Psychiatrists are not surgeons

Reading the article by Archdall et al1 took us right back to our student days, when we both remember our emerging interest in psychiatry often being lambasted by those around us. Not so reassuring to see that some things never change.

What was most striking then, and it appears still now, are the beliefs that ‘you can’t cure anyone if you do psychiatry’, ‘you can’t help people’. While we admit it has been a few years since either of us have worked in acute medicine or primary care, unless there have been some radical developments, we were not aware that conditions such as asthma, diabetes, arthritis or coronary artery disease could be easily cured either. Yet chronic physical illness is what the majority of medical students will end up managing in some form or another.

This research made us wonder whether we as psychiatrists paint a rather grave, dare it be said hopeless, picture of what our specialty involves when students spend time with us. Because surely the reality is that psychiatry has no lower a ‘help’ rate than other specialties that deal with both acute and chronic illness?

We did not go into medicine solely to cure people; we went into medicine to help ease suffering, in whatever small way that may be. And yes, that may be a listening ear instead of a scalpel or a pill, but no less is the satisfaction for us or relief for the patient.

So what is the answer to this? How do we help students see psychiatry for what it is, rather than this hopeless and helpless version that keeps being quoted back to us? We suggest addressing this stigma head on, acknowledging that we are seen as separate and different, and take students to see the good that we do.