapy is a wonderful indictment of the American system. The indications for ECT are not governed by such mundane matters as the degree of depression or resistance to therapy. Surprisingly, dollars influence the prescription of ECT—lots of them. ECT is a money-winning treatment of the physicians which enables them to charge exorbitantly. Pressing buttons instead of fussing with psychotherapy is indeed a 'get rich quick' method.

The Veterans Administration system of care was my second assignment. Veterans are entitled to free treatment in these hospitals. Motivated by a belief that the government owes them something, Veterans hold out their hands for more. The gruel administered comes with an expediency reminiscent of a Dickensian workhouse. Memories of Vietnam still dominate the psychiatric scene. These men are often poor, usually forgotten and always undervalued.

The doctor-nurse relationship in American hospitals was another source of culture shock. As a result of diffusion of boundaries, the status of being a doctor has been eroded in American psychiatry. The 'team' is a key concept, with

everyone having their say. Ward rounds do not exist except in the fond memory of ageing consultants. They have been replaced by the team meeting, a kind of therapeutic community with no chairman. Staff members are encouraged to ventilate at tangents and knights-move decisions are made. Indeed, to avoid being considered supercilious, I soon learned to leave my stethoscope at home.

Legal psychiatry in the States is another bone of contention. Translating from double-speak, this term largely refers to the avoidance of malpractice suits. The American public is obsessed with the notion that patients' rights must not be violated. This noble ideal presupposes that psychiatrists strive to lobectomize people in their sleep! This overkill attitude decapitates the thrust of progressive care. Psychiatrists are afraid of being sued for giving the wrong treatment, wrong being synonymous with unorthodox. The issue of enforced medication is a case in point. Doctors have been successfully sued for giving such treatment to patients. Conversely, there is a 'right to treatment' statute that has been used to sue doctors who failed to enforce medication when this was indicated. Because of such issues, a doctor is impelled to indulge in a certain amount of bureaucratic coprophagy in the course of administering treatments. The ramifications of American legal medicine are exemplified by the absence of a service fee for lawyers specializing in malpractice. They simply charge on the handsome spoil of the settlement figure.

With three months of American psychiatry now behind me, I feel suspicious that my own psychopathology is being mobilized. With prophylaxis costing one hundred dollars an hour, I shall just continue to take the tablets!

## News Items

### *Current UK Alcohol Research Projects*

A register of current research into alcohol use, misuse and effects is being compiled by the Alcohol Research Group at Edinburgh University. For further information and forms please contact Jane Pattison, Alcohol Research Group, University Department of Psychiatry, Royal Edinburgh Hospital, Morningside Park, Edinburgh EH10 5HF.

### *Journal of Psychiatric Research*

Professor Merton Sandler (University of London) and Dr Joseph J. Schildkraut (Harvard Medical School) have recently taken over the role of joint Editors-in-Chief of the *Journal of Psychiatric Research*—they succeed the founding editor, Dr Seymour S. Kety. The journal has been remodelled and now has a distinguished international Editorial Board to

supplement its previously all-American one. It is hoped that the journal's high standard may be maintained and that the present publication lag can be drastically reduced. Submissions are now invited and should be addressed to Professor Merton Sandler, Bernhard Baron Memorial Research Laboratories, Queen Charlotte's Maternity Hospital, Goldhawk Road, London W6 0XG.

### *Dr Philip H. Connell*

The Home Secretary has appointed Dr Philip H. Connell to be Chairman of the Advisory Council on the Misuse of Drugs. He succeeds Sir Robert Bradlaw who retired this year. Dr Connell is the Director of the Drug Dependence Clinical Research and Treatment Unit at the Maudsley Hospital, London and Chairman of the Institute for the Study of Drug Dependence.