Unrecognized Mental Illness in Primary Care

The fine article by Higgins in the October issue of the ARCHIVES points to an apparent paradox that patients not clinically suspected to have a psychiatric illness but found to have one on screening do not respond well to treatment. This is in contrast to those patients who present with suggestive symptoms. I suggest that one possible explanation is that this reflects the well-known phenomenon of the high rate of false positives in a population with low prevalence of the condition for which we screen. If we accept that the likelihood of true major depression, for example, is lower in an asymptomatic population than in those presenting with complaints, these results are readily explained. In fact, we must question the widely accepted view that primary care physicians fail to recognize affective disorders in a large number of patients and question instead the validity of the structured psychiatric interview as a screening instrument. Like the exercise treadmill, notoriously inaccurate in low-risk, asymptomatic subjects, structured psychiatric interviews may only be as good as the selection of interviewees.

Patricia Samuelson, MD
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In reply

Samuelson raises a good point about the poor predictive values for tests that are applied to populations with a low prevalence of the disorder. This is even further complicated in psychiatry by the lack of a true gold standard. The psychiatric gold standard has become a structured interview based on the criteria from the third, revised third, or fourth editions of the Diagnostic and Statistical Manual of Mental Disorders (DSM). Unfortunately, the criteria in DSM-III, DSM-III-R, or DSM-IV are based on indirect assessments of the disorders and only represent our best guess about what differentiates the mentally ill from the mentally well. The "fuzzy" nature of the criteria along with the increased false positives, as noted by Samuelson, inflates the estimates of unrecognized psychiatric disorders in primary care patients.

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Catch-22 and Physician-Assisted Suicide

The concept of catch-22 was used to describe why a patient could not be sane and at the same time want to stop the medication treatment that was keeping her alive. Two days prior to reading the article by Hensel, I gave a talk to about 30 of our patients on durable power of attorney. One question was asked several times, "Will my doctors do what I ask?" The answer is still "maybe."

Hensel describes a patient who wants to die. He is certain she is not crazy. She has been treated for her depression and this is not now present. She has refused to take her medications and oxygen on many occasions, in summary, a sane person who has made a decision to have no further medical therapy and be allowed to die.

But this wish has not been followed. Her daughter forces her to continue taking her medications through "coax[ing], cajole[ing], or wait[ing] until the symptoms . . . " make her comply. Even when she removes her oxygen it is replaced when she is too weak to fight back. Catch-22 is fiction. The patient has the right to have all her medication treatment stopped. The physician has the responsibility to relieve her pain. With all the different modalities of narcotic administration available she should not suffer while not receiving the medications awaiting death.

Two years ago a patient from our group became ventilator dependent. She soon decided she no longer wanted to use the ventilator. I used morphine to put her to sleep and discontinued the ventilator. A continuous morphine drip kept her asleep until she died 2 days later. The plan was reviewed and approved by the hospital ethics committee. They stated that there was nothing controversial with this case. Patients always have the right to refuse care.

To the question, "Doctor, can you help me end this?" The answer is "yes."

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In reply

I thank Standke for the opportunity to clarify some points in "Dr Aesop." I agree wholeheartedly with his assertions that physicians have an obligation to comply with their patients' wishes and that "patients always have the right