Attitudes towards Alcoholism

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Summary

An attitude survey of psychiatrists has shown that alcoholism is the least favoured of the organic and psychiatric illnesses. They considered that this attitude was shared by general physicians and surgeons. The unfavourable attitudes towards alcoholism are unlikely to improve the success of treatment programmes. It is suggested that education within the profession is needed.

Introduction

"Addiction to alcohol is one of the largest and most neglected health problems of our time. It is particularly severe in Scotland."¹

Of 1633 male patients admitted to an academic psychiatric department in Glasgow between 1 May 1964 and 30 April 1968, 675 (40%) were alcoholics.²

Recently much attention has been focused on the doctor's attitude towards the patient and treatment,³⁻⁵ and in a Health Service Report⁶ it was stated that "the special interest and enthusiasm of the consultant in charge was probably the most important factor in the success of any alcoholism treatment programme."

This study was undertaken to define psychiatrists' attitudes to and knowledge of alcoholism and their views on its treatment.

Methods

One hundred and seven questionnaires were distributed to the psychiatric medical staff of eight N.H.S. hospitals of the Greater Glasgow area. Attitudes were assessed on a 7-point self-rating bipolar scale.⁷ The respondents were asked to assess

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their own attitudes and the general attitude of psychiatrists and psychiatric nursing staff towards alcoholism as well as other organic and psychiatric illnesses.

Results

Thirty-one (74%) of 42 consultants and 45 (69%) of 65 junior staff returned the questionnaires. The three points on either end of the attitude scale were considered to be favourable and unfavourable respectively, and the mid point (neutral) was included in the favourable scores in the analysis of results.

The attitudes of both senior and junior psychiatric staff towards alcoholism are distinctly unfavourable in comparison with most of the illnesses, particularly the organic group (table I). Their assessment of the attitudes of their psychiatric colleagues is significantly ($P < 0.005$) more unfavourable than their own (table II). The attitudes of general physicians and surgeons were also considered to be unfavourable (table III).

Discussion

The role of the psychiatrist in the treatment of alcoholism is well established, and these patients account for up to 40% of all acute psychiatric admissions in one hospital in the Glasgow area, yet their disease is regarded significantly less favourably than any other organic or psychiatric illness, with the exception of self-poisoning and drug dependence.

"A harsh and condemnatory attitude is hardly likely to encourage the early seeking of help,"⁸ and yet it is recognized that the sooner the diagnosis of alcoholism is made, and treatment started, the better.⁹ However, alcoholism is a chronic relapsing illness. One review suggests that a return to "normal drinking" occurs in only 5-10% of the patients.¹⁰ Another survey shows a high readmission rate.¹¹ Clearly, this would not be so therapeutically rewarding as many of the other psychiatric and organic illnesses.

It is of interest to note that psychiatrists had significantly more favourable attitudes towards the organic group of illnesses than the rest of the illnesses, and this despite a training which necessarily puts more emphasis on the emotional and social aspects of illness.

Alcoholism is the largest medicosocial problem of our time and provides an increasing burden to the already overstretched resources of the health services. This study indicates that the general attitude of those who are primarily involved in the

TABLE I—*Psychiatric Staff's Own Attitude*

	Consultants (31)					Junior Staff (45)				
	Unfavourable		Favourable		P	Unfavourable		Favourable		P
	No.	%	No.	%		No.	%	No.	%	
Myocardial infarction	1	3	30	97	<0.001	0	0	45	100	>0.0005
Pneumonia	3	10	28	90	<0.010	0	0	45	100	<0.0005
Urinary tract infection	2	6	29	94	<0.005	7	16	38	84	<0.005
Neoplastic disease	1	3	30	97	<0.001	3	7	42	93	<0.0005
Schizophrenia	2	6	29	94	<0.005	2	4	43	96	<0.0005
Affective psychoses	0	0	31	100	<0.0005	0	0	45	100	<0.0005
Organic psychoses	4	13	27	87	<0.025	2	4	43	96	<0.0005
Senile and presenile dementia	5	16	26	84	<0.050	11	24	34	76	<0.050
Neuroses	2	6	29	94	<0.005	14	31	31	69	N.S.
Self-poisoning	6	19	25	81	N.S.	17	38	28	62	N.S.
Drug dependence	16	52	15	48	N.S.	28	62	17	38	N.S.
Alcoholism	12	39	19	61	—	20	44	25	56	—

P = Alcoholism against each of the other illnesses; d.f. 1 in each case.
N.S. = Not significant.

TABLE II—General Attitude of Psychiatrists and Nurses

	Consultants (31)					Junior Staff (45)				
	Unfavourable		Favourable		P	Unfavourable		Favourable		P
	No.	%	No.	%		No.	%	No.	%	
Myocardial infarction	0	0	31	100	<0.0005	0	0	45	100	<0.0005
Pneumonia	1	3	30	97	<0.0005	0	0	45	100	<0.0005
Urinary tract infection	2	6	29	94	<0.0005	4	9	41	91	<0.0005
Neoplastic disease	5	16	26	84	<0.0005	4	9	41	91	<0.0005
Schizophrenia	2	6	29	94	<0.0005	3	7	42	93	<0.0005
Affective psychoses	1	3	30	97	<0.0005	1	2	44	98	<0.0005
Organic psychoses	4	13	27	87	<0.0005	5	11	40	89	<0.0005
Senile and presenile dementia	7	23	24	77	<0.0005	12	27	33	73	<0.0005
Neuroses	11	35	20	65	<0.001	24	53	21	47	<0.005
Self-poisoning	17	55	14	45	N.S.	31	69	14	31	N.S.
Drug dependence	26	84	5	16	N.S.	37	82	8	18	N.S.
Alcoholism	24	77	7	23	—	38	84	7	16	—

P = Alcoholism against each of the other illnesses; d.f. 1 in each case.
N.S. = Not significant.

TABLE III—Psychiatrists' Opinion of other Doctors' Attitudes towards Alcoholism

	Consultants (31)					Junior Staff (45)				
	Unfavourable		Favourable		Not Answered	Unfavourable		Favourable		Not Answered
	No.	%	No.	%		No.	%	No.	%	
General physicians	23	74%	7	22%	1	32	71%	11	24%	2
General surgeons	24	77%	6	19%	1	39	87%	3	7%	3
General practitioners	13	42%	17	55%	1	19	42%	23	51%	3

Psychiatrists' opinion of other doctors' attitudes: Favourable, $\chi^2 = 30.73$, d.f.2, G.P.s > general physicians and surgeons.

treatment of alcoholism is unfavourable. The question of unfavourable attitudes cannot be the sole answer, though it is not one which is likely to improve the success of any alcohol treatment programme. Much more emphasis on education of the public,¹² medical undergraduates,¹³⁻¹⁵ and indeed within the profession⁹⁻¹⁶ is required.

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Effect of Teaching on Students' Attitudes to Self-poisoning

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Summary

The attitudes of students, resident house physicians, and medical social workers towards 10 medical conditions were assessed in relation to both personal attitudes and the opinions expressed of the attitudes of the medical profession. Final-year students and house physicians

showed unfavourable attitudes towards self-poisoning in contrast to fourth-year students and medical social workers. The fourth-year students were given the opportunity to admit patients referred to hospital with self-poisoning and visited the family doctor and the patient after discharge. After this exposure there was a subjective impression that the students became more interested in the problems of the self-poisoned patients, and this was supported by a review of their attitudes at the end of the teaching project.

Introduction

Though self-poisoning is one of the commonest reasons for acute admission to hospital, the junior clinical students rarely have contact with these patients. The majority of self-poisoners arrive in hospital during the evening or late at night, their stay in hospital is short, and formal teaching on the subject, if any, tends to be restricted to the physical aspects. The only close

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