

Consultation liaison psychiatry in Sri Lanka: a case for sub-specialisation

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Summary

Liaison psychiatry has not been established in Sri Lanka as a sub-speciality. However many psychiatrists who work in general hospital settings are required to do liaison work. Patterns of referrals to a university psychiatry liaison unit were studied in order to identify the requirements in training for liaison psychiatry in Sri Lanka. A retrospective analysis of records of all new patients registered during a six month period from 1st January 2010 in the liaison unit of the University Psychiatry Unit, Colombo was carried out. A total of 1079 patients were referred to the liaison unit during

this period. The commonest reason for referral was assessment of patients who were admitted to medical or surgical wards after deliberate self harm. The variety of clinical conditions referred to liaison units highlight that psychiatry trainees need a broad knowledge of general medicine and a wide repertoire of clinical and other skills to effectively manage their patients. Specialised liaison units should be started in the general hospitals and should form the nucleus for training and establishing the field of consultation-liaison psychiatry as a subspecialty in Sri Lanka.

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Introduction

Liaison psychiatry also known as consultation-liaison psychiatry and psychosomatic medicine in the United States is the speciality of psychiatry that deals with the interface between medicine and psychiatry. The setting is usually in a general hospital. It has two components, the consultation where the psychiatrist is asked to give an opinion regarding management of patients referred by the medical, surgical or other teams and the liaison component where the psychiatrist liaises between the patient and the referring team and carries out joint management (1).

Liaison psychiatry has not been established in Sri Lanka as a sub-speciality. However as many psychiatrists are required to do liaison work we studied the patterns of referrals to the University Psychiatry Liaison Unit, Colombo to identify the requirements in training for liaison psychiatry in Sri Lanka.

History

The French philosopher Rene Descartes (1637) in his 'Passions of the Soul' and 'The Description of the Human Body' proposed that the body had material properties and followed the law of physics whereas the mind was non-material and did not follow the laws of physics. He has been accused of creating a barrier to an integrated view of psychosomatic medicine by splitting the mind and the body. In 1818 Johann Heinroth originated the term 'Psychosomatic Medicine'. It was Edward Billings an American psychiatrist who first coined the term 'Liaison Psychiatry' and created the first formal division of consultation psychiatry in 1934 at the University of Colorado Hospital (2). George Engel another American psychiatrist who played an important role in the development of liaison psychiatry postulated the term 'Biopsychosocial Model' (1977)

which overcame the divisions created by the dualism model of Descartes. The Royal College of Psychiatrists established the Faculty of Liaison Psychiatry in 1997 and the American Psychiatric Association recognised consultation liaison psychiatry as a sub-speciality in 2004 but decided to use the term psychosomatic medicine (3).

In a meta-review Ruddy and House identified six key areas of liaison psychiatry (4). They were:

1. psychological effects of physical illness or its treatment;
2. somatoform disorders;
3. self-harming behaviours;
4. emergency presentations of acute psychiatric illness to general hospitals;
5. physical effects of psychological or psychiatric treatment;
6. physical findings or behaviour raising concerns about possible physical or sexual abuse.

To this may be added a seventh especially in the Sri Lankan context, alcohol and other substance use.

The majority of psychiatry units in Sri Lanka are in General Hospitals. Therefore it is likely that psychiatrists would be called upon to provide a significant amount of consultation liaison psychiatry.

Methods

A retrospective analysis of records of the Liaison Unit of the University Psychiatry Unit, Colombo was carried out. All records of new patients registered between 1st January 2010 and 30th June 2010 were included in the study. National Hospital of Sri Lanka has about 3000 beds and provides specialised care in all sub-specialties except paediatrics, obstetrics and ophthalmology.