BULLETIN OF THE ROYAL COLLEGE OF PSYCHIATRISTS, VOL 9, AUGUST 1985

to find any obvious intellectual superiority in Dr Johl's ideology over that of the 'it's all to do with neurotransmitters' school of thought. It is also worth remembering that demystification, demedicalization, deprofessionalization and dehospitalization are just as much the policies of the Szaszian right as the Marxist left.

STEPHEN WOOD

Guy's Hospital Medical School London SE1

### British psychiatrists in Canada

#### DEAR SIRS

I read with interest Dr Green's article on British psychiatrists in Canada (*Bulletin*, April 1985, 9, 77–78). He correctly stresses the importance of clarifying licensing requirements and eligibility to take the FRCP(C) examination prior to emigrating to Canada. However, he indicates that the MRCPsych is sufficient qualification to get a special licence. This used to be the case, but at present is true only in one province. I understand that all the other provinces require the FRCP(C). Another factor to note is that the Royal College of Physicians and Surgeons of Canada is insisting more and more on Canadian training. If the College does require additional training prior to taking the Fellowship examination, such training may not be easily available.

The emigration procedure is also very complicated. Emigration of physicians to Canada is very much restricted, and for all practical purposes, is possible only if the employer is prepared to sponsor the employee. Such sponsorship is usually available only for work in under-serviced areas. In some cases, there are restrictions as to how long one should stay in that particular scheme before one can move to another job.

I entirely support the general thrust of Dr Green's article. The professional climate in Canada is vastly different from that in Britain, and there are excellent opportunities in academic settings, public hospitals, and private practice, for suitably qualified psychiatrists.

Royal Ottawa Hospital Ottawa, Ontario Canada

# Films of Psychiatric Interest

Two films of psychiatric interest won bronze awards in the British Medical Association's film competition earlier this year: **'Illusions'** an information film made for the DHSS about solvent abuse, and **'With Eyes Wide Open'**, the case history of a Scottish mentally handicapped artist.

'Illusions' runs for 40 minutes and is available on free loan as either film or video-cassette from CFL Vision, Chalfont Grove, Gerrards Cross, Bucks. 'With Eyes Wide Open' is a 56-minute film made by Dr Laurence Becker, 507 Park Boulevard, Austin, Texas, but it is hoped that a copy of the film, which has also won several other international awards, will be available from the BMA Film Library.

## General psychiatrists—an endangered species? DEAR SIRS

A sizeable proportion of any psychiatrist's case load consists of neurotic illness occasioned by personal problems and worries. If, as Edward Hare' suggests, these patients would be better dealt with by separate non-medical therapists who are both interested in and specially trained in such work, this would leave the general psychiatrist a great deal more time to attend to other aspects of his work. Yes, but what would these be?

The major psychoses account for a relatively small proportion of any generalists case load and, in any event, as Hare points out, the causation being unknown treatment is 'largely palliative'. Such supportive psychotherapy as is needed for these unfortunate patients—and it is a great deal—is just as well given by the Community Psychiatric Nursing Service as by a doctor.

What of the other burdens of psychiatric practice? Such marital problems as come our way are probably better dealt with by those who have been specially trained in and are particularly interested in this field of work and have developed expertise in dealing with the complexities of marital problems.

So far as the phobic states are concerned, it would certainly appear that behavioural therapy in the hands of specially trained paramedical staff produces as good, if not better, results than those obtained by psychiatrists themselves.

Even in the forensic field, as Chiswick<sup>2</sup> has recently pointed out, the psychiatrist is no more competent than anyone else to pontificate on such matters as the quasi-medical defence of diminished responsibility, the social and moral implications of which are nothing to do with psychiatry. What is left for the poor old generalist?

Personally, I'm glad that I retired before redundancy reared its ugly head!

**ARNOLD PEARCE** 

Yateley Camberley, Surrey

P. M. DAS

#### REFERENCES

<sup>1</sup>HARE, E. (1985) In conversation with Edward Hare: Part II. Bulletin of the Royal College of Psychiatrists, **9**, 46–48.

<sup>2</sup>CHISWICK, D. (1985) Medicine and the law: Use and abuse of psychiatric testimony. *British Medical Journal*, 290, 975-977.

The BMA's annual film competition was established in 1957 and attracts around 100 entries from this country and abroad each year. The prize-winning psychiatric films are all shown at College meetings.

T. L. PILKINGTON, Convenor, A-V Group

## Child and Adolescent Psychiatry Specialist Section, 1985–87

Chairman: Professor I. Kolvin; Honorary Secretary: Dr J. Harris; Executive Committee: Dr P. Ainsworth, Dr I. Berg, Dr H. Caplan, Dr G. Fitzpatrick, Dr M. Hasan, Dr E. Irwin, Dr M. Lindsay, Dr A. J. Mackie, Dr K. O'Keeffe, Dr F. Subotsky, Professor D. Taylor, Dr J. Trowell.

161