Patient populations undergoing psychosurgery

A close examination of which types of patients, if any, benefit from psychosurgery is a crucial first step in any critical assessment. However, at the outset it should be emphasized that many inconsistencies in diagnosis are encountered in reports from different periods of time, different countries and different psychiatrists; there can even be inconsistencies within the same reports. Such diagnostic variations constitute a major "stumbling block" in the evaluation of psychosurgery. Conflicting opinions regarding prognosis constitute another related difficulty. The implications of problems with diagnosis and prognosis will be carefully reviewed in the present chapter. In particular, their bearing on the popular contemporary assertion that operations of the "second wave" offer better treatment prospects than the older procedures will be critically examined.

It is only in the comparatively recent history of psychiatry that diagnostic considerations have been considered important. Given the purely custodial nature of institutions for the insane in the past, it is hardly surprising that little attention was paid to carefully differentiating between psychiatric disorders for the purposes of therapy. Most patients were treated in the same manner, regardless of condition.

The variety of psychiatric treatments available has clearly increased in recent years. It has consequently become essential to distinguish reliably between different psychiatric conditions if therapy and condition are to be fruitfully matched. Conversely, the adequate division of psychiatric disturb-
ances into distinct classes of disorders has furthered the search for specifically tailored therapies. The intimate and reciprocal interaction between treatment development and diagnostic refinement can be clearly seen. Psychiatric diagnosis is no longer unnecessary; in contemporary mainstream psychiatry, it is regarded as fundamental. Kendell (1975) explained:

Without diagnosis or some comparable method of classification, ... without a criterion for distinguishing between sickness and health, and between one sort of sickness and another, there could never be any rational planning of psychiatric services. Indeed all scientific communication would be impossible and our professional journals would be restricted to individual case reports, anecdotes and statements of opinion. (pp. 6–7)

Without a classification system of some sort, then, systematic treatment evaluation is impossible. Further, the reliability of the diagnostic scheme is crucial; sensible comparison and evaluation requires reliable and consistent diagnostic practices.

However, very few accounts of psychosurgery have tackled the problem of diagnostic reliability. Rather, it has been assumed that patient populations attracting the same diagnostic label in reports from different periods of time, from different countries and from different psychiatrists are analogous. Thus, it is supposed, for example, that a patient currently diagnosed as schizophrenic would have received the same diagnosis in the “first wave.” Let us examine the validity of such assumptions.

In comparing diagnoses of patients from different periods of time, three possible sources of variation should be considered: the introduction of different classification systems in psychiatry; changes in the concepts of various disorders, such that some disorders embrace symptoms now which previously were not included as part of that disorder; and a deliberate shift in psychiatric disorders deemed appropriate for psychosurgery.

As Kendell (1975) has detailed, there has been a succession of revisions of the International Classification of Diseases (known as ICD) in recent years. Such changes can make comparison between psychosurgery reports from different eras extremely difficult. For example, there are notable differences between the American versions of ICD-6 and ICD-8 (cf. Spitzer and Wilson, 1968). With the adoption of a new system, certain patients could well receive a different diagnostic label from the one they would have attracted under a previous regime.

The problem of diagnostic consistency is compounded further by the reluctance of some psychiatrists to amend their diagnoses in accordance with a new classification. Kendell (1973), comparing diagnoses made before and after the introduction of ICD-8, noted that the new system had made very little difference to many English psychiatrists. In the proceedings of the