

Editorial

One-track medicine

Of all the adages which are impressed on students in any self-respecting medical school, the rule that one should seek to deal with the patient and not with the disease is perhaps the most quoted. It is also widely sinned against; the emergence of an alternative school of “holistic medicine”, which claims to approach the patient as an individual and not merely a carrier of organs and symptoms, is a reaction to the all too common failure of scientific medicine itself to do just that.

There are a whole series of reasons why things go wrong in this regard. The last person to blame is the thoughtful general practitioner who is well capable of viewing health and illness as facets in the overall existence of someone who he knows and understands. But too often in the recent past (and in some countries in an unsatisfactory present) general practitioners are not placed in a situation where they truly have the opportunity to get to know and comprehend their patients; in too many parts of the world they have neither the training, status, time or back-up teams to play their role to the full; in that situation they may become mere portals of admission to the health services, shunting their patients as rapidly as possible through to a specialist for the necessary diagnosis and treatment. Once that has happened, there is all too great a tendency for the specialist to pursue one-track medicine, concentrating exclusively on the ailment which lies within his own field.

A recent paper from the voluntary organization “*Mentality*” in the United Kingdom concentrates on one gravely neglected aspect of this phenomenon: the case of the patient with mental illness whose physical well-being and bodily ailments are all too readily overshadowed by the need to deal with his or her psychiatric condition. The report, entitled “*Not All in the Mind*” [1], argues that people with mental illness are dying early because their physical health is being neglected. In particular, Britain’s health and social services are doing too little to tackle the high levels of heart disease, respiratory illness and diabetes which tend to be encountered among people with severe mental illness; unnecessary suffering and premature death may result.

These are far from being groundless generalizations. Research brought together for the first time by this report, not only from Britain, shows that people with severe mental illness are almost twice as likely to die from coronary heart disease as the general population and four times more likely to die from respiratory disease. A person with schizophrenia can expect to live for ten years less than someone without a mental health problem. The report also shows that people with mental illness are far more concerned about their physical health than professionals believe them to be. It shows that there is a high level of frustration with services and a lack of information and support available to people with mental illness on a range of issues from smoking cessation to healthy eating.

Our London contemporary *The Health Services* [2] quotes Elizabeth Gale, Acting Chief Executive of *Mentality*, as saying that “If we want to tackle the inequalities in the current health care system then a good place to start would be with improving physical health care services for people with mental illness. In our research, people who use mental health services believe that once they receive their psychiatric diagnosis all their physical health needs are ignored and either considered to be part of their mental

illness or a possible side-effect of their medication. Either way, people are losing out and the system is failing them. Health professionals need to address the physical health needs of people with mental illness. Our briefing paper shows what can be achieved by taking a positive approach to health promotion. For example, smoking cessation programmes have proved effective when tailored specifically for people with mental illness. Health information should be offered as a regular part of an individual's care. And regular checks for heart disease, diabetes, obesity and the side-effects of medication should be carried out as standard. Simple measures can make all the difference to improving the quality of life for people with mental illness".

"*Not All in the Mind*" also points to a seeming lack of responsiveness on this matter among primary and secondary care services. Contributory factors to this deficit seem to include:

- lack of appropriate skills among primary and secondary staff in assessing physical health problems and providing appropriate care;
- organisation of services which address mental and physical health separately;
- prevailing stigma surrounding mental illness and perceptions of service users;
- service users' reluctance or inability to press their case for physical health treatment with professionals.

A cultural shift will be required to make a significant impact on the poor physical health and related higher incidence of morbidity and mortality among mental health service users. Mental health service users should not be denied the benefits of patient/partnership on offer to the general population. However, the onus remains firmly on services to ensure that mental health service users receive the information, advice and care to address all of their physical health concerns and needs. The move towards increased partnership working between health organisations and across health and social care should facilitate a more positive environment.

The report advances numerous recommendations to ensure improvement, as well as proposals for research to determine, among other things, the extent to which poverty, poor housing and unemployment are causal factors rather than the direct effects of mental illness, affect the situation.

The report from "*Mentality*" pinpoints only one serious aspect of one-track medicine. There are others – and they need to be examined with equal care if the causes are to be found and improvement brought about.

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Editor

References

- [1] *Not All in the Mind*, 2003. Available from www.mentality.org.uk.
- [2] Anon, Physical Health of the Mentally Ill, *The Health Summary* **20** (2003), 14–15.