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Editorial

derive much reading pleasure from DSM-IV. For those of you who have not discovered this treasure of a tome, DSM-IV is the *Diagnostic and Statistical Manual of Mental Disorders* - 4th edition. It is the manual used by psychiatrists and such in order to diagnose mental illness in their patients, co-workers and spouses. The manual sets out each mental disorder together with a checklist of its requisite symptoms (called 'diagnostic criteria') to enable quick and easy self-diagnosis. As a general rule the diagnostic criteria are somewhat flexible (for example, requiring a total of six (or more) items from categories (1), (2) and (3) with at least two from category (1) etc), allowing each fruitcake to express his or her individuality.

It occurs to me, however, that DSM-IV lends itself to the streamlining of the diagnostic process by combining the diagnostic criteria for all mental conditions into a single yes/no questionnaire (perhaps with multiple choice answers where appropriate) for completion by the patient in the waiting room or online. The



answers could be analysed by computer and a diagnosis given. Perhaps drug companies could come on board and a drug regime prescribed by the computer and... (sorry, mad entrepreneurial moment then). Incidentally, this would be a very useful tool for lawyers in determining at the first appointment, without incurring any disbursement, whether our clients have a 'recognised psychiatric disorder' as required under much of the tort deform legislation. (I am going to get rich on this – I can feel it.)

It would be argued that such a diagnostic approach demeans and trivialises mental illness. No doubt this is correct, but does it demean mental illness any more than legislation that measures impairment without reference to any secondary psychiatric or psychological condition? Or legislation that differentiates between physical and mental conditions in the context of the duty of care?

There is only one explanation for such legislation, which is that mental conditions should be viewed with more scepticism than physical conditions, presumably because the majority of mental conditions have no objective signs. Even the floodgates argument really translates into 'everyone will want one... and will be able to get it by faking'. Which brings to mind a further entrepreneurial opportunity: 'DSM-IV – Checklists for Malingerers'.

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