



columns

APPLEBY, L., SHAW, J. & AMOS, T. (1999) *National Confidential Inquiry into Suicide and Homicide by People with Mental Illness. Safer Service*. London: Department of Health.

**Monica Doshi** Specialist Registrar, **Gabrielle Milner** Consultant, **William Brereton** Senior House Officer, Lyndon Resource Centre, Hobs Meadow, Solihull B92 8PW

## Can deception be therapeutic?

Sir: We are gratified that the case we described (Sandford *et al*, *Psychiatric Bulletin*, June 2001, **25**, 206–280) stimulated such interest and controversy. However, much of Dr Adshead's commentary (*Psychiatric Bulletin*, October 2001, **25**, 374–375) related to the general issue of deceiving patients and failed to take into account the particular features of the case that made it exceptional.

First, the case was not 'ordinary' insofar as we were dealing with a person with a pervasive developmental disorder whose communication and cognitive difficulties lay at the heart of this dilemma. Adshead wonders if it had been possible to talk to the patient about moving over a long period. As we described, the many previous attempts to do this had caused extreme anxiety that had precipitated assaultive behaviour and led to the potential placements falling through. Adshead appears to assume that the communication issues for our patient were the same as for the non-autistic

majority, unfortunately this is not supported by the research evidence.

Second, Adshead was incorrect to describe this as a forensic case; the patient was detained under a civil section and had been for many years inappropriately placed in a forensic facility, hence the impetus to move her into an autistic friendly environment.

Third, again as detailed in the case, her suspicions around the time issue are unfounded, planning around the move took many months of careful negotiation. Fourth, at no point was false information given to the patient (i.e. the patient was not told a lie), we rather withheld information. Last, the concept of human dignity is now widely used in a variety of complex bioethical debates from care of children with behavioural disorders through palliative care to the patenting of DNA and xenotransplantation.

**Ernest Gralton** Consultant in the Psychiatry of Learning Disability and Forensic Psychiatry, St Andrew's Hospital, Northampton, **John J. Sandford** Consultant Forensic Psychiatrist, Llanarth Court Hospital

## Psychiatrists, stigma and unlimited responsibility

Sir: Howlett (*Psychiatric Bulletin*, August 2000, **24**, 287–288) has an incontestable right to advance the concerns of those affected by homicides perpetrated by psychiatric patients, particularly if they are deemed to have occurred as a consequence of failed community care.

Nevertheless he appears unable to give nuanced and contextually relevant arguments as evidenced by his most recent commentary (*Psychiatric Bulletin*, November 2001, **25**, 414–415). This, to my mind, illustrates the invidious position we straddle between the Government/pressure group instigated paternalism and the respect for autonomy so beloved of our patients. He appears to marshal point after point in pursuit of his central thesis that we as a group have not been called to account as frequently and severely as our perceived failings would suggest we deserve. And in the process convicts himself of an overarching stigmatising prejudice towards patients who kill and ourselves as their responsible medical officers. Casting them as if grotesques – medication- and supervision-free, roaming the streets looking for victims – and ourselves as overpaid incompetents. Surely the real issue is the rather low priority given to our patients by successive governments in the face of unemployment, poor housing, derisory benefit entitlement, badly resourced services and demoralised staff. All of the aforementioned occurring in a deeply fearful and prejudiced society, where the press continues to poison the atmosphere with sensational and jaundiced reportage. The gloves should come off and psychiatry needs to shout a lot louder, 'more resources and less of the stigma'. Something I am happy to say has started in earnest!

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# the college

## Honorary Fellowships

Nominations to the College's Honorary Fellowship will be discussed at the October meeting of the Court of Electors.

The regulations of the College state under Bye-Law Section VI that 'Subject to the Regulations the College may elect as an Honorary Fellow any person, whether or not he is a member of the medical profession, who either is eminent in psychiatry or in allied or connected sciences or disciplines or has rendered distinguished service to humanity in relation to the study, prevention or treatment of mental illness or to subjects allied thereto or connected herewith or has rendered notable service to the College or to the Association'.

Nomination forms are available from Mrs C. Cole, Department of Postgraduate Educational Services, to whom nominations for the Honorary Fellowship should be sent by 30 September 2002. Such nominations must contain recommendations by no less than six Members of the

College, and include full supporting documentation.

**A. M. Dean** Head of Postgraduate Educational Services, Royal College of Psychiatrists

## Hospital doctor awards – 2002

The College is keen to become more closely involved with the above prestigious awards event, which is held annually at the Grosvenor House Hotel, London. It is hoped that our active participation in these awards will not only improve the morale of psychiatric teams, but also draw attention to the excellent work being carried out in specialist units throughout the UK.

The overall aims of the *Hospital Doctor* Awards are to:

- highlight and reward excellent work being undertaken in the NHS
- identify teams that have devised creative solutions to improve patient care

- raise awareness in a therapy area
- share best practice in secondary care through coverage in *Hospital Doctor*.

The awards will be launched in April, and entrants have between 10 and 12 weeks to enter. If you are aware of good work being carried out in your area, and would like to make a nomination, please write directly to Kathy Lambert, Hospital Doctor Awards, Reed Healthcare, Quadrant House, The Quadrant, Sutton, Surrey SM2 5AS (tel: 020 8652 8614; fax: 020 8652 8780; e-mail: kathy.lambart@bi.co.uk).

## The Ferdinande Johanna Travelling Fellowship

Please note that this biennial Fellowship will next be awarded in 2004 and not 2002, as indicated in the current edition of the Prizes Booklet.

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