

## LETTER FROM A PSYCHIATRIST TO A YOUNG DOCTOR\*

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My dear Nephew and Colleague,

I am happy to hear that you have passed your last exam and my best wishes go out to you. I know you have what it takes to be a good doctor. May God help you to become one.

I address you as 'colleague', but now I wonder whether you consider this quite appropriate. I know that you want to go into general practice and a few remarks I have heard you make in past years lead me to suspect that in your opinion psychiatry does not belong to medicine proper. In fact, I even remember your complaining about a curriculum which obliged you to listen to the 'fancy theories' of the 'head shrinkers' instead of making more time available for learning internal medicine, surgery and obstetrics, or, as you said at the time, 'solid, practical stuff'.

Perhaps I should say right away that the very satisfactory percentage of cures which modern psychiatry manages to obtain is by no means due to the use of magical procedures. We treat our patients in just as scientific a manner as other medical specialists and we are certain enough of our professional status to invent most of the jokes made about us.

But this is not the point I really want to stress. What I feel I should tell you at the beginning of your professional career is that you cannot hope to become a good doctor unless you revise your prejudices against psychiatry. Only if you realize that the psychiatric approach is no less 'solid' and 'practical' than, say, the surgical one will you have the right to call yourself a truly 'general' practitioner. I am indeed quite certain that your whole professional future depends upon your learning to accept me whole-heartedly as your colleague, and this is the reason why—wishing you well as I do—I am writing you this, I am afraid, rather avuncular letter.

You see, the professors in medical schools must teach their pupils an enormous quantity of so-called facts. The other day I read, for instance, that the number of technical terms which a medical student has to learn during his career exceeds 40,000. It is perhaps unavoidable that, as a consequence, the future doctor hears from his teachers rather more about badly functioning organs than about sick persons. But there cannot be any doubt that this purely physiological approach is very far from being realistic, for a patient is by no means only a 'carrier' of diseased organs.

You may want to interrupt me here and protest that you are quite aware of that. Well, I am not saying that you are not. A few years ago you broke your right arm and I remember very distinctly that you had the same difficulty as any other sick person: your doctor very naturally wanted you to *get better*, but you were even more interested in *feeling better*. You were lucky enough to be in the hands of a good doctor who knew how important the 'feeling better' could be for the process of 'getting better'. So he gave you something to relieve the pain you felt, but—more important still—he helped you to overcome your worries and insecurities. Do you remember how much you were preoccupied with the possibility of not recovering the full use of your right arm? Do you recall how you reproached yourself for having ridden a bicycle without brakes at top speed? Perhaps you do not; perhaps you have meanwhile repressed it. But allow me to tell you that the first time you were able to sleep properly after your accident was after your doctor had been sitting for ten minutes at your bedside joking with you and thereby removing your anxieties and guilty feelings.

Do I hear your protesting voice again? Are you telling me that you were not thinking at all of your personal experience when you said that you are aware of patients being persons?

Quite frankly, I hope that this time my suspicion is unjustified. But even supposing that it is not . . . what does it matter? Any other example you could give me would prove the same and particularly the important role which anxiety plays in retarding recovery—and even in causing disease—would show up again and again.

And now try to be honest with yourself: Are you sure that you can always recognize the anxiety of a patient? Do you know how to proceed in order to bring to the surface a feeling which your patient is quite likely to hide from himself? And have you learnt how to cope with it? Are you technically prepared for treating the emotions of a person who asks for your medical help? I am very much afraid that your candid answer will have to be 'no', and that you will have to admit that you cannot count on anything but your 'common sense' and your '*savoir faire*'.

This is not good enough: Of course, I am not denying that some doctors have a natural talent for 'personal doctoring'. Many of the 'family doctors' of old had it and this was certainly the main reason for their professional efficacy. But times have changed; medicine has become much more complicated and the 'personal touch' nowadays must (and can) be learned, like bacteriology or radiology.

Let me give you an example. A doctor I know had to treat a child who had recurring pyuria. He managed to cure one attack after another, but every 'cure' was followed by a relapse after some time. So, finally, he began to suspect a psychological factor and discovered that the child reacted to certain actions of his mother by psychogenetic constipation which in turn provoked the pyuria attacks. Would the colleague in question have discovered this connexion if he had not learnt that, as a consequence of inappropriate toilet training, many children develop grave anxieties? But this is by no means the end of the story. It is, perhaps, more important to mention that my colleague eventually cured the child. He did not achieve this by pills and enemas, but by psychotherapy, by a *joint* psychotherapy of the frightened child and of his aggressive and over-solicitous mother. I ask again: Could he have obtained this fortunate result if he had not acquired some basic training in the technique of psychotherapy?

Mind you, this doctor was not a psychiatrist; he was an ordinary 'GP', and this is perhaps the most significant point in my little story. Of course, I speak as a psychiatrist, but I should like to make it quite clear that in saying all this I am by no means endeavouring to make psychiatric proselytes. As a matter of fact, I am far from believing that there is an urgent need to train more psychiatrists and I am not trying to induce you to reconsider your vocation. What I do believe is that at least a minimum of psychiatric know-how should be in the scientific baggage of any young doctor who is starting his career and that this is perhaps the most important single requirement for his professional success and his personal happiness.

I re-read what I have written and I cannot help wondering whether I have succeeded in convincing you. Have I been able to awaken some echoes of what one or another of your professors must have included or implied in one of his lectures? Have I whetted your appetite for a more systematic study of matters psychiatric? I do not know. But perhaps I have at least managed to convince you that—psychiatrist that I am—I have an unquestionable right to finish this letter by wishing you Good Luck, as,

Your uncle and colleague,

E.E.K.