

정신의학, 이대로 좋은가? - 신경과학 시대에서 정신의학의 영역 확대 방안*

박 종 한**† · 김 남 수***

Psychiatry, Is It Now Okay? - Enlarging the Boundary of Psychiatry in the Neuroscience Era*

Jonghan Park, M.D., M.A., D.M.Sc.,**† Nam Soo Kim, M.D.***

ABSTRACT

The authors, in this paper, addressed a variety of problems and difficulties which Korean psychiatrists should cope with. The surprising development of neurosciences, splitting of neuropsychiatry into neurology and psychiatry, easy-going attitude of psychiatrists, changes in the delivery system of health care and ill-balanced education of psychiatry were listed as causes of or contributors to them. Social bias to psychiatry and regulations from outside are also considered as contributors.

Psychiatric education, including medical school, residency training, continuing medical education and psychiatric textbooks, need to be changed in order to enlarge the boundary of psychiatry. Reestablishment of identity of psychiatry and psychiatrist is unavoidable, considering far-reaching new knowledge of neuroscience and gradually invisible borderzone between neurology and psychiatry. The other ways worth while to consider are : the expansion of psychiatrists' activities, development of medical behavioral science to a clinical specialty, creation of new psychiatric subspecialties, and additional training of psychiatric residencies in the primary medical care.

KEY WORDS : Neurology · Neuropsychiatry · Neuroscience · Psychiatry.

배 경

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Department of Psychiatry, Catholic University of Taegu School of Medicine,
Taegu, Korea

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Teagu Mental Hospital, Taegu, Korea

†교신저자 : , 705 - 718 4 3056 - 6

) (053) 650 - 4785,) (053) 623 - 1694

E - mail) jhpark1@cuth.cataegu.ac.kr

가

1. 의료계 내부의 여건

1) 역사적 배경

가

가

가 가

1982 8 28

가

1930

1972 1976

가 1 medi-

cal internship

“ ” “ ” “ ” “ ”

1950

46%,

64%,

61% 1

(Regier 1993).

1

1960

가

가

3 2 4 1

가

2) 신경과학(Neuroscience)의 발전

30

5%

3 2

가

5%

4) 의료 제도의 변화

(Heilman 1975),

(Damasio 1997)

(Farder 1997).

3) 정신과와 신경과로의 분리

5) 정신과 의사들의 부적절한 대처

Table 1. 1998년도 대구효성가톨릭대학병원 입원 신경정신질환자의 진료과*

F00-F09	75	33	3	30	9
F10-F19	153	85	1	59	8
F20-F29	142	122	4	12	4
F30-F39	117	94	3	16	4
F40-F49	151	88	13	39	11
F50-F59	14	6	2	2	4
F60-F69	52	45	2	2	3
F70-F79, F80-F89, F90-F98, F99	28	15	1	6	6
	732	488 (67%)	29 (4%)	166 (23%)	49 (7%)
G00-G09	362	0	18	7	337**
G10-G13	8	0	6	1	1
G20-G26	53	18	16	18	1
G30-G32	32	12	10	10	0
G35-G37	4	0	4	0	0
G40-G47	242	10	85	42	105
G50-G59	200	5	27	77	91
G60-G69	70	5	29	31	5
G70-G73, G80-G83	12	1	4	2	5
G90-G99	100	0	7	14	79***
	1083	51 (5%)	206 (19%)	202 (19%)	624 (57%)

* : 가 (1999)

** : 329

*** :

Table 2. 정신분열병의 원인(%)

	*	**	4	***
	4	3	3	
가?	38	16	25	
가?	58	81	71	
	18	13	14	
가?	28	41	23	
	12	-	-	
가?	-	16	11	
	-	-	8	
가? ‘	-	11	7	
	-	-	8	

* : (1969)

** : (1998)

*** : () (1999)

가 가?

가

가

6) 정신의학 교육의 왜곡

2

가

(1969 ;

1998 ;

1999). 30

해결 방안

가 가

?

2. 의료계 외부의 여건

1) 사회적 편견

가

1. 교육 과정의 개편

1) 학부 교육 과정의 개편

2) 의료인과 의료에 대한 사회의 태도와 의료 행위에 대한 규제

가

가

가

가

가,

가

2) 전공의 수련 과정의 개편

가

?

가

가

가

- 가 , , 가
가
가 ()
1) (Department of) Neuropsychiatry
2) (Department of) Neurology & Psychiatry
3) (Department of) Clinical Neurosciences
4) (Department of) Psychiatry and Behavioral Sciences
5) (Department of) Clinical Neurosciences and Behavioral Medicine 가
6) (Department of) Neuropsychiatry and Behavioral Medicine
7) (Department of) Clinical and Behavioral Neuroscience

3. 활동 분야의 확대

가 가 (Pardes 1996) 가

4. 신경과학 및 신경학 교육의 강화

가 가 가
(Lancet 1994). 가
가 () 1997) (Andreasen
가 (Malkoff - Schwartz 1998)

가 가 , neuronal phenotype
Kandel(1998) 가

2 (Cumplings Hegarty 1994). Rochester

6 (Price 2000).

7. 일차 진료 의사의 역할 추가

가 20

6 가 37% 가 41% (Ostergaard Schmittling 1994).

가 (Pardes 1996).

가 (Shore 1996).

요 약

가

3

가

가

중심 단어 :

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