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Psychiatry and the media

Mad cows and men

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Of course, the Government blamed the media for whipping up hysteria about mad cow disease, but the headlines at the peak of the crisis told a different story. Most reported Ministerial attempts to mollify an increasingly suspicious public. One tabloid headline even ordered: DON'T PANIC, though there are few expressions in the language more likely to *cause* panic.

No, the blame was not with the media, who did nothing more than spot a good story and play it for all it was worth, which is, after all, their job. Mad cow disease itself always had public panic written into it, for reasons not far from the public fear of human madness.

Bovine spongiform encephalitis has everything, even a catchy *non-de-plume*, but most of all it has madness, terrifying enough at any time, but this time with an added twist. Journalists and experts alike savoured the idea that in cows, the virus lurked for four years or more before making its catastrophic presence felt. It might already be in the food chain. It might already be in your freezer. Worse, its insidious ways meant that if it could be passed along the chain to humans – just if, you understand – you might harbour it, even cultivate it, for years, perhaps 20 years, before it turned your brain *spongiform*, shot full of holes through which your sanity drained away. Here was that element of tragedy so mesmeric in the theatre – disastrous, inescapable destiny.

In one of the best media examinations of the subject, BBC 2's 'Horizon' showed pictures of the deadly holes and compared them to the holes seen in Creutzfeld Jakob Disease. Next it spread its canvas from Guernsey (cows) to Stetsonville, USA (mink) plotting a possible transmission through a succession of obscure antelopes, cats and scrapie-infested sheep. And so to man? No evidence there, it confessed, but by that time every viewer was on a diet of lentils.

'Horizon' had hit on another element of BSE that tunes in to human paranoia. In a culture whose most malevolent diseases, plague and rabies, have spread from animals, any threat from a more primitive species, a kind of evolutionary revenge, is a threat indeed. Added to that, there is the view that BSE arises from *unnatural* feeding practices – sheep fed to cows, brains in sausages – implying that nature too is getting its own back for our presumption. It must be a satisfying time for the people J. B. Priestley said would talk of Nature as if they were members of the committee that appointed it.

Mr John Gummer and his daughter Cordelia (Copyright Anglia Press Agency).

But in the end, the mad cow scare is an exemplary exercise in a psychiatric treatment, reassurance, i.e. how not to do it.

There have been smiles, statements, and outrage. Mr Gummer has even fed his daughter a scorching burger (not for nothing, wrote Sue Arnold in the

Observer, is the poor mite called Cordelia). Yet, rightly or not, the public thinks he is talking through his own stetson, and their reason should give grim pleasure to academics who have felt despised and neglected for the last 11 years, because it is the most elementary research point. Mr Gummer wants us to believe that an absence of evidence is evidence for a negative, but everyone else in the country can see that to be false.

Dr Creutzfeld too might have been sceptical. The case he described in 1920 had also been dismissed at first as hysteria.

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Reviews

Models of Clinical Management.
By S. Disken, M. Dixon, S. Halpern and G. Shocket. London: Institute of Health Services Management. 1990. Pp 25. £5.95.

The drive to get doctors into management is propelled by the imperative to control overspending in the acute hospitals service. The aim is to ensure that those who spend most of the money should, through taking on responsibility for the planning and management of resources, become accountable for the improved use of those resources. That is possibly why the preface to this booklet is by the Director of Finance of the NHS Management Executive rather than a manager or doctor.

The mechanisms and management structures created to serve this end in 13 acute hospitals are reviewed here and three models emerge as potentially workable. All the models involve an extraordinary amount of fudging of lines of accountability between the clinicians in management, i.e. the clinical director and the unit general manager on the one hand and the clinical director and his consultant colleagues on the other – the latter relationship being a cross between a Member of Parliament for the Constituency of Surgery or Medicine or Psychiatry, say, and chief executive supremo John Harvey Jones style of Surgery or Medicine plc. It is pretty amazing then that up and down the country not only does clinical management seem to be working well in most hospitals which have adopted one of these models, but with government encouragement it will soon be a rarity for an acute hospital to be without clinical directors.

Lewisham and North Southwark health authority launched doctors into management in 1984 in all three Units, two acute hospital units, Guy's and Lewisham, and the Priority Care Unit. I have experienced life for two years as a clinical director and then witnessed the positive and negative impacts as UGM and DGM. The positive aspects are that doctors and managers really do begin to understand each other better and doctors begin to feel more involved in management decisions. Finances have been better controlled by devolving budgets to directorate control and the efficient use of drugs, path labs and X-ray has undoubtedly improved. From the doctors' and managers' point of view it has been a great success.

It has been less of a success from the nurses' point of view, who in the first years felt under-valued and disenfranchised from their traditional roles. Nurses largely determine and control the standards of patient care and to weaken their influence is both foolish and dangerous. It has taken all three units some time to understand the absolute necessity to provide strong clinical nursing leadership and a proper role for the senior nurse in a directorate. Similarly, other professional groups, such as the therapists, have been sidelined. In an era when good medicine involves a multidisciplinary approach to ward team work, the marginalising of other professional groups is unfortunate and a retrograde step in improving the culture in traditional clinical firms. The management of Guy's in particular is now dominated by the medical profession in a way which seems curiously old fashioned and inward looking. It takes a very skilled general manager and lateral thinking clinicians to ensure that all disciplines are involved in the management structure in a relevant and influential way. These problems are touched on by the authors but only the nursing issues are addressed adequately.