

Conference for Hospice Psychiatrists and Liaison Psychiatrists

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Psychiatrists who work with the dying met together with other liaison psychiatrists at St Christopher's Hospice in April 1983 for a small two-day conference. We found it both stimulating and supportive to hear about several specialized aspects of our work.

Dr Christopher Bass (King's College Hospital) spoke about the uses and abuses of liaison psychiatry, pointing out that it is a particularly rich setting for teaching many of the skills essential for primary care physicians. He described the way the clinical service is used in two medical wards, and emphasized the need for evaluative, collaborative research. The attempt to 'dump' the most difficult problems (e.g. those related to patient compliance, and moral and ethical dilemmas) onto the psychiatrist must be resisted. He should be seen as a facilitating member of the ward team, assisting decision-making and enabling the other clinicians to continue to develop their own skills in patient management.

Dr E. B. O. Smith (John Radcliffe Hospital) discussed the teaching of liaison psychiatry to undergraduates in Oxford. The students are introduced to this subject in their first clinical year and consolidated it in their third. At both stages they are taught by a group of senior psychiatrists, using the technique of topic teaching. They are encouraged to work out their own guidelines for the management of different situations, such as the care of the patient with leukaemia, taking into account not only the problems of that patient but also those of the family and staff. Dr Smith agreed that it was important for liaison psychiatrists to be educators rather than specialists who took over aspects of care which should be within the range of skills of most doctors.

Dr Colin Murray Parkes (London Hospital) talked about working with institutions other than one's own, commenting on how the outsider who makes occasional visits can act as a catalyst as he hears about and comments on the work presented to him. Such a visitor is often the recipient of information about relationship problems in the staff, and may, because of his relatively uninvolved position, be of considerable help in resolving these.

Dr Rachel Rosser (Charing Cross Hospital) spoke of her work as a liaison psychotherapist. Patients with long-term illness and personality disorder are often rejected for psychotherapy, yet their needs are great and their care can be very stressful for staff. They present technical problems in the way that they use their physical symptoms in their defences, and their use of splitting in the transference extends across the team, having a divisive effect if it is not understood. Some

problems encountered in psychotherapy with chronic bronchitics and with renal dialysis patients, who become attached to their machines and 'mourn' them following successful transplantation, were very interestingly described.

Liaison psychiatry in radiotherapy wards was discussed by Dr Christopher Thomas (Leicester Royal Infirmary). Being referred to a psychiatrist is a problem for the patient and he considered how this initial hurdle can be overcome in the consultation. Achieving recognition by colleagues is a problem for the psychiatrist and positive effort has to be made to achieve a good working relationship.

The second day started with Dr Colin Murray-Parkes discussing the role of the psychiatrist in the hospice. He pointed out that many general hospitals are now able to offer standards in pain relief similar to hospices, but that there is still a difference in the standards of psychological care, which seems to be better in the latter. He felt that psychiatrists had two main functions in a hospice: the education both of staff and of people outside the hospice itself and in giving support to the staff. He believed that, although it was important that all members of staff were able to put into practice psychological aspects in the management of their patients, it was still very useful to have psychiatrists attached to each hospice.

Averil Stedeford (Warneford Hospital) then gave a talk on the subject of staff support and her experience at Sir Michael Sobell House. She discussed how the staff needed to set their ideals at a proper level, as having them too high or too low led to much dissatisfaction. She mentioned realistic goals that the hospice could expect to achieve and ways of going about this. She also spoke about the common causes of stress in hospice staff and the signs that they exhibit when the stress levels were high; she detailed how she helped in support groups to try and sort these out.

The conference finished with a demonstration of some of the teaching aids available at St Christopher's in the audio-visual department, and some particularly relevant books regarding the psychiatric aspects of hospice care were on display in the library.

It was agreed that the Conference had been helpful and should perhaps take place on a yearly basis, though not necessarily at St Christopher's. If there are any interested psychiatrists who wish to attend future meetings, they are invited to contact Dr K. Bluglass (St Christopher's Hospice, 51-53 Lawrie Park Road, Sydenham, London SE26 6DZ), who would keep them informed about future events.