

lack of supervision. 31% of schools felt more funding and provision was required in this area.

**Limitations** The data may be skewed because provision status in non-responders was unknown. The majority of non-responders (81%) were primary schools. It is possible they did not respond because they did not have a service.

**Conclusion** The current mental health provision in schools cannot adequately substitute for a formal Tier 2 CAMHS service. Service provision is not uniform. Some schools had no service at all and some services did not meet Tier 2 criteria because providers were not mental health trained. Lack of skills within the service is worrying, particularly when dealing with depression, which needs adequate risk assessment. A difficult referral process to Tier 3 services may also be a barrier to accessing treatment. Considering the importance of early intervention to prevent significant mental health problems, the lack of good quality services at Tier 2 is concerning.

### G505(P) MEDICAL STUDENTS BUYING METHYLPHENIDATE ONLINE

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**Background** A study from US found that non-medical use of prescription stimulants in students ranged from 0–25%, and a study from Cambridge University revealed that 10% of students have taken ‘smart drugs.’

Although there are no studies in the UK on the prevalence of Methylphenidate use in medical students, we are aware of this practice first hand. Some report buying Methylphenidate online.

**Aims/Method** We consulted colleagues in the legal profession, GMC guidelines, police and pharmacy to clarify implications of buying Methylphenidate online.

**Results** Methylphenidate and the law

Methylphenidate is a class B drug controlled drug.

It is unlawful to have a controlled drug in your possession unless you have authorisation in the form of a licence, eg. prescription.

The actual act of buying methylphenidate online is not illegal under the Misuse of Drugs Act but you commit an offence once you have the drug in your possession.

Possession could lead to up to 5 years in prison and an unlimited fine.

**GMC Guidance** The GMC has clear guidance on self-prescribing.

You must avoid prescribing for yourself or anyone with whom you have a close personal relationship.

You must not prescribe controlled medicines for yourself unless no other person with the legal right to prescribe is available to assess and prescribe without delay, which would put your life/health at risk, or cause unavoidable pain or distress.

Methylphenidate does not fit into this category. Students found to be self-prescribing could face a fitness to practice hearing/professional conduct meeting.

**Conclusion** There is anecdotal evidence that medical students in the UK are taking cognitive enhancement drugs.

The GMC has clear guidance on self prescribing – the off-licence use of Methylphenidate as a study aid would not be accepted.

Some are buying it from unregulated pharmacies online – possession is illegal as Methylphenidate is a class B drug.

Students should be made aware of the risks so that they do not inadvertently compromise their health or future professional careers.

Universities should ensure that the issue of online purchasing and self medication, is explicitly discussed with medical students as part of their curriculum.

### G506(P) CRY A LITTLE TENDERNESS? DO DOCTORS CRY AND IS THIS ACCEPTABLE?

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**Aims** How common is it for doctors to cry? Do paediatricians cry as a sign of humanity and an expression of compassion? Is crying a weakness, a demonstration of incompetence? Or, in the right circumstance, does it enhance the doctor-patient relationship? A review of the literature will aim to answer these questions.

**Methods** Literature search

**Results** Doctors do cry. Sung<sup>1</sup> found 69% of medical students and 74% of interns cried at work. Wagner<sup>2</sup> reported 57% of doctors, 31% of medical students and 76% of nurses cried. Women were more likely than men to cry.<sup>1,2</sup> Medical students reported the highest negative social consequence of crying<sup>2</sup> stating it was often viewed as a sign of weakness.<sup>3</sup> But views on crying are debated,<sup>4</sup> opinions ranging from enthusiastic advocacy, guarded acceptance,<sup>5</sup> outright rejection and condemnation.<sup>4</sup>

The concept of the detached physician<sup>6,7</sup>, remains alive and well. On the BMA Blog<sup>8</sup> doctors debate learned behaviours to distance themselves from emotionally distressing situations.<sup>9</sup> Others question if this is healthy<sup>4,8,9,10</sup> debating if it is possible to have compassion, without emotion. The Francis Report 2013<sup>16</sup> highlights the need for Compassion in Practice.<sup>17</sup>

Patients expect empathy and the demonstration of emotion by their doctor<sup>11,12</sup> but only up to a point.<sup>13</sup> Hojat<sup>14</sup> states it contributes to a better doctor-patient relationship with Anderson<sup>15</sup> writing there is nothing wrong with a doctor who makes a patient feel nurtured while still being professional and appropriate.

**Conclusion** Humanity is the cornerstone of medicine. Depersonalization, with physicians distancing themselves from potentially emotionally challenging situations threatens the core principles of the profession. As paediatricians we need a balanced mix of rationality and compassion with an attitude of humility. We need to teach medical students how to break bad news, cope with baring witness to the dying process, and support those caught in the aftermath. We need to continue this education throughout medical careers while providing physicians with the resources to seek support as they need it.

### REFERENCES

- Sung AD, Collins ME, Smith AK, *et al.* Crying: experiences and attitudes of 3rd year medical students and interns. *Teach Learn Med.* 2009; **21**(3):180–7
- Wanger RE, Hexel M, Bauer WW, *et al.* Crying in hospital: a survey of doctors, nurses and medical students experience and attitudes. *Med J Aust.* 1997; **166**(1): 13–6
- Angoff. A piece of my mind: crying in the curriculum. *JAMA* 2001; **286**(9): 1017–8
- Pruthi S, Goel A. Doctors do cry. *Indian J Med Ethics* 2014; **11**(4):249–251
- Majhail NS, Warlick ED. To cry or not to cry? physicians emotions at the bedside. *Minn Med.* 2011; **94**(1):40–42
- Sir William Osler, 1849 1919: A selection for medical students
- Lief and Fox. *Training for "detached concern" in medical students. The psychological basis of medical practice.* New York: Harper and Row, **1963**: 12–35