Proposed College working party on psychiatry and religion

The establishing of a Royal College of Psychiatrists’ working party to consider the boundaries of psychiatry and religion, as suggested by Poole & Higgo,1 is indeed a pragmatic, constructive and, in our view, long overdue proposal.

It was in 1991 that our Patron, the Prince of Wales, first reminded the College that therapy involved body, mind and spirit.2 In that same year, the current President Dinesh Bhugra organised a meeting at the Institute of Psychiatry at which Bill Fulford cogently urged delegates to explore the limits of tolerance at the boundaries of psychiatric practice and religious belief.3

Can the President please, in his last year of office, establish a working party which would consider these matters, consult widely and make recommendations relevant to the core clinical, research and educational objectives of the College? Such a working party will require the arms-length approach of transcultural psychiatry as well as a broad, multifaith perspective and astute leadership, fully sensitive to the concerns of religious and secular psychiatrists as well as service users and other health professionals.

If the World Psychiatric Association can be approaching an international consensus on this subject,4 then surely the College can usefully now give a lead in Europe where these matters are particularly pressing.

Declaration of interest

J.C. is a Christian from the Methodist tradition. A.J.G. was recently ordained Deacon in the Church of England.


John Cox is professor emeritus, Honorary Fellow and Past President, Royal College of Psychiatrists, and Co-Chair, Centre for Faith and Values in Healthcare, University of Gloucestershire, email: john.cox@virgin.net.

Alison J. Gray is liaison psychiatrist, Birmingham and Solihull Mental Health NHS Foundation Trust, WholeCare Research Fellow and Research Associate, University of Birmingham School of Psychology.

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Simulated patients – simulated patients?

Mitchison & Khanna2 contribute an interesting letter to The Psychiatrist about the experience of role-playing actors, or simulated patients, who have become ubiquitous in OSCE-based examinations (such as the CASC) in medicine and psychiatry. Using qualitative methods, they briefly describe aspects of the simulated patients’ experience, but focus on one: the emotional stress the actors can experience after role-playing psychiatric patients repeatedly over the course of an examination.

The role of simulated patients in psychiatric OSCEs is a lightly researched topic. We conducted a study in 2009 looking at the role in examinations of the same population that Mitchison & Khanna describe, i.e. UK MRCPsych trainees.3 One finding was that simulated patients and examiners scored ‘empathy’ and ‘communication’ differently (unlike the real examination, we asked the actors to mark the candidates). In a post-hoc unpublished exploration of why this might be (by using a questionnaire with both groups), we were unable to find the answer to this question.