2

The Functions of Consultation-Liaison Psychiatry

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2.1 The Dual Roles of the Consultation-Liaison Psychiatrist

There are two sets of dual interrelated roles that a consultation-liaison (CL) psychiatrist plays: consultation and liaison, and consultant and psychiatrist.

2.1.1 Consultation and Liaison

The term consultation-liaison psychiatry encompasses two primary functions—that of a psychiatric specialist providing expert advice on the consultee’s patient, and that of a liaison or link. Historically, the liaison function indicated that the psychiatrist was stationed in and worked as a member of the medical team. Currently, the term has been expanded to indicate the educational and facilitative function of the consulting psychiatrist, that is, the linkage the psychiatrist provides the consultee between medical and psychiatric knowledge and skills on one hand, and the facilitation of communication and understanding that the psychiatrist provides between the patient and the health care personnel. Thus, the liaison function is inherent in the comprehensive approach utilized by the psychiatric consultant to the patient and the health care system.

2.1.2 Consultant and Psychiatrist

The CL psychiatrist is both a consultant and a psychiatrist; that is, he or she has two masters—the requesting physician (consultee) and the patient. The obligation to the requesting physician often extends to serving the interests of the health care facility and of society at large. Sometimes this duality leads to an
internal conflict, such as in situations when the perceived interest of the patient conflicts with the desires of the consultee, the needs of the hospital, or of society (see Administrative Function, below).

Consultation-liaison psychiatry developed mainly in teaching hospitals with psychiatric residency training programs. There is usually a psychiatric CL service in major teaching hospitals consisting of one or more full- or part-time faculty position, one or more psychiatry residents rotating to the CL service, and perhaps other staff and trainees, for example, a resident rotating from another specialty (most commonly internal medicine or family practice), a medical student, a psychiatric nurse, a social worker, a psychologist, and so on. Such CL services generally serve several explicit and implicit functions, for example, clinical, educational, administrative, and research. In medical settings without a formal CL service, one or more full- or part-time psychiatrists may be hired or designated to be a consultant for specifically defined times. Such CL psychiatrists' function may be limited to the clinical and administrative functions.

2.2 Clinical Function

The consultant's primary clinical function in an acute general hospital is to facilitate the medical treatment of the patient, as the patient is in the hospital primarily for medical care. In this sense, consultation should be distinguished from referral, usually seen in outpatient settings and chronic care facilities. In a referral, the psychiatrist is asked to take over the psychiatric care of the patient if indicated, whereas in a consultation, the psychiatrist renders an opinion or advice to the requesting physician. In addition to such advice and opinion, the requesting physician usually, and implicitly, requests collaborative care of the patient if indicated, which forms the basis of the direct rendering of treatment by the CL psychiatrist. Except in emergencies and psychotherapy inherent in diagnostic interview, and facilitation of communication through meetings and phone calls with members of family and staff, direct treatment of patients including ordering medications should be done with the explicit knowledge and cooperation of the consultee so as to prevent a diffusion of responsibility for direct care.

2.3 Educational Function

The liaison part of CL psychiatry largely denotes its educational function. The education is for patients, requesting physicians, nursing staff, patients' families and friends, and the health care system. Examples of liaison education include teaching the psychological needs of patients based on their personality styles (see Chapter 15), the immediate management of psychiatric conditions (see Chapter 5), the use of psychotropic drugs, and the determination of capacity to consent to procedures (see Chapter 28).

The CL service in teaching hospitals has formal educational functions in addition to the liaison function. They include the teaching of various trainees including psychiatric residents, residents from other departments such as internal medicine and family practice, medical students, nursing and social work students, psychology interns, etc. The CL setting is particularly well suited to teach medical students and primary care residents the aspects of psychiatry that would be most relevant to any physician. Members of the CL team may also give lectures