

tions of our patients. Empathy is so necessary because so much that is presented as mental or nervous illness is regressive, either infantile or primitive. Thus the psychiatrist must, through empathy, adopt the role of mediator as between the regressive inner situation of the patient and the demands of the real world.

I am not claiming that empathy is all that there is in psychiatry but only that it holds a central and necessary

position in all psychiatric practice.

No one person's perspective on psychiatry has much validity but may be of interest to some. What others think of psychiatry, seen from within or without, will remain conflicting and confused as was the case, some years ago, when someone asked what my profession was: 'A psychiatrist'. 'How interesting—I am psychic too and regularly communicate with the souls of the dead.'

Problem Drinkers and Their Driving Licences

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As announced in 1983, the Department of Transport has issued new procedures for dealing with drinking and driving offenders deemed 'high risk', being those disqualified for the second time in 10 years for driving with a blood alcohol concentration over 2½ times the legal limit (i.e. 200 mg per cent) or failing to provide a specimen. The Driver and Vehicle Licensing Centre at Swansea will notify such an individual that when he applies for his licence on the expiry of the second period of disqualification (usually three years or more) 'consideration will be given to whether these convictions indicate a medical disability and, if so, whether he has managed to get his drinking problem under control'. He will be advised to seek help from an alcohol counselling agency and will be given a list of such agencies.

The first letters have begun going out to this group of offenders although the machinery for their medical assessment is still being set up, the earliest that individuals will be applying for restoration of their licences being 1986. When an individual reappplies for his licence he will attend a Department medical examiner for interview and blood tests. In cases of doubt a consultant psychiatrist specializing in alcohol problems will see the individual, although this may present the Department with difficulties since in a given city the local alcoholism consultant may also be currently treating the patient. Appeal via the courts will be allowed. These arrangements are possible within existing legislation concerning medical fitness to drive.

Clearly the definition used means that only the severe end of the spectrum of drinking drivers are to be affected. The estimate is 3,000 individuals per year. Since the results of the new procedures will be monitored, this will be an interesting pilot study of the effectiveness of intervention amongst drinking-driving offenders. Such a study has never been conducted in the United Kingdom. Unfortunately results in North America have in general been rather discouraging when repetition of the original offence was the outcome criterion.¹ We may have difficulty in extrapolating from the results amongst these severe repeat offenders to first offenders. In unpublished figures from the Département de l'Aisne in Northern France where medical referral of drinking drivers is common², the outcome in terms of future drinking and social and physical well-being is poorer among those who had the highest blood alcohol concentrations

(over 150 mg per cent) at the time of the offence.

It remains to be seen how many of the 3,000 individuals per year will be advised to seek treatment and how many of them will follow that advice.

To the beleaguered Health Service workers dealing with alcoholism it is very attractive that the Department of Transport or the Courts might be routes by which early detection and treatment of alcoholism could be pursued. If alerted and encouraged the early problem drinker may be able to alter his habits before severe dependence or harm has ensued.³ I understood that in general English courts regard it as outwith their remit to send a leaflet about alcohol problems to every drinking-driving offender, but the Department of Transport Medical Advisers plan in future to enclose an alcohol information leaflet with the announcement of revocation of licence. It would be useful to evaluate the effectiveness of such an exercise.

With regard to heavy goods vehicle and personal service vehicle licences, not all psychiatrists realize that the College Working Party, under the chairmanship of Donal Early, recommended in 1981 that alcoholism be grouped with acute psychosis and carry a prohibition of five years, even when no drink-driving offence has occurred. There will be many psychiatrists and general practitioners who will find themselves torn between loyalty to a patient whose employment may be crucial to him and his family and indeed to his recovery from alcoholism, and on the other hand consciousness of the safety of the public and of the Medical Adviser's duties within the Department of Transport. Occupational Medical Advisers usually feel in a less ambiguous position in relation to the patient than treating clinicians may be.

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