Psychosomatic medicine and psychotherapy – a separate specialty?
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In Latvia Psychosomatic medicine and psychotherapy is medical -physicians specialty. One of the reasons for creating such a separate from psychiatry specialty was – the mentality of society lasting was authoritarian, even totalitarian, what has made the medicine, and psychiatry particular, rather “biological”. (Twenty years ago in mental health institutions popular was the call “do not ‘psychologise’ the patient”). After the state independence in 1991, together with other changes began this one happened too – the freedom to approach the patient as the wholeness, as the personality. That gave the opportunity to treat patients with emotional problems, personality disorders, psychosomatic disturbances, addictive and dependent personalities etc.

Latvian model is based on German example. Only – we do not have as developed psychosomatic clinics system and have no insurance payment.

Nevertheless we have the respect among physicians. I would say, we feel rather loved and understood. I would give three criteria for it:
1. every year we start to teach a new group of physicians in psychodynamic psychotherapy;
2. colleagues (family doctors, pediatricians, gynecologists, psychiatrists, internists, cardiologists, gastroenterologists, neurologists, rehabilitation specialists, algologists etc.) refer to us their patients;
3. Psychosomatic medicine and psychotherapy is the University subject. The Department of Psychosomatic medicine and psychotherapy every academic year is teaching about 6000 academic hours — to students, postgraduate students, physicians in 8 Faculties — of Medicine, Stomatology, Pharmacy, Rehabilitation, Public health etc.

Nonetheless we have problems.
Our biggest problem is an identity problem - we are between psychiatrists and psychologists. Here is some pressure to join together with one or another group. As physicians we could say that we are psychodynamic psychiatrists. It means — to connect with psychiatry. This idea is very accepted by students and postgraduate students. But than psychotherapy and psychosomatic medicine will become the subspecialty of psychiatry.

Psychologists’ position — that they as psychotherapists can do exactly the same job as the physicians do — are confusing for us, because it means that psychosomatic medicine and psychotherapy do not need the knowledge and
skills which gives the medical training. Therefore psychosomatic medicine and psychotherapy is not physician’s specialty?

If it is about the psychologists in Latvia. Although the psychologists in Latvia had expressed many times the wish to become psychotherapists, till now de jure they are not psychotherapists. The reason for it – till now they are not ready to accept the status of “health professionals” and clearly define the responsibilities they are ready to undertake.

The subject is — where is the reasonable place for psychotherapy and psychosomatic medicine — as part of psychiatry? or may be as part of psychology? or as a separate discipline?

If we would try to develop the separate specialty here are some requirements for establishing an “European network”:

1. such specialty should exist in more than one or two Europe countries and should be recognized by UEMS (for it should be clearly define the physicians and psychologists responsibilities)
2. research projects in different countries on the same topics (e.g. the frequency of psychosomatic disturbances in family doctors practice, etc).

Big promotion for psychosomatic medicine gave the 1992 Kiel conference which was organized by Professor Hubert Speidel and Professor Claus Bahne-Bahnson. It gave great possibilities to argument later at home with the long and exciting German experience and competence. Without doubts Germany is the leader in this field.

Seems it could be good time to expand wider in Europe the idea of psychosomatic medicine and psychotherapy as separate specialty.