

Psychiatry and the media

Experts

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The voice on the other end of the line said, “I understand you’re an expert on trepanation.” I said I knew next to nothing about it. That, replied Radio Stoke, didn’t matter. Could I just repeat what I had told *The Guardian*?

A few days earlier, *The Guardian* had run one of those nowt-as-queer-as-folk pieces in which two members of the public insisted that self-trepanation was good for mental health. They had tried it, or so they claimed, and it had worked. Not wishing to instigate a dangerous national craze, the paper had sought a medical opinion and, though I knew next to nothing about trepanation, I did know the journalist who was writing the story, so I got the job.

The press have their own way of defining experts, couched in computerspeak: experts are easy to access, they talk in sound-bytes, are media-friendly. But most of all they get to the point. Experts do not necessarily know all about what they are saying but they do understand what they are being asked.

Journalists find doctors to be awkward, defensive experts who suspect that malicious editing or a cunning juxtaposition will make their opinions look foolish. In reality this rarely happens and, when it does, can be spotted a mile off—at least it can the second time.

Far more common are the entreaties of reporters who are trying to fill some column inches or a broadcasting slot with something topical and medical but find themselves defeated by an impenetrable barrier of silent switchboards, protective secretaries and unreturned calls. Their deadlines are too short to allow decent research, so their questions are confused and naive. Or they may have been influenced by some newly-plugged book whose medical ideas are off-beat, if not off-beam.

Yet you can’t blame the press for being ill-informed if you also dismiss their appeals for information: they make simple mistakes because the medical world is haughty about simple questions. And the worst part is not that they get it wrong, the worst part is that a huge opportunity for public education is being missed.

Admittedly, not all requests for expertise are wholesome. There is also the sensational angle, a hot mix of the salacious and the absurd. A Sunday



“Driller Thriller: Amanda Feilding and Joe Mellen. Photograph: Martin Argles”. (Copyright: *The Guardian*).

tabloid once pressed me on the psychology of reincarnation. Another huffily demanded a mental profile of whoever abducted Susie Lamplugh. But the most bizarre came from a TV producer who had heard of the amnesia of herpes encephalitis. If after the illness you have sex and can’t remember it, he wanted to know, do you do it over again and so become an incredible stud? I could hear him wondering where he could find a supply of such a helpful virus.

But the reason you should not give an opinion to the sensational enquiries is not that they are sensational, it is that they are not asking for your opinion. They are asking for your expert endorsement of their opinion. And in this they are a pointer to the kind of contact between psychiatrists and the press which would be beneficial to both.

Good journalists welcome guidance on what is important in a field, on which questions are worth asking and which are old hat. And experts, in offering it, avoid the only mistake that can be made with the media, which is not to answer questions, however bizarre, but to hand over control of the answers.

From guidance it is a short step to more formal contact with the press to allow more active use of its educational potential. Psychiatrists will then have a greater say in what receives public attention and, by cultivating specific journalists and offering them a continual supply of what is newsworthy, will create another sort of expert.

The pay-off could be great, not merely in selling newspapers but in selling psychiatry. Closed doors, like closed shops, are out, public accountability is in and public funds follow public opinion. It is financial survival that is at stake in the expert market, and to act on this is to understand fully what is being asked.

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Correspondence

MCQs in the MRCPsych examinations

DEAR SIRS

We are happy to respond to the three interesting and stimulating papers which you publish concerning MCQs in the MRCPsych examinations (pp. 87–91). It would be inappropriate to rehearse here the various advantages and disadvantages of MCQs: these have been written about at length elsewhere, and the reasons for including them in the MRCPsych examinations are laid out clearly in the report of the Working Party for the review of the MRCPsych examination. Nevertheless we are happy to comment on certain specific points raised in the papers which you now publish.

The marking of the MRCPsych examinations and the establishment of pass criteria are complex and confidential. We want to make it clear however that there is no single pass mark derived from the MCQ papers, and candidates should not base their examination technique on such an assumption. They should, quite simply, aim to score as highly as possible remembering that random guessing always carries the hazard of being penalised through negative marks if responses are wrong.

Over the last two years, separate working parties have been established in order to collect, compose, refine and review specific questions for the three MCQ papers. Those selected for any paper are further reviewed by the Examinations Sub-Committee, and once a paper has been set, finally scrutinised by the Chairman of the MCQ working parties and the Chief Examiner. There are thus several filters through which MCQs must pass. We keep detailed statistics on each MCQ which has been used, so that we know how well it serves its purposes in assessing the knowledge required for a high standard of clinical practice. All questions are constantly reviewed and up-dated. Hence it can be hazardous to attempt to compile banks of questions from memory.

It would be wrong to pretend that MCQs are easy to devise. What we can say categorically however is that scrupulous care is taken to ensure that those which appear in the MRCPsych examinations are not only structured correctly, but in addition their content refers to material that is uncontentious and available to all trainees in their preparatory reading.

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Chief Examiner

Dr P. D. HILL

Chairman, MCQ Working Party