Psychiatry's renewed interest in its identity as a medical specialty and its increased therapeutic armamentarium make its involvement with chronically medically ill patients more feasible than ever before. These patients face problems which include economic ones, conflicts between independency and dependency, those connected with self-image, intra-family stresses including sexual ones, social isolation and the threat of death. Patients respond to these stresses with psychological symptomatology which includes depression, suicidal behavior, anxiety, delirium, dementia and psychosis. The treatment of the consequences of these stresses is the daily work of the liaison psychiatrist.

The chronically ill patient is a source of attraction for some members of our profession but an aversion for most others. The "mainline" psychiatrist usually has his major interests in the treatment of illnesses which are primarily psychological, be they psychoses of in-patients or neuroses or character disorders of out-patients. The medically ill patients, especially the ones suffering from a long-term illness, introduce the psychiatrist to an area which he or she has already, for a variety of reasons, set aside. The aphorism that a psychiatrist is a doctor who does not like the sight of blood has some truth for many of us.

A number of forces impinging on our profession have caused psychiatry to refocus upon the medically ill patient. A precipitant of this refocusing has been the threatened loss of the internship, its actual loss in the form we had known it and probably still need it, as well as early specialization tracks which permit some students in some medical schools to avoid clinical contact with behavioral medicine altogether. Many psychiatrists have felt that the profession's linkage to the rest of medicine is threatened. The increase in interest in the area between psychiatry and medicine has been augmented by the desire of the profession of psychiatry to continue and reinforce its identity as a medical specialty. These forces have been enhanced by advances in psychiatry, both theoretical ones such as the concept of life setting conducive to medical illness and the emergence of...
psychopharmacology, the former giving the psychiatrist further reason to be involved with the physically sick and the latter giving him newer tools enabling greater credibility and additional means for the treatment of medically ill patients.

As a result of these several factors there has been a growth of psychiatric liaison services and a greater interest on the part of the profession of psychiatry in its involvement with nonpsychiatric illness. Thus, the topic of the chronically, medically sick patient is of increasing concern on the part of many psychiatrists and should be an area of progressing interest as our usefulness to these patients increases.

Because of the large span of this topic and because many of its aspects are undertaken in other articles, the scope of this paper will be one of presenting an overview, organized along the lines of identifying some of the major stresses, its consequences, and how members of our profession can be useful in treating these psychological complications of medical illness.

STRESSES OF CHRONIC ILLNESS

Economic Stresses

The area of financial problems connected with chronic illness is often neglected and for this reason alone, I have chosen to discuss it first. As we know, finances are not only important in themselves, but often may be a representative of other factors such as that of a person's self-image and how he values himself. The anality of finances often serves as a reason for the hiddenness and secrecy of these aspects of a patient's life, augmented by a physician who may share such feelings about financial matters and this may relegate the whole subject to one which is never or only inadequately discussed. In rendering consultations on these patients, it is important to keep in mind the fact that illness almost always affects the productivity of the patient and that threatened or actual loss in income may reflect itself as a direct stress to the patient and his family. In addition, because of the symbolization and reality of society's equation between productivity and worth, these stresses may be further augmented. Thus, one may be confronted with patients who may have a hidden “can of worms” which may be opened upon the discussion of financial aspects of their illness. Primary care physicians often overlook the economic burden that chronic illness imposes. At times it is necessary to have this aspect of care introduced into the consultation report rendered on patients.

Independency-Dependency Stresses

Increased dependency is fostered as the patient increasingly relies upon the care provided by a single physician, a small group of professional staff, and the people at his home upon whom he can count on to help. Furthermore, the side effects of medication may compromise cognitive functioning, decrease the level of awareness, and diminish mental agility