

I am sure that this fantasy in part pulled me towards psychiatry. Unfortunately I am almost as sure that the fantasy will never come true. It is the psychiatric patients in the film who are the incurables and grotesques who serve as a balance against the sensibilities of the other neurological patients. Their unreachability is maintained; they need more than

miracles. Ultimately 'Awakenings' succeeds because it puts forward the role of the physician not as a god or a saint but as the person who is endlessly curious, inquisitive, patient, and always fallible. It is these qualities that our patients will have to put up with for the foreseeable future.

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The media and psychiatry

Expert input: confusional state, acute onset

ANNE CHARLISH, writer and broadcaster*

Yes, I remember the piece on self-trepanation. What intrigued me most was the question of how the journalist had managed to persuade anyone to talk about it . . . and now I know (*Psychiatric Bulletin*, February 1991, 15, 107–108).

Psychiatrists are notoriously unwilling to divulge their secrets to busy hacks, often with good reason. This is a shame, because, as one professor has said, health education is an integral part of health care. Of course, you do have to choose your journalists with care, but I'll get to that in a minute.

A journalist's lot is not always a happy one.

Failure to engage

- Dial the hospital – no answer.
- Redial – answered but left hanging on to no effect.
- Redial – put through to the wrong Dr Russell or the wrong Dr Cook.
- Redial – get the secretary of the correct consultant.
- "He's not in"/"I don't know where he is"/"he's gone home"/"he's working at home"/"he can't be disturbed"/"he's at a committee meeting"/"his wife's left him".

Only the writer's obsessive-compulsive tendencies sustain her in a relentless pursuit of the consultant she believes to be the best.

In the middle of all this, a proof lands on your desk. You spot a sub-editor's change which is going to wreck your reputation: she's altered puerperal

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psychosis to "baby blues" – "because it's easier" . . .! The telephone rings and it's Dr X, wanting to make a couple of amendments to an earlier piece. You still haven't got through to the consultant you want today. Formal thought disorder seems perilously close.

So, we're busy, too, in our way. And we don't have secretaries and appointment clerks, but we do have alarming deadlines. All this occasionally leads to mania, but more often not.

Depression

At last you get through: magic moment.

- "I don't know anything about that" (that's not what your colleagues say – well, some do).
- "Who's it for?"
- "I'm terribly busy" (this point is usually elaborated upon for anything up to five minutes – never mind the time, think of the telephone bill).
- "I don't want to be quoted" (why not?)
- "It would be better if you spoke to Dr X . . ." (no, it wouldn't!)
- "I've got a frightful headache".

Euphoria

But, sometimes, you strike gold:

- "Oh, yes, how interesting."
- "When's your deadline?"
- "Would you prefer to do it on the telephone or would you like to come and see me?"
- "There are a couple of papers you ought to read first, hang on, I'll just get you the references" (good).
- "I had a most interesting case, once." (excellent!)

Individual variation: how do you decide which journalists to speak to?

Dr Appleby is perfectly correct in his comment that “you should not give an opinion to the sensational enquiries . . . they are not asking for your opinion. They are asking for your expert endorsement of their opinion.” You definitely do need to weed out those in search of “a good story” from those in search of accuracy about a particular *subject*.

Stitched up

Never say yes, when you mean no:

“I understand that schizophrenia is catching?”

“Well, yes, there was a study that showed a large number of people in a block of flats in Moscow developed schizophrenia, but we now know . . .”. The hasty hack in search of sensation will put a full stop before the “but” and leave it at that, making you look foolish. The best answer would have been “No. People think that because . . .” or just “No”.

Who better than you?

One of the awful things about refusing to grant an interview, which when given is indeed a favour, is that the journalist will eventually find someone who will. It may be someone whose opinion you don't respect, and, when you see it in print, you may find yourself wishing that you had given your opinion, after all.

The Kinnock syndrome

If you do decide that the journalist may be a responsible one, and grant her an interview, I implore you to remember that you have the advantage. You know all about the subject, and she knows virtually nothing: that's why she's coming to see you.

Short sentences are a must. Sub-clauses and reservations should be kept to an absolute minimum.

Let her interrupt when you see that she is losing track.

Try to bear in mind the target audience: roughly comparable with an intelligent 14-year-old. Psychiatric disorders are, in addition, more difficult for the general reader to understand than physical problems.

Incidence rates and prevalence rates are commonly confused in the popular media, so please spell them out.

‘Acute’ and ‘chronic’ are widely misunderstood, so do define your terms as you go.

‘Presents as’ is not, generally, immediately understood. Nor is the implication of ‘a statistically insignificant sample’.

But you don't need to say ‘tummy’ when you mean stomach – we do know what that is; if, in fact, you mean abdomen, define it!

Denial

Two things spring to mind: the first is that you all seem to disagree with one another. The social psychiatrist says schizophrenia is all to do with rotten upbringing in a deprived area. The biological chap declares that's nonsense. Some say it's to do with the left hemisphere, a few maintain it's the right. Chromosome 5 has had some publicity, too. So has the role of diet. It is all so confusing.

The second thing that comes to mind is that one or two of you occasionally deny having said something: I send you a typescript of the finished piece and you re-word it. When I check back to the tape, I find that it *is* there! How can this be?

Some amendments completely undermine the point of a particular paragraph or upset the structure, and then one has to do it all over again! Delirium or dementia?

Responsibility without power

One does the interview, one sends the finished typescript to the consultants quoted, one makes all the amendments requested and, at last, one submits it. Definite mania, now.

Only on the proof does “baby blues” appear, giving one a sense of utter frustration, having taken a lot of trouble to get it right. In another instance, an over-optimistic sub added “ultrasound in pregnancy can spot abnormalities such as hare lip”! Really? The writer is in danger of going down with Gilles de la Tourette.

So, each of us, writer and expert alike, should ask to see proofs.

Admission

Two final points: the first is that I am married to a doctor, so I may have some insight into both sides of the problem of experts talking to journalists.

The second is that I should like to express my unequivocal admiration and gratitude to all those of you who have helped me.