It seems to be assumed that any bias against psychiatrists is automatically a bias in favour of patients.

In the new Act patients detained under a 28-day Order are to be able to appeal to tribunals from day one of their detention. This implies that many are wrongly detained.

Patients detained under twelve-month Orders will henceforth be only on six-month Orders and instead of the right of appeal there will be an automatic appeal. This implies that patients are being kept in hospital too long for very little reason.

A patient cannot be given psychosurgery, medication or ECT against his will unless an independent medical practitioner sanctions it or else it is a dire emergency. This implies that patients are being forced to have unnecessary treatments by psychiatrists when they neither require nor wish for them. Where is the evidence for these implied allegations of maltreatment, mistreatment or false imprisonment?

Could it be that the advisers on whom the Government based its findings had evidence that is not publicly known, or is it that these allegations are based on hearsay, isolated stories or, more likely, out-dated politically-motivated information?

It does not follow automatically that clamping down on psychiatrists benefits patients. This implies that psychiatrists are actively engaged in devising compulsory, damaging treatments for long periods of time without recourse to any release and without any attempt to discuss the implications with other professionals or relatives of the patient. If this is the view that psychiatry has projected to central Government, it is a wonder that any District can provide a viable psychiatric service without riots of large numbers of untreated or maltreated mental patients and relatives.

The truth is that Government has been hoodwinked by carefully prepared vociferous groups of politically motivated, so called do-gooders, who seek to undermine psychiatry at every level. In this respect psychiatrists are easy meat as they are by nature mild-mannered, long-suffering, downtrodden and guilt-ridden.

The only spark of hope most of us retain is that the new Act is totally unworkable and with psychiatry as understaffed as it is, the Act is a recipe for total bureaucratic chaos as doctors travel all over checking up on each other and eroding the patient-doctor relationship to a slim thread.

So much for progress.

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Psychology of nuclear disarmament

DEAR SIRS

Simon Brooks has expressed alarm about the possibility that psychiatrists might be encouraged to 'treat' people's anxieties about nuclear war (*Bulletin*, February 1983, **7**, 31–2.) Since he shares my abhorrence about it, but is sceptical that it could happen, I would like to explain why I raised the question.

Firstly, other doctors have said to me that we should always reassure our patients. Major General Frank Richardson, an army doctor for 34 years and a medical adviser on civil defence, has written an article for *World Medicine*, quoted in the *Guardian*. He says: 'In a few decades we might not know there had been a bomb ... in the interest of morale, the attitude towards patients and their relatives should be optimistic. Between 200–300 rad—even 500 rad—the acute radiation syndrome, properly handled, will have a favourable outcome in the overwhelming majority of cases ... we must encourage a belief in recovery. Anyone's service to the community would be enhanced by avoidance of a doom-laden attitude.'

Information about the health risks posed by nuclear weapons is frightening and I have never discussed them with a patient during a clinical interview. I regard this in the same light as health education about any public policy decision, such as road safety. I feel it is essential that policies take into account their impact on health.

Secondly, I discovered that several colleagues who had informed themselves about health service plans for nuclear war had been required to sign the Official Secrets Act. The effect of this is to stifle open medical debate on the issue, which restricts our ability to make purely medical judgements about it. Much of the medical information about the survivors of Hiroshima is still held as a secret by the Pentagon. Unless it is available in the medical literature, how can we reassure our patients or otherwise?

Thirdly, the DHSS has issued the confidential instructions that Dr Brooks was so doubtful about. HDC (77)1 states: 'The general aim in a crisis would be to keep disruption of the social, economic and industrial life of the country to a minimum as long as possible. Any large scale reorganization of the Health Service, to put it on a war footing, should therefore be avoided.' 'Medical staff should not be wasted by allowing them to enter highly radioactive areas to assist casualties ... and no staff should leave shelter until authorized to do so by the District Controller.' 'General life saving operations in areas of fall-out might not be possible therefore until days or even weeks after a nuclear strike.' In short, we are asked to act normally until the last moment, but will be prevented from practising medicine on the sick and injured.

Fourthly, there has been pressure in America and West Germany for doctors to be involved in planning for war. The Pentagon tried to secure 50,000 beds to be held in reserve for casualties of a European nuclear war. The German government attempted to pass a bill compelling doctors to participate in war planning. The issue of compulsion apart, the important point about this is that the plans are not based on medical criteria, nor on the basis of information in the medical literature, and are totally unrealistic. But they

implicity reassure the public that medical care will be available after a nuclear war. How else could doctors justify keeping thousands of beds empty for casualties? The American Medical Association has spoken out against it, and thousands of doctors have signed the Frankfurt Declaration, which declares a readiness to assist in all medical emergencies, but a refusal to take part in training for war.

Fifthly, I am a member of the Collegiate Trainees' Committee Working Party on the Political Abuse of Psychiatry. Part of our task is to invite information about possible areas of abuse. I had intended to sign my letter to that effect, but unfortunately it was signed on my behalf by the secretary of the Medical Campaign Against Nuclear Weapons before checking (which also explains the error in the first sentence: 'marked preoccupation' should have read 'morbid preoccupation').

The evidence that Dr Brooks requires will be submitted to the Working Party, and it is hoped that it will be reported, in due course, in the *Bulletin*.

NEILL SIMPSON

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[This correspondence is now closed—Eds.]

Forthcoming Events

'The Treatment of Anxiety' is the theme of a seminar to be held at the Priory Hospital on 23 June 1983, with Sir Desmond Pond in the Chair. Topics include 'The diagnosis of anxiety' (Professor Anthony Clare, St Bartholomew's Hospital); 'Are tranquillisers harmful?' (Dr Desmond Kelly, The Priory Hospital); 'Stress control for professionals' (Dr Robert Sharpe, The Institute of Behaviour Therapy); and 'The management of anxiety in general practice' (Dr David Wheatley, The General Practitioner Research Group). Further information: Dr Desmond Kelly, The Priory Hospital, Priory Lane, London SW15 5JJ.

The 1984 meeting of the **15th European Conference on Psychosomatic Research** is to be held in London from 9 to 14 September 1984 at Kensington Town Hall. The theme will be 'Psychosomatic Medicine Today: A Scientific Concept and an Urgent Need'. Information: Conference Secretariat, The Manor House, Southwick, Brighton, Sussex BN4 4UB.

The **Association of Therapeutic Communities** is holding a one-year, part-time training course on working in the therapeutic institution. The course will run from 30 September 1983 to 14 June 1984. The cost will be £320 and numbers are limited to 33. Further information and details of the course structure are available from: Graeme Farquharson, Ingrebourne Centre, St George's Hospital, Hornchurch, Essex (Hornchurch 43541).

The **College's Psychotherapy Section** will be holding a Business Meeting during the Annual Meeting of the College in Bristol on 7 July 1983 at 5.00 pm. During the meeting, Dr Pamela Ashurst (Consultant Psychotherapist, Royal South Hants Hospital) will introduce a general discussion with a talk entitled, 'Learning to listen—the importance of psychotherapy training for psychiatrists'. Information: Psychotherapy Section Secretary at the College.

The **British Association for Behavioural Psychotherapy** will be holding a number of Summer workshops at the University of Hull on 5 and 6 July 1983. Information: Rod Holland, Senior Clinical Psychologist, Graylingwell Hospital, Chichester, Sussex.

The **Hertfordshire College of Art & Design** is holding a Summer School from 18 to 22 July 1983. This course offers a wide range of approaches and is designed for therapists, teachers, artists and dramatists interested in the therapeutic application of art and drama. Other short courses are also available. Information (including an sae): Division of Art and Psychology, Hertfordshire College of Art & Design, 7 Hatfield Road, St Albans, Herts AL1 3RS.

The **10th World Congress of Social Psychiatry** is to be held in Osaka, Japan from 4 to 8 September 1983. Information: WASP-OSAKA '83 Secretariat, Hankyu Grand Bldg 22F, 8–47 Kakuta-cho, Kita-ku, Osaka 530, Japan.

The **American Academy of Child Psychiatry** will hold its annual meeting from 26 to 30 October 1983 in San Francisco. Programmes and further information: American Academy of Child Psychiatry, 1424 16th Street, NW, Suite 201A, Washington, DC 20036, USA.