Britain, I replied that we do not allow it. Sadly this weird therapeutic activity distracts attention from the reality of child sexual abuse and brings discredit to psychiatry.

The meeting is the annual refresher for American psychiatrists and there are many opportunities for high quality continuing medical education credits which must be completed in order to retain registration. I obtained some of my credits by watching the film 'A Tribute to Charlie Parker. Jazz Musician.' He was after all a drug addict. Most of the points were hard earned with 6.30 am breakfast meetings and densely packed sessions of hard science. The meeting was a remarkable and truly American experience. It contained the best and the weirdest – but never mind the width – feel the quality.

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Pseudopatients in pharmacies

Letter from Brazil

John Dunn

In 1973 Professor D.L. Rosenhan published his classic paper 'On Being Sane in Insane Places' (Rosenhan, 1973). In this study eight 'normal' researchers presented themselves on 12 separate occasions to a range of psychiatric hospitals in the USA. These 'pseudopatients' complained of one symptom only, that of hearing a voice saying 'empty', 'hollow' and 'thud'. No other psychiatric symptoms were described; the pseudopatients gave their own 'normal' personal histories and after admission to hospital the researchers ceased simulating any symptoms and apart from taking notes on their experiences acted normally.

The results of the study were shocking; not only were the researchers admitted to hospital on all 12 occasions, but all bar one received a diagnosis of schizophrenia, albeit 'in remission'. Many received medication and the average length of stay in hospital was 19 days (range 7 to 52). Reading the article 20 years on, it still induces a strong reaction. One feels disbelief that the psychiatrists were so easily duped and sheer incredulity that they consistently diagnosed schizophrenia on such minimal evidence.

The study did much to undermine confidence in psychiatric services in the USA, in particular the validity and reliability of psychiatric diagnosis in the 1960s and early '70s and along with the works of Thomas Szasz and R.D. Laing added fuel to the fire of the anti-psychiatric movement.

The use of pseudopatients in research and more recently in television documentary exposés continues, sometimes with equally dramatic results. The reporter Duncan Campbell's exposure of the quack private treatment offered to people with HIV and AIDS in the Harley Street area of London is a vivid contemporary example. The method has also been used extensively in Brazil to study the widespread problem of dispensing prescription-only medication to patients without a prescription. Two particular studies illustrate the nature of this problem.

In the first study 101 third year medical students went to different pharmacies in 35 neighbourhoods in São Paulo, simulating of one of five predetermined symptoms: anxiety, feeling sleepy, insomnia, a wish to lose weight and having a family member with an alcohol problem (Carlini & Masur, 1986). The students presented their problem to the first pharmacy assistant who was available. In 97% of cases the students were sold a medication by the assistant, 75% of preparations were prescription-only medicines and 46% contained psychotropic drugs including, benzodiazepines, amphetamines and disulfiram. Only 17% were alerted to the possibility of side-effects, sometimes with incorrect information, and just 8% were advised to seek treatment elsewhere as well. One student whose complaint was of having an alcoholic relative, was sold disulfiram and told to put it in the person's food or drink without his knowledge!

The second study took place in Porto Alegre, in the south of Brazil, and was performed by five researchers who visited 44 pharmacies complaining of one of five physical ailments: sore

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throat, cough, stomach ache, inflammation of the penis and a general feeling of being off colour (Soibelman *et al*, 1986). Once again the complaint was presented to the first pharmacy assistant available. Sixty-two per cent of assistants made some attempt to make further enquiries about the symptoms, 84% offered a diagnosis and 92% recommended a specific remedy. None of the 'patients' were given any reliable information about the possible adverse effects of the medicines. The authors do not give information on the number of medications that were prescription-only drugs, but from the list of substances dispensed it appears that many were not. For example, antiseptics and local anaesthetics were given for a sore throat, expectorants for cough, antidiarrhoeal agents for stomach ache, and antibiotics were generally recommended for inflammation of the penis.

The author of one of the studies points out that of 34,000 pharmacies identified in Brazil in 1985, only 4% were owned by a pharmacist with a university qualification, and in the majority of cases a pharmacist was only responsible at a distance. Pharmacy assistants do not have any professional qualifications and would usually only have completed first grade school (up to age 15).

In Brazil if a person with physical or psychological problems wishes to follow a more conventional route, then he or she could go to a private doctor or go direct to the casualty department (*pronto socorro*) at the local state-funded hospital. However, private doctors are expensive and the majority of the population are on low or very low incomes and although many people choose to go to private doctors this is not something that they can afford to do frequently. Furthermore, patients having to bear the full cost of prescriptions, consequently some treatments are prohibitively expensive. It is not unusual to be approached by patients in the streets around state-funded hospitals, who have prescriptions for expensive drugs and are begging for money to pay for them. A person who decides to go to the casualty department is usually met by lengthy queues; some departments close intermittently due to a lack of medical staff. Hospital pharmacies, which dispense a limited list of drugs free of charge, are prone to run out stock. There are some primary health care clinics (*centros de saúde*), but it is not a comprehensive system and lack of doctors is a problem here too. This gap in primary health care services tends to be filled by the local pharmacy. Various studies of people attending pharmacies have demonstrated that for many common illnesses, the pharmacy is the first and often the only port of call (Lipener & Berlfort, 1984; Bestane *et al*, 1980).

One response to this problem would be to go along the path of ever increasing restriction on the dispensing of medication without a prescription and policing the service to ensure that the restrictions are enforced. For drugs with dangerous side-effects or those which carry the risk of dependency, this is a desirable outcome and some progress has been made with the prescribing of benzodiazepines in Brazil. Another option would be to give pharmacy assistants a basic training in primary health care, in particular how to recognise and treat a limited number of common conditions and equally importantly, when not to treat but to refer to a doctor. Although controversial, this is the sort of system that the WHO has been advocating for years in developing countries.

References

BESTANE, W.J., MEIRA, A.R., KRASUCKI, M.R. *et al* (1980) Alguns aspectos da prescrição de medicação para o tratamento de gonorréia em farmácias de Santos(SP). *Revista da Associação Médica Brasileira*, **26**, 2–3.

CARLINI, E.A. & MASUR, J. (1986) Venda de medicamentos sem receita médica nas farmácias da cidade de São Paulo. *Revista da Associação Médica Brasileira*, **32**, 75–78.

LIPENER, C. & BELFORT Jr, R. (1984) Colírios: automedicação, iatrogenia e cegueira. *Medicina e Cultura*, **36**, 75–77.

ROSENHAN, D.L. (1973) On being sane in insane places. *Science*, **179**, 250–258.

SOIBELMAN, M., RASMO DO AMARAL, L., PALMIMI, A.L. *et al* (1986) Indicação de medicamentos por balconistas de farmácia em Porto Alegre-RS. *Revista da Associação Médica Brasileira*, **32**, 79–83.

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