

Ashford & Miller - Sensitivities and Psychiatric Responsibility

"There are two kinds of mistakes which the investigator or diagnostician could make: in pursuit of an environmental cause, true psychological causes could be ignored or, alternatively, in pursuit of a psychological cause, true environmental causes could be ignored.

"The consequences of making those mistakes are different. Pursuing the psychiatric route first may subject the patient to the complexities of establishing a therapeutic relationship and/or the prescribing of psychiatric drugs, and both may generate doubts of the patient's mental health. In addition, psychotherapy may be unproductive if environmental causes are at work. Labelling a patient with a psychiatric illness may be pejorative when viewed from the perspective of an employer, co-workers, and family. It is no accident that psychiatric records are kept separate from the medical records of patients. In the event that psychoactive drugs are used, any hopes of unravelling an environmental cause or contribution to the patient's underlying condition may be greatly complicated.

"Alternatively, if one were first to pursue the investigation of environmental causes of the illness, especially with double-blind placebo-controlled study in an environmental unit, the patient may discover an environmental cause; even if he does not,

the confidence or justification with which a psychiatric etiology would be pursued is strengthened. Workup in an environmental unit is unlikely to interfere with or complicate subsequent psychiatric workup and thus the making of a mistake in choosing this option (investigating environmental causes first) can be more easily remedied.

"In summary, one can remain agnostic about which route is likely to uncover the truth regarding causation, but the costs of erring are significantly different regarding the two routes of investigation. We think that these facts are sufficiently compelling to justify the investigation of environmental causes first, before committing patients to potentially detrimental psychiatric interventions, such as long-term psychodynamic psychotherapy or long-term medication. Certain cognitive behavioral therapies, short term or focused, may be beneficial but should not be relied on to the exclusion of evaluating the chemical component."

(pp C-6,7; Chemical Sensitivity, a Report to the New Jersey State Department of Health, Nicholas A. Ashford, PhD., J.D., Massachusetts Institute of Technology, and Claudia S. Miller, M.D., M.S., University of Texas, December 1989). Dr. Ashford can be reached at (617) 253 1000.