



editorial

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Annual meetings: questions and some answers

There are two ways to travel abroad. You can go in a group from home. This is easiest and gives the best chance to talk about and think about what you see in the country you are visiting from the perspective of your home and its values. The other way to travel is alone. That way you watch and listen. It can be lonely but it is more likely that a solitary guest will see things through another's eyes without the constraints of values from home.

The annual meeting of the American Psychiatric Association (APA) attracts over 15 000 delegates; in May 2005 it took place in Atlanta, Georgia. Pharmaceutical companies have for many years taken groups of British psychiatrists to the meeting and I have gone to the APA several times as part of such a group. This year, however, I went to the APA for the first time as an individual delegate and the difference was that I was on my own and not surrounded by other psychiatrists from the UK. In many ways I found the experience more valuable. I could consider the APA as a genuine outsider and I was not bringing with me a mini British environment to an American city. Atlanta not only has strong links to the civil war but much more recently has been a centre for the civil rights movement. A visitor therefore can walk in the footsteps not only of Rhett Butler and Scarlet O'Hara but Martin Luther King and Ralph Abernathy. New Orleans is known as the 'Big Easy' but the atmosphere in Atlanta is every bit as relaxing and congenial. A late night jazz club found by chance and visited alone provided a quite unexpectedly warm and friendly welcome.

As for the meeting itself, it was rewarding for an outsider to learn what was preoccupying the rank and file American delegates. In a country where healthcare is predominantly private, it was not surprising that managed care, the attempt by insurance companies to cap and control the care and treatment provided by private physicians, has been overtaken as the main threat by a plan from central government that psychologists should be granted the same full prescribing rights as those currently available to doctors. This proposal has attracted huge opposition from among the medical profession but nevertheless has already been introduced in a small number of states. What happens in the country as a whole remains to be seen. The link between the profession and politics is also interesting and very

different to what we are familiar with in the UK. As the guest of an American colleague I attended a reception of executives and leaders of the APA where two congressmen, both formerly practising doctors, were presented with cheques by the APA to support their future political careers. This kind of financial support is entirely normal in the USA. The clear message to the politician is that if they continue to support the position of their benefactor then the money will continue to flow. If they do not, it will stop. Influencing politicians also appears to be a different matter in America because of the absence of any kind of civil service as we know it. Each politician appoints their own officials who will only have a job for as long as the politician is in office.

Are there lessons for us to learn? I was told that the senior figures in the APA enjoy the widespread support of the general membership and that one of the principal reasons is that the membership believe that the leaders can influence politicians. How is influence measured? No one could say. The debate on managed care has largely been lost by the profession and is a more complex matter than people simply getting what they want. The APA also seemed hierarchical to a greater extent than we in the UK would expect in our College.

Although a traveller, in most circumstances, should avoid too much comparison between that which they see abroad and what they know from home, some thoughts while in Atlanta about our own College annual meeting were inevitable. Delegates at any meeting probably want three things. They want a programme that is stimulating, they want to meet old friends and make new ones and they want to feel that they are getting value for money, even if it is not their own money that they are spending. Delegates at the College meeting in Edinburgh in June 2005 were mostly satisfied on all these three measures. Our College annual meeting has had its critics in recent years but when pressed those critics usually admit that they have not attended the meeting themselves for some time. In Edinburgh it was either the case that the critics did not attend or when they did they were won over.

What do Americans think of their own conference according to these same three measures? The Atlanta event was simply too large to have any feel for this. Indeed, it is the size of the APA event which most UK delegates comment upon.



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Two final thoughts. It is often claimed that almost as many UK psychiatrists attend the APA annual meeting as attend our own College annual meeting. If this is true then 'Big Pharma' will certainly be part of the reason for this. Is this as it should be? In the UK our opinion in relation to many things is that size does not matter, and rightly so, but does size matter in relation to our own annual meeting, and if so, in what way? Is there a target size which we should be aiming for?

All these questions have been in my mind recently because I am the Chair of the Organising Committee of our 2006 Annual Conference in Glasgow. There can be no question whatsoever that our annual meeting is an important event for us and one by which we are judged.

Declaration of interest

None.

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