These results consist of trainees views, experiences and opinions of audit in psychiatry at the beginning of 1992. The questionnaire will be recirculated at the beginning of October 1992, when it will be possible to see if the role of trainees and audit in psychiatry will have changed over the past nine months. I hope that you will all be eager to participate in the next study which will make it possible to view any changes, which in turn may lead to audit being more easily incorporated into the working time of trainees in psychiatry, and the closing of the 'audit loop'.

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How to Offend Patients

...Paul Crichton and Thanos Douzenis explore the murky (and possibly libellous) depths of doctors' descriptions of their patients and find out just how insulting they can be...

In the summer of 1990 a bill was going through Parliament to give patients access to their medical notes and seemed certain to become law. We thought the moment ripe for a new idea: an audit study of psychiatric and medical casenotes to see if they contained offensive comments. If successful, we could become the Watson and Crick of psychiatric casenote audit.

Thanos Douzenis, Paul Crichton and Tim Hughes read through 75 sets of randomly selected casenotes, 50 of which were psychiatric and 25 medical and compiled a list of nearly 400 offensive comments. The 25 medical casenotes had been matched for age, sex and thickness in cm. with 25 of the psychiatric casenotes. Shôn Lewis and Claire Leggatt independently rated the comments according to a 4-point scale (0=not offensive; 1=possibly offensive, e.g., Mr. X is well known to the hospital; 2=moderately offensive, e.g., wife claims he is difficult in hospital and may threaten to discharge himself; 4=extremely offensive, e.g., a most unpleasant man). The comments were then rated independently by two psychiatric patients and the ratings of Shôn and Claire were compared with those of the two patients to see whether the professionals could predict which comments would offend the patients.

Our results were briefly as follows; when we compared the 25 psychiatric casenotes with the 25 medical casenotes, we found that the psychiatric casenotes

contained significantly more offensive comments than the medical casenotes. Inter-rater reliability between the two professionals on the one hand and the professionals and the two patients on the other hand was high, in other words, the professionals were able to predict which comments the patients would find offensive.

In some ways the most interesting part of the study for us was the comments themselves. Many of them seemed to fall into one of a small number of categories.

Several comments were PATRONISING and were often made by male doctors about younger female patients, e.g., "I reviewed this slightly unreliable lass." "I believe that in 2 or 3 years' time she will settle down and be a very sensible young lady." "This good lady appears to be significantly depressed."

Frequently patients were depersonalised and denigrated to mere BEARERS OF DIAGNOSES , e.g., "A known schizophrenic".

There was also a tendency for doctors to use LAY TERMINOLOGY in a PEJORATIVE way, e.g., "damaged personality", "fragile state of mind", "weak-willed", "inadequate" and "hysterical".

Indeed "HYSTERICAL" was probably the most frequent offensive comment of all on our list, e.g., "depressed and weepy with *hysterical* outbursts"; "She attempted to leave the ward in a *hysterical* state with her belongings." "She was fearful nobody believed her somewhat *hysterical* story." "She becomes *hysterical* when we rediscuss b.d. insulin."

In addition to "hysterical" patients, two other types of patients proved unpopular with several doctors: the "GARRULOUS" and the "SOMATISERS", e.g., "She gives rather garbled and embroidered history." "Weird and wonderful collection of physical complaints."

Patients who both talked a great deal and somatised their symptoms could elicit particularly powerful countertransference reactions, e.g., "She once again embarked on her long, convoluted list of physical complaints."

Sometimes doctors were HORRIFIED by their patients' behaviour, attitudes or appearance, e.g., "Has been splitting up with boyfriend (she's been going out with a chap inspite of being married!!)" "Patient not interested in housework." "Rather hippyish look." "Lots of cheap jewellery."

Some comments were SARCASTIC, e.g., "Thank you for asking me to deal with this very difficult problem again."

Others were FLIPPANT, e.g., "Her usual paranoid self." "He is one of life's victims."

Many were simply ABUSIVE, e.g., "psychological assessment: very knocked off." "by turn bullying, patronising or pathetic and arrogant."

With new law these gems of political incorrectness and vitriol will become rarer. Stylistic gestures of Swiftean scorn of Lutheran bluntness will atrophy. Casenotes will relinquish their clandestine confessional function and become open books instead of secret archives.

(A detailed account of this study has been accepted for publication by the Psychiatric Bulletin.)

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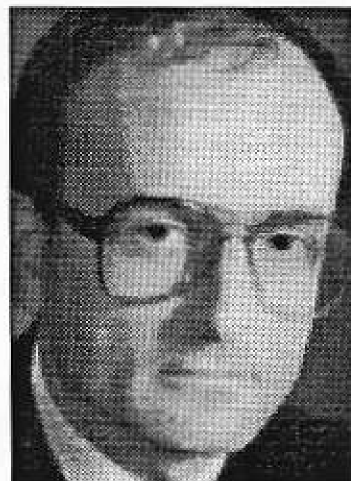

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