# Correspondence

## *'The Future of the Membership'*

DEAR SIR

In his paper on 'The Future of the Membership' (*Bulletin*, April 1981) Professor Brandon reports that in the Preliminary Test the essay question 'plumbs other and murkier depths' than the MCQ. Presumably he refers to imbecility or illiteracy, or both. He should have told us: one guesses that it is at least the latter.

If the essay question reveals illiteracy, is not this important? Apart from the expectations which a Royal College and learned profession should have of its members, is it not essential that a psychiatrist should be able lucidly and cogently to compose case histories, write letters to doctors and other professional colleagues and make reports to the courts and elsewhere?

If, as Professor Brandon says of the essay question, 'there can be few who believe that its continuation can be justified', the majority should tell us whether or not they consider literacy in psychiatrists to be important. If they do, how do they propose to exclude those whose standards of literacy are too low to be professionally acceptable? If they do not, they should support their case with argument. There is little or no evidence that we are gaining clinical scientists in place of literate clinicians. Professor Brandon's prescription that 'the present essay paper should be abolished and replaced by short-answer questions and progressive patient management problems' (sic) dodges the issue.

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## *Is dying the province of the psychiatrist?*

DEAR SIR

I wonder if I could obtain the views of the College as well as your own, through your columns on some issues of academic interest.

The background of the questions to follow is this: A research project involving terminally ill and dying patients for some psychological aspects of their management and counselling was submitted to a 'Division of Psychiatry' to comment. The Division foresaw the occurrence of 'emotional distress' to individuals in the pursuit of that research and felt strongly to conclude that 'such projects should not be undertaken without the support of a clinical psychiatrist'. The project was to be undertaken by a qualified and practising clinical psychologist, a qualified and practising nurse, and two voluntary social workers in collaboration with the medical practitioner whose patients were to be included in the study, or with whom the clinical responsibilities of the patients remained vested.

The questions raised are the following:

(i) Does the expertise of psychiatry include the caring for the dying of non-psychiatric patients?

(ii) Is dying an abnormal phenomenom, or does it come under the province of psychiatry?

(iii) Is predicting the onset of emotional distress in individuals an exclusive expertise of psychiatrists?

I shall be grateful for your views.

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## *College Reading Lists*

DEAR SIR

We wish to comment on the Revised Reading List in Psychiatry (Part 4). Part 1 (Mental Handicap, Forensic Psychiatry, Social and Community Psychiatry and the Psychiatry of Old Age) and Part 2 (Addictions, Child and Adolescent Psychiatry) have already been published and Part 3 (Psychotherapy) is In Press. Part 4 is a bulky list covering the whole field of psychiatry, and it is our hope that covered in other parts; it has been produced by just two compilers.

The preamble to the Reading List states that the last list, produced in 1977, had become out of date. An estimation (taken from a random sample of six pages of the new list) shows that (apart from classic works appearing before the 1940's) 43% of recommended articles were published before 1970, 37% in the first five years of the 1970's and 20% in the second five years, but of these the proportion appearing later than 1978 was minute. A rather similar distribution occurred for the recommended books. Although we recognize the enormous labour in producing this List, we regret that so much of it was misdirected, that there was considerable reduplication from other lists and that the up-dating process had been a failure. It should be obvious that no two psychiatrists could be expected to produce a useful List covering the whole field of psychiatry and it is our hope that in any future revisions the Committee will recognize this and be prepared to draw upon a much wider expertise.

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