

Medical students' attitudes to psychiatry

Sir: I am writing in response to the article on medical students' attitudes to psychiatry by Pailhez *et al* (2005). Having experienced psychiatric practices in different cultures myself, I felt that a periodical like *International Psychiatry* was long needed to address such issues. (I have been a keen reader for some time now and congratulate the Royal College of Psychiatrists and all the editorial board for their untiring efforts to make it appealing and interesting to a range of readers.)

Traditionally, psychiatry has been treated as a specialty of 'least preference' by most medical graduates (although not all), especially in developing countries, for a number of reasons. Perhaps the most important reasons have been:

- a misconception on the part of medical students regarding the nature of mental health problems and available treatments (mainly electroconvulsive therapy, which has been misrepresented in the media and sometimes depicted as a way of assaulting and punishing patients for being mentally ill)
- the poor representation of psychiatry in undergraduate academic curricula
- the lack of active persuasion and measures on the part of professionals already in the field to change this outlook and attract students to this ever-evolving science.

The situation is particularly difficult in developing countries, where the resources to provide healthcare are already strained. The lack of a standardised structure of training and of legislation to safeguard the interests of patients, the use of illegitimate practices and a gross mismatch between the number of graduates and existing training opportunities are some of the other factors further affecting the situation.

The attitudes of medical graduates are largely determined by the social and cultural views of society.

Despite the fact that the model of care is gradually shifting away from paternalism, in some parts of the world psychiatry is still practised by those who enjoy the social prestige and sense of supremacy it can bring. In this scenario, psychiatrists are inherently going to fall behind their medical colleagues, who are treated differently because of their ability to deal with 'life and death' situations. Students who enter medical schools with a notion that they can do their job best only by making such differences to patients' lives run a risk of being disillusioned if faced with a career in psychiatry.

Furthermore, the recent trend towards recruiting qualified professionals from underdeveloped countries has created a bottleneck for medical graduates, thereby potentially frustrating their aspirations and diverting them into subjects they are less interested in. As pointed out by Pailhez *et al*, the process that finally leads to recruitment is not as simple as it sounds and is qualitatively different to that in other specialties.

On the positive side, it is also true that, despite all these difficulties, psychiatry has managed to change over the past couple of decades and will undoubtedly continue to do so. It has certainly received much wider recognition than ever before.

The responsibility to expand psychiatry on a global platform rests with organisations like the Royal College of Psychiatrists. The College has responded promptly to this challenge by making appropriate changes to its policies and thereby stepping onto the global stage. However, it will surely face a huge challenge in breaking the barriers at various levels to bring uniformity in the application of psychiatric knowledge worldwide.

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Pailhez, G., Bulbena, A. & Balon, R. (2005) Attitudes to psychiatry: a comparison of Spanish and US medical students. *International Psychiatry*, issue 10, 6–8.

Correspondence is welcome on any of the articles or issues raised in *International Psychiatry*. Letters of no more than 500 words should be sent to the Editor, Hamid Ghodse, email hghodse@sgul.ac.uk