in the workforce may further limit their impact on access and equity goals. The current interest in self help and stepped care is one way of achieving the effectiveness of the replacement/referral model without limiting access,¹⁷ and similar interest exists in the use of non-mental health staff (such as practice nurses) as case managers in collaborative care models. However, the degree to which these improvements in access are achievable without loss of effectiveness is unclear.

In conclusion, conceptual models can assist in the interpretation of evidence in a policy context. Future research may seek to formally link systematic review evidence with conceptual models through decision analytic modelling,¹⁸ which may provide a more solid bridge between the evidence and the policy context.

Contributors and sources: PB and SG are health services researchers with extensive experience in the application of systematic review methods to policy in mental health. This paper draws together previously published conceptual and empirical reviews in this area. Both authors were involved in the conception and design of the study, data extraction, and writing of the paper. PB is the guarantor of the paper.

Funding: The National Primary Care Research and Development Centre is funded by the Department of Health, but the views expressed in the paper are those of the authors alone.

Competing interests: None declared.

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(Accepted 31 January 2005)

An interesting patient

I could hear him coughing as I walked down the hallway to his bedroom. As I entered, I was struck by how imposing the room was, light and with a huge bay window facing across the busy street to the park on the other side. My 83 year old patient sat cross legged and bolt upright in the middle of his large double bed. As I walked towards him, I could see his chest heaving and hear his wheeze. We discussed how he was feeling, and I examined him, adjusted his drugs, said I would be back to see him in a few days, closed my bag, and turned to go.

"Ach, doctor," he said, "don't go yet. I have dis terrible kopfschmerzen."

I had to think back to my grammar school German as I returned to the bedside. He had lived in Britain for 50 years, but his English was still peppered with German expressions. The headaches were a new complaint, which he had not mentioned to me before. I found out that he had a long history of headaches over many years. I gave him a prescription and left.

On my return some days later, he was delighted to see me and was much brighter and agilely jumped off his bed to greet me. His asthma was obviously improved, and I asked after his headaches.

"Wunderbar, doctor, wunderbar," he said smiling.

I told him that I thought that he had tension headaches and that I had given him some mild tranquillisers. He fixed me with his bright blue eyes, nodded agreement, and said, "Ya, you, I think, are right.

Mein business partner told me the same 50 years ago when he was giving me the psychotherapy."

He obviously caught my look of amazement at his reply. "When I first came to London in 1930 I went to a reception at the Austrian embassy and met a man who thought he could trust me, and he set me up in business. Whenever he was in London, we would meet and go over the accounts, and then he would give me an hour of psychotherapy."

"Your business partner gave you psychotherapy?" I said incredulously.

"Yes, my business partner was Sigmund Freud," he said, watching with glee the amazement on my face as this information sunk in.

"Well," I said, "there must be very few contemporary physicians who have had the opportunity to compare diagnoses with the master, and I take it as a compliment that he and I agree."

Stuart Ungar *general practitioner, London*

We welcome articles up to 600 words on topics such as *A memorable patient, A paper that changed my practice, My most unfortunate mistake*, or any other piece conveying instruction, pathos, or humour. Please submit the article on <http://submit.bmj.com>. Permission is needed from the patient or a relative if an identifiable patient is referred to. We also welcome contributions for "Endpieces," consisting of quotations of up to 80 words (but most are considerably shorter) from any source, ancient or modern, which have appealed to the reader.