SICK DOCTORS

Introduction

Council set up a Special Committee* to look into the problems of mentally ill doctors, to make recommendations as to ways in which the College might help and to consider the 'three wise men' procedure.

The Committee's report has been accepted by Council and they have been asked to implement the recommendations, descrived hereunder.

The Special Problems of Mentally Sick Doctors

The Committee of Inquiry into the Regulation of the Medical Profession (Merrison Committee) drew attention to the disturbing features of the sick doctor problem and commented on the inadequacy of existing controls by either the General Medical Council or the National Health Service.

At present the GMC can take action only if the doctor appears to have committed serious professional misconduct or has been found guilty of a criminal offence. The formal NHS controls seem to operate in a patchy way and are not widely understood by the profession. They include possible action by Family Practitioner Committees (for GPs); NHS Tribunals (for GPs); 'Three Wise Men' procedures instituted by Health Authorities (for hospital doctors in England and Wales).† There also exists an informal, confidential system in the hospital service whereby Regional or Area Medical Officers acquaint each other with details of unsatisfactory doctors.

Sometimes junior staff feel inhibited about reporting their seniors' illness or those in allied professions the illness of their medical colleagues. If a system can be introduced which is benign and helpful rather than punitive and is readily available, these difficulties will to a large extent be removed.

Difficulties often arise in persuading a mentally sick doctor to accept treatment, especially from local colleagues or in local hospitals. Certain hospitals, both in the NHS and in the private sector, have a tradition in the care of sick doctors or are especially suited to give this care. Similarly, certain psychiatrists develop a reputation as 'doctors' doctors'.

One of the factors militating against early declaration of sickness is the awareness of the possible serious financial implications of prolonged absence from work, or even of the need to retire early. NHS employing authorities have sometimes been willing to provide generous financial support to sick doctors receiving treatment in private settings where this has seemed particularly appropriate, but this is perhaps not so easy in the present financial climate.

Recommendations

The Special Committee has been asked to implement the following recommendations:

1. Working in co-operation with the Divisions of the College, lists will be compiled of appropriate hospitals and psychiatrists with a special interest in or reputation for dealing with the problems of sick doctors.
   These lists will not be published, but advice may be sought from the College and may also be made available to colleagues in other medical specialties.
   Panel members may meet to pool information and formulate useful policies.
2. The advice of the Department of Health and Social Security will be sought as to ways and means of offsetting financial hardship to doctors with special treatment needs and to those contemplating early retirement on health grounds.
   Discussions will also be sought with the DHSS about the informal 'blacklisting' of sick doctors by Regional or Area Medical Officers.

'Three Wise Men'

This procedure was recommended in Circular HM(60)45 for providing a means whereby a doctor in the hospital service in England and Wales† thought to be incompetent through illness but seemingly unwilling to seek advice could be assessed by his peers. The 'three wise men' are acting as advisers to the Area or Regional Medical Officer.

Documents relating to a 'three wise men' investigation were subpoenaed by the Normansfield Committee of Inquiry. Although they were handled with discretion and care by the Inquiry, details of a later psychiatric assessment prompted by the 'three wise men' were revealed (without the permission of the psychiatrist who made the assessment) and were publicized. This has given rise to considerable lack of confidence in the system.

The method of appointment of the 'three wise men' varies greatly; in some areas they are appointed as a case arises, in others they are a standing body. Like-

* Membership of Special Committee: Professor K. Rawnsley (Chairman), Drs M. a'Brook, Griffith Edwards, Rosemary Rue, G. C. Timbury.

† The procedure in Scotland is different and is governed by S.H.M. 60/55 and S.H.M. 49/1968.

wise, awareness of their existence and of their identity is extemely variable, and the *modus operandi* of the 'three wise men' also shows great variation. In some cases the sick doctor being interviewed may be unaware that he is taking part in an official inquiry.

Recommendations

1. The 'three wise men' system can be helpful provided there are proper safeguards, and members of the College should participate if invited to do so.
2. Reports emanating from the 'three wise men' may take various forms, but if written they should be as brief as possible and should avoid unnecessary clinical detail.
3. The 'three wise men' should ensure that their sick colleague is aware of the nature of the meeting, its purpose, his own standing, and safeguards. He should be able to consult his defence society if he so wishes prior to the meeting.
4. The doctor being interviewed should be told whether a report is to be sent to the Area or Regional Medical Officer which may result in further action.
5. If the doctor is to be referred (normally by his GP) to a psychiatrist for further assessment or treatment, this psychiatrist should be invited to contact the 'three wise men'. In this connection, members of the College are reminded that all case records are at risk of being subpoenaed and read in open Court. Case reports must of course be comprehensible and helpful, but unnecessary clinical detail should be omitted.

PSYCHIATRY IN THE 1870s

***From* Insanity and its Treatment.** By G. FIELDING BLANDFORD, *President of the MPA, 1877–8*

Doubtless, you have all heard of the moral treatment of insanity. But shutting a man up in an asylum can hardly be called moral treatment. It is simply restraint, which may be highly beneficial, and even remedial, as it is a means whereby the patient obtains rest and seclusion from all that is harassing and vexing, but it is not what I understand by moral treatment. For in old days men were placed in asylums, and then and there confined in a restraint-chair or strait-waistcoat, by leg-locks and hand-cuffs, and fed, washed, and dressed; and this together with some purging and blistering, constituted the treatment. By the latter, I mean that personal contact and influence of man over man, which the sane can exercise over the insane, and which we see so largely and beneficially exercised by those having the gift, whether superintendents, matrons, or attendants. There can be no proper treatment of an insane person without it, and, beyond all question, the recovery of many has been delayed or prevented by its absence. There are patients, however, who are not within its reach. A man or woman in a state of acute delirious mania is beyond moral treatment, and needs only that which is physical or medicinal. That is why it is of little importance whether we treat such in or out of an asylum, provided we can place them in a suitable apartment. But we may see another who will never get well out of an asylum. What do we notice here? A morbid and intense philautia, an extreme concentration of the whole thoughts and ideas on self and all that concerns self: whether the individual's feelings are those of self-satisfaction and elation or of depression, whether he thinks himself the greatest man in the world or the most miserable, he is constantly absorbed in the contemplation of self, and thinks the whole world has its attention directed to him. Now, when such a being is at home, he generally contrives to make himself the centre and focus of every one's regard; and if away from home, in a lodging or family, he may be able to do the same thing—nay, in the majority of cases, this cannot fail to be the case, for the arrangements of the household must more or less depend on the presence of such an inmate; but place him in an asylum of fifty patients, and he occupies at once merely the fiftieth part of the attention of those about him. He is given to understand that the establishment goes on just the same whether he is there or not, but that being there, he must conform to the rules, his going away depending to a considerable extent on his own efforts, and his observance of the precepts and advice which he receives. He is indulged with a certain amount of liberty, according as he shows that he is fitted to enjoy it, with liberty to go beyond the premises, to