Correspondence

Blame the ‘blame culture’

Mukherjee et al. identify several important factors which discourage young doctors from choosing to train as psychiatrists. Stigma, low-quality undergraduate training and a perception that the specialty is unscientific probably all play a part. However, I contend that these factors are likely to have been influencing these doctors for many years. Why a recruitment crisis now?

I disagree that the recent reduction in the number of training posts in academic psychiatry is an important influence on most doctors’ career choice. However, I agree that the lack of psychiatry F2 posts and the introduction of Modernising Medical Careers have probably been influential.

Sadly, the most important influence is the paucity of consultant psychiatrists who act as good role models. Medical students and junior doctors notice the absence of enthusiastic senior colleagues. I agree that New Ways of Working has undermined consultant morale, probably to a significant extent, but the most important issue is the stress caused by the culture of repeated inquiries, which follow untoward incidents. Most other medical specialties are not subject to the same intensive ‘blame culture’. The recruitment crisis will continue until this issue is addressed.


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Why psychiatry isn’t sexy . . .

I am 2 weeks into my psychiatry placement, and have been forced to ask myself some uncomfortable questions.1 As many of my fellow students, I began with a negative view of psychiatry based almost entirely on our formal (and more importantly, informal) medical training. Although I am increasingly aware of the many compelling arguments which challenge our prejudices, unfortunately, the rot sets in before we have even stepped into a ward.

It is hard to establish exactly when this happens. Mental illness is stigmatised by friends. It makes us feel uncomfortable. We don’t understand it. The mechanisms underlying many mental illnesses seem so vague as to fall into the realms of pseudoscience. Medical schools select scientists. We want to know how, and why, and what will cure. Psychiatry dances at the edge of such parameters. We are taught by academics that we have even stepped into a ward.

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Medical students are susceptible to the public image of psychiatry

Mukherjee and colleagues3 concentrate mainly on interventions in medical training, but it is also important to bear in mind that, as members of the public, medical students are constantly exposed to public perceptions and media portrayals of psychiatry. The poor public perception of psychiatry is perhaps a more fundamental reason for poor recruitment.

Surveys indicate psychiatrists are perceived as having low status compared with other doctors, with psychiatry being seen as relatively non-scientific, non-medical and ineffective. Relatively few people know the difference between psychiatry, psychology, psychotherapy, psychoanalysis and general counselling, and relatively few know that psychiatrists are doctors. A survey showed that 70% of people view electroconvulsive therapy as harmful and only 7% view it as potentially helpful; many have a highly negative view of any psychotropic medication, and have too high