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Reading About . . .

Liaison Psychiatry

by Richard Mayou

A previous paper in this series with the same title (Lipowski, 1979) described the history and recent developments in the organisation of consultation liaison psychiatry. I therefore cover two other aspects, the nature of the psychological reactions to physical illness and the clinical role of the psychiatrist working on general surgical and medical wards. Lipowski remarked on the "generally mediocre quality of research" and on the lack of a "single fully adequate textbook". These deficiencies remain all too apparent and the increasingly large literature is still mainly "clinical and anecdotal". However straightforward clinical descriptions do provide an essential background to understanding the practical impact on patients' and families' lives of illnesses and of their treatment. A good knowledge of medicine is also essential and the liaison psychiatrist requires an up to date textbook and should try and read review papers and editorials in the general medical journals.

Lishman's textbook (1978) is an invaluable and reliable survey of the medical and psychological aspects of organic psychiatry. Reading about the consequences of other physical illness is much more difficult. The trainee can begin with reviews in one of the larger psychiatric textbooks (preferably Kaplan *et al*, 1980) or in one of the numerous books of collected papers on liaison psychiatry. Also useful is the reading list prepared by Lloyd (1981). The experienced liaison psychiatrist who wishes to keep up with the whole general field will find it difficult to consult the many journals which carry papers on the social and psychological consequences of illness. These include the principal British and American psychiatric and general medical journals, *The Journal of Psychosomatic Research, The Journal of Behavioral Medicine, The Journal of Chronic Diseases, Psychosomatic Medicine* (occasionally), *General Hospital Psychiatry*, the *International Journal of Psychiatry and Medicine*, as well as several psychological and social medicine journals. In addition many of the more interesting papers are published in specialist medical journals.

Although descriptions of the consequences of illness and of medical and surgical treatment are clinically valuable, I find many of the generalisations about alleged patterns of psychological consequences of physical illness in general and of specific conditions are unconvincing. Mechanic's *Medical Sociology* (1978) and Lazarus' work on coping (most usefully and self-critically reviewed in Cohen and Lazarus, 1979) are essential reading. However, I have found many of their concepts difficult to standardise and apply in my own research and I am suspicious when others refer to them as if they are well validated and easily measured. Turning to accounts of individual conditions, I have been particularly impressed by the personal accounts by patients, particularly by doctors who are patients. An example would be the occasional series in the *Lancet* (beginning October 1981) with the title "Disabilities and How to Live with Them". Amongst the earlier reports by psychiatrists and psychologists I have been particularly impressed by the papers by Hamburg on polio, burns and childhood leukaemia, (Visotsky *et al*, 1961) and by Hackett (1978) on the coronary care unit.

It is difficult to choose particularly examples from the more recent literature. Two books on the psychiatric aspects of epilepsy usefully review the one area of organic psychiatry in which Lishman's book now seems somewhat out of date (Laidlaw and Richens, 1982; Reynolds and Trimble, 1982). Czackes and DeNour (1978) have summarized their own and other research on the many consequences of renal dialysis. In my own field of interest, heart disease, Doehrman (1977) has methodically covered the very large literature on myocardial infarction. Perhaps the most valuable of all such accounts, both because it is an exemplary account of a very important illness and because it illustrates general themes, is the recent review of cancer by Greer and Silberfarb (1982). In particular, their references on the evaluation of psychological intervention are a good introduction to a fundamental but neglected area of research. Like other writers I find much of the literature on the nature and treatment of psychological reactions to physical illness is methodologically unsatisfactory. There are serious criticisms of case selection, lack of appropriate standardized measures and inadequate research design. These points are meticulously brought out in a recently published chapter on hysterectomy and sterilisation by two of my Oxford colleagues (Gath and Cooper, 1982).

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Finally, turning to the clinical role of the psychiatrist, I share the uncertainties mentioned by Lipowski and more pointedly discussed by Lloyd (1980). Emotional distress and organic mental states are undoubtedly common in all hospital and other medical populations. The follow-up study by Querido (1959) remains impressive evidence of the value of psychological and social intervention in improving medical as well as social outcome. However there have been no thorough studies of the nature of problems, or their management and referral to and treatment by psychiatrists which could be compared with the extensive research on psychological problems and their management in primary care (Goldberg and Huxley, 1980). It is still uncertain which patients require extra help and whether it is best provided by medical or surgical teams or by liaison nurses, psychologists or psychiatrists or by medical social workers (Lloyd, 1980). In the meantime, the account by Lipowski and Wolston (1981) of 2000 referrals to a well established service provides an excellent example of how to organise consultation by liaison psychiatrists and nurses.

Although many psychiatrists have acquired considerable expertise in consultation and liaison, few have described their techniques of assessment and treatment and how they work on medical and surgical wards. An exception is the interesting, though idiosyncratic, book by Glickman (1980). It is the only account I have read which adequately describes how to be a liaison psychiatrist.

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