

CORRESPONDENCE

The journey ahead between doctor and nurse

Fagin & Garelick (2004) neatly point out the essence of the ongoing relationship issue between psychiatrists and nurses. The dilemmas of this relationship are further strained by recruitment problems in both professions (Jenkins & Scott, 1998; Finlayson *et al*, 2002). As a doctor coming to the UK from overseas, I had a very different experience with nurses in my home country. They are still very much perceived as an 'instrument by whom the doctor gets his instructions carried out'. This reflects both differences in the development of psychiatric services in other countries and also cultural differences. These factors should not be overlooked, as there is a growing number of psychiatrists in UK who have come from overseas under the ongoing international recruitment project in the NHS. Further research in the role that culture plays in practice differences should give us new information on this important but often forgotten subject.

The authors' suggestions for improving the doctor–nurse relationship are helpful. One needs to have a great courage and trust to support nurses' independent decisions and judgements 'even if you have reservations about them', particularly in this culture of responsibility and litigation. Communication between doctors and nurses is essential, and regular formal and informal meetings are crucial in developing this communication and trust. Apart from this, much more can be done by trusts to promote this atmosphere – such as organising regular forums between medical and nursing staff to discuss clinical issues. As the roles of nurses and psychiatrists change in the coming

years, it might be a good idea for the Royal Colleges of both Nursing and Psychiatrists to examine how these two professions can together deliver the best patient care with mutual interdependence.

- Fagin, L. & Garelick, A. (2004) The doctor–nurse relationship. *Advances in Psychiatric Treatment*, **10**, 277–286.
 Finlayson, B., Dixon, J., Meadows, S., *et al* (2002) Mind the gap: the extent of the NHS nursing shortage. *BMJ*, **325**, 538–541.
 Jenkins, R. & Scott, J. (1998) Medical staffing crisis in psychiatry. *Psychiatric Bulletin*, **22**, 239–241.

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SASPsych2004: a forum for NCCG doctors

The recent APT correspondence on non-consultant career grade doctors (Budd & Everitt, 2004; Fagin & Garelick, 2004) prompted me to inform readers about the online discussion forum SASPsych2004 (<http://health.groups.yahoo.com/group/SASPsych2004/>). This group is exclusive to NCCG doctors working in psychiatry in England and Wales and membership is free.

- Budd, S. & Everitt, B. (2004) NCCG doctors have relationships too. *Advances in Psychiatric Treatment*, **10**, 399–400.
 Fagin, L. & Garelick, A. (2004) Author's response. *Advances in Psychiatric Treatment*, **10**, 400.

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CORRIGENDUM

Tsapakis, E. M., Basu, A. & Aitchison, K. J. (2004) Clinical relevance of discoveries in psychopharmacogenetics. *APT*, **10**, 455–465

In Box 1 (p. 457), the entry for 'Variable number tandem repeat (VNTR)' should read:

Variable number tandem repeat (VNTR) A VNTR region is a length of DNA that consists of a variable number of tandem repeats of a sequence of DNA. For example, in intron 2 of the serotonin transporter, there is a VNTR consisting of a variable number of repeats of a 17 base pair length of DNA, the common allelic variants having 9, 10, or 12 copies of this 17 base pair element.

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