

CORRESPONDENCE

Dear Sir,

I would like to make a few comments on Martin Raw's paper 'Some issues in smoking modification research' which appeared in the last issue of the Bulletin.

Raw's statement that "psychologists almost certainly represent the largest single professional group which has attempted to meet the needs of the millions of smokers who wish to stop smoking" (p.66) would probably be vigorously challenged by most chest physicians and general practitioners. Psychologists may have as much, if not more, to offer as any other professional group in providing a greater understanding of how to deal with a smoking problem, but if Raw's statement is true it reflects more on the unfortunate state of other professions rather than on the contribution of psychology.

My main point however concerns the tricky problem of randomisation which often occurs in experimental clinical research. Raw's position is that there could be a group of people randomised to choosing their own treatment method. His reason for adopting this tactic is that "it simply does not make sense clinically to assign someone to a treatment condition which is not geared to his needs". So once again we have the apparent conflict between the experimenter's and the patient's needs. But how real is the conflict? If we know what is suitable for the client's needs why are we doing the research in the first place? In its simplest form the research hypothesis is that the treatment conditions are as effective as each other. Of course we have our suspicions and hunches but in most cases we do not know. It is very easy to be wise after the event but a question worth researching is one in which the answer is in considerable doubt. A recent and much criticised trial in which some of a group suffering from breast cancer were denied X-Ray therapy as a follow through for the operation "made no sense clinically". It turned out that those not receiving deep X-Ray treatment did better than the women who did receive the radiation quite against the general expectation and probably indicated X-Ray treatment can actually depress the body's own immune responses which are employed in fighting off odd cancer cells. (I am indebted to Dr. Griffith Edwards for this example). Consequently it is only until the research has been conducted that one is in the position to know what best suits the patients needs - it's the very reason for doing the research in the first place.

It is just possible that the biggest mistake researchers make when confronted with this sort of problem is that they do in fact make the control conditions sound just what they imagine it to be - third or fourth best. And since the so called non-specific factors are apparently so important in smoking treatment outcome the unconvincing presentation of any of the conditions could seriously affect the outcome of the research. Although randomisation may be a problem it is crucial to the development of decent research which in turn is vital for our clinical practices. The implementation of the randomisation procedures in that they could lead to unmotivated therapists and unconvincing rationales for certain conditions may be more of a problem and certainly one that the researcher can overcome.

Yours sincerely,

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