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EDITORIAL

There are at least three articles in this issue of the British Journal where the authors from their different professional viewpoints indicate similar problems. There is the social worker, who works for a realistic service that operates across departmental and professional boundaries. The doctor points out that working across professional boundaries leads, in the mentally handicapped field, to a tendency for one profession to assume the task of the others and perhaps to recognise only the legal rather than the clinical responsibilities. And like Alice in Wonderland, the outsider requested to do a professional design job, asks the not-so-naive question why all the staff training, job enrichment and achievement leads to the point where people do no longer actually do the job. The thread which links these observations together is the fact that now, since the established order and hierarchy has gone for good, far too much energy is spent on jockeying for positions, on spheres of influence, on career structures and on takeover bids. There are obviously still lots of people who care for those who need care and who are not ambitious enough to turn every effort to help into a project which will serve as a springboard for advancement. Yet, they seem to decrease in numbers and influence with the braindrain upwards, settling into offices and organising working parties, producing marvellous half-baked plans and schemes for those diminishing few who deal with the actual problems in workshop and ward.

There is perhaps an unsurmountable conceptual difficulty when an essentially authoritarian structure, based on the medical responsibility of one person, admits, willy-nilly, the involvement of other disciplines to the point of shared responsibility. No doubt the inherent difficulties can be and have been overcome by the good will, the desire to succeed, and last, but most important of all, by the personalities of those sharing in the combined responsibilities. But, one has to ask, is the example of a few successful solutions engineered under exceptional circumstances, sufficient to build a successful generalisation on it, applicable to the ordinary situation of the majority?

Responsibility for the fate of people demands a conscientious and knowledgeable devotion to the task, and society tends to permit only highly trained and thoroughly proven people to exercise it—the doctor carrying out the operation, the judge passing sentence. Shared responsibility is a difficult concept, nearly a “passing the buck” concept, that partly tries to avoid the danger of a single person exercising unlimited authority, when he is perhaps not able to wield it with compassion and partly takes cognisance of the rights of other people to make a contribution that counts. In a recent report by Professor Trethowan’s Committee* it is pointed out that “the only way” in which independence of other professions in relation to the medical responsibility can be reconciled within the National Health Service “is

*Department of Health and Social Security, The Role of Psychologists in the Health Service. London: H.M.S.O. (1977).

through multidisciplinary teamwork." Whilst in that particular context, the comments referred particularly to the psychologist, they apply equally well to all participants in the multidisciplinary team who are involved in the decisions. However, the two qualifications made by the Trethown Committee are well worth repeating again and again when the magic wand is raised to produce yet another multidisciplinary team. *"Each profession has its own sphere of competence and its members are responsible for their decisions within that sphere,"* and *"They are also individually responsible for recognising the limits of their own competence and enlisting the involvement of their colleagues when this becomes necessary."*

It is the social worker in the following Point of View who asks "why it is that so much irresponsible decision-making has taken place over the past few years." It is the doctor (in Survey of Medication) who feels that "a prescription is provided as any other response would be regarded as a confrontation—an essential medical omniscience for which there is no foundation."

And it is the gentle observation by the outsider which once again brings it home how difficult it is for the members of a multidisciplinary team to think and act in a multidisciplinary way, rather than stressing their own spheres of competence. When the designer says (in "What can a Designer offer?") that "there seems to be a curious reluctance on the part of some to define **the problem** but only **their problem**," he touches on one of the greatest drawbacks of the shared responsibility of the multidisciplinary approach. Before such a team can really get down to constructive work, its members will have to sort themselves out, will have to learn to live with each other as sharing professions where each member's contribution and place will be determined by the needs of the particular problem in hand. Perhaps the doctor is after all right (in Survey of Medication)—let's introduce yet another type of meeting for staff "not to discuss the needs of the patients, but to look at our own needs, strengths and limitations."

Or is it possible that all this paper work, these tensions, this to-ing and fro-ing, these assertions, these attacks and this waste of energy on other problems than those immediately concerned with the mentally handicapped—are these all perhaps of our own making? Is the unwieldiness of the N.H.S.—the attempt to accommodate so many specialisations as equals under one traditional roof—the tradition to regard every mentally handicapped as a "patient"—and the organisational effort to concentrate resources in specified places—are these factors perhaps responsible for the majority of our problems? Didn't someone say "small is beautiful"?

The application of E. F. Schumacher's thesis to organisations which deal with the small but very disturbing problems of the neglected mentally handicapped **human being**, seems to be very apt. It permits direct and immediate involvement in the problems as they arise rather than accepting the increasing influence of other factors which have little or nothing to do with the mentally handicapped himself. Perhaps we ought to look more carefully at other solutions which have found effective ways of dealing with small populations of mentally handicapped people, before accepting finally that the increasing size of the problem appears to ask for an even larger administration. Are we perhaps aiming at evolving a structural framework which gives satisfaction to all its professional members, but gives little to the mentally handicapped except improved material conditions?