THE "TEN COMMANDMENTS OF PSYCHIATRY"

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I was recently discussing the symptomatology of a psychiatric case with a colleague in the presence of a final year medical student. When my colleague left, the student confessed that he felt bewildered by what he called the "abstract" nature of mental disorder and its manifestations. He intends devoting himself to general practice and as he is well aware that a good proportion of his future patients will be psychiatric ones, he has asked me whether it is possible for me to reduce the subject matter of psychiatric guidelines and thus spare him the pitfalls of any fumbling approaches to his patients.

I have attemped to lay down what I consider to be the essential requirements in the following "Ten Commandments of Phychiatry". I must, however, hasten to add that they are based solely on my personal experience which, although extending over thirty years in the field of clinical psychiatry, claims no dogmatic authority; in fact, they may differ from those of another psychiatrist with the same range and length of experience.

- 1. Listen to what the patient has to say not only to obtain his medical history but also to find out what are his own views about the cause and nature of his illness. These views very often need to be corrected and unless this is done you will not succeed in your treatment.
- 2. It is not sufficient to diagnose the nature and gravity of the patient's neurosis or psychosis; it is also essential to evaluate the underlying personality with its assets and liabilities. The patient's disorder may, in fact, be the expression of a psychopathic or immature personality.
- 3. Physical illness may cause, or contribute to, or accompany mental illness. Therefore, carry out a full examination of the patient's physical state without, however, over investigating it as by doing so you may give rise to superadded introgenic symtoms of a hypochondriacal nature.
- 4. You must endeavour to inspire your depressed patient with a hope of recovery but you must never tell him that it is up to him "to throw it off". He cannot "throw it off" and any words to that effect may make him more desperate and even drive him to self-destruction.

- 5. Never trust a suicidal patient and do not let his relatives convince you that he will not harm himself because he is a religious person or because he has not the courage to kill himself.
- 6. Do not fall into the temptation of prescribing the "newest" pharmacological product immediately it appears on the market. Not every "new" product is necessarily more effective that an "old" well-tried one. It has been estimated that among the hundreds of new products introduced yearly, the great majority are merely variations of already existing basic products.
- 7. Medication is not the only form of treatment for the psychiatric patient. His illness may be a reaction to a real unpleasant life situation (disabling physical disease, family troubles, etc). If this situation cannot be changed, you must help the patient to come to terms with it by accepting it, tolerating it and adapting his life to it.
- 8. You will often come across patients who ascribe their illness to the "stresses of modern life". While reactive anxiety and depression do sometimes occur (see No. 7), you will find that in many cases of mental morbidity environmental factors play no part and that the illness is endogenously determined. The apparently increased incidence of psychiatric illnesses is due to the increased awareness of their existence and the greater availability of psychiatric services in the community.
- 9. Be on your guard against interested parties who ask you to examine a relative for the issue of a certificate of testamentary capacity. You will be wise to suggest a second opinion from a psychiatrist to avoid falling into a trap and becoming involved in court proceedings months or years after you have issued your certificate.
- 10. Study the Mental Health Act (1976) thoroughly as you may be responsible for a mistaken certification of a mental patient and render yourself liable to legal proceedings and the penalties prescribed by the Medical Council.