

## Editor's Column

He sat on the other side of the large government-issue desk, a bland, apathetic expression on his face. His vague, contradictory story of visual and auditory hallucinations was punctuated by frequent pauses and “you know,” as if he were expecting me to help him fabricate his symptoms. He himself didn't seem to be trying very hard to convince me of his alleged distress. It would have been simple to admit him; the paperwork was minimal, and there were plenty of beds. I mentioned my skepticism of his history as I told him why I wouldn't admit him. The ensuing flood of racial slurs and violent threats made me almost regret my decision. The VA police finally escorted him out of the building and he drove off into the night.

Residents are often on the front lines in the health care system. We live under the constant threat of being dumped on—by patients, attendings, and perhaps worst, our non-psychiatric fellow residents. One of the most demoralizing aspects of the residency experience is the sense that, no matter how unpleasant the task, it is often regarded as merely part of the job. There are two general conceptions of training, each somewhat accurate. The first is the dues theory: residency is an indentured servitude where one earns the right to practice. Service requirements dominate this essentially paranoid-schizoid model in which you are done to by others until you can do to others. The second is the developmental theory: the hardships of residency provide challenges without which professional maturation would be impossible. Through optimal frustration the resident learns to adapt to and overcome situational difficulties, accepting symbolic substitutes when real gratification is unavailable (neither I nor the police beat up on the guy before he left, but I did get back to sleep).

The *Jefferson Journal of Psychiatry* is indeed a resident publication and hence subject to the vicissitudes of the residency experience. As in many other circumstances, funding for resident activities is often provided by pharmaceutical companies through educational grants. Mead Johnson and Burroughs-Wellcome both fund fellowships allowing residents to participate in APA components; Smith Kline Beecham funded the residents involved in APA leadership to the annual meeting in New Orleans this year. The cynical view is that these companies are simply wooing future customers with baited hooks. But really, how much medication can forty psychiatrists prescribe (and who really knows which companies make what?)? The Buspar ad in this issue of the *Journal* may raise some eyebrows, especially for those who have noticed that we have been funded by Mead Johnson Pharmaceuticals for over five years. Do they own the *Journal*? Certainly not, despite their generous contribution of nearly a quarter of a million dollars over the years for printing and distribution to over 7500 residents in the United States and Canada. I don't think the people at Mead Johnson expect to recoup that investment through increased sales of Buspar, but the ad represents a symbolic substitution for real fiscal gratification. We on the editorial board are

grateful for their generosity in giving residents in two countries the opportunity to come out of the trenches and pursue scholarly interests in a public forum. At a time in our careers when everything seems to be geared toward taking from and doing to us, the *Journal* is a welcome exception.

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