columns

neuroleptic treatment. However, it has been observed in untreated populations and should not be a reason to bar medication.

Moncrieff & Smyth at least concede that our patients may prefer to live in the community. If we had at our disposal a chance to keep them there in better mental health, surely this would lead to a duty to facilitate this process.

Reference

DIXON, L. B., LEHMAN, A. F. & LEVINE, J. (1995) Conventional antipsychotic medications for Schizophrenia. *Schizophrenia Bulletin*, **21**, 567–577.

***S. Llewellyn-Jones**, Senior House Officer in Psychiatry, **P. Donnelly**, Consultant in Community Psychiatry, City and County of Swansea Community Mental Health Team, Gelligron, Gelligron Road, Pontardawe, Swansea SA8 4LU

Problems with appraisal

Sir: The National Service Framework for Mental Health highlights the need for rigorous performance management in services, and for the support and empowerment of staff. The Health Secretary, in his recent document, *Supporting Doctors, Protecting Patients* underlined that effective appraisal is an essential part of achieving those aims. However, at a recent Appraisal Training Workshop for Specialist Registrars in Psychiatry, trainees' reflections on their experiences of appraisal showed a wide variation in its quality.

Appraisal can be a positive experience, especially when it is a dialogue that is both respectful and honest. An effective appraiser will provide a structured way to address issues, building on the trainee's previous experience. Concerns need to be acted on as soon as possible and followed up. There should also be an opportunity to explore areas of weakness, without fear that the trainee's reference will be adversely affected.

Trainees have also had negative experiences. At worst, appraisal has been non-existent, or merely 'going through the motions' with an unmotivated appraiser. Trainees may feel reluctant to insist on regular meetings with an already overworked consultant. Meetings can become focused on service needs and used as an opportunity to delegate work, to the detriment of training requirements. Appraisers can also fail to take a balanced approach, either concentrating solely on the appraisee's strengths or by being overly critical.

In order to improve standards in this area, there needs to be appraisal of the appraisers themselves, and the provision of adequate training to facilitate such an improvement.

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Evidence-slaved medicine

Sir: I would like to comment on an aspect of Laugharne's analysis of evidence-based medicine (EBM) (*Psychiatric Bulletin*, November 1999, **23**, 641–643). He states that the philosophy underlying EBM consists of rational and measurable interventions that should prove beneficial to patients. This does not do much to resolve the tension between EBM and user involvement. If these principles are not integrated to other basic concepts, then he has outlined the basis of what I call 'evidence-slaved medicine'.

Sacket *et al* (1996) define EBM as "the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients . . .", and ". . . external clinical evidence can never replace individual clinical expertise and it is this expertise that decides whether the external evidence applies to the individual patient at all, and, if so, how it should be integrated into a clinical decision".

Laugharne stresses the extent to which medicine must catch up with aspects of non-linear dynamics and quantum mechanics. However, realising the observations made by Poincaré (19th century) and Planck (20th century) might not help him much here. He may find that the observations about games that Bayes made in the 18th century are much more useful.

Laugharne's dilemma may be approached by using concepts of decision analysis, a slowly evolving aspect of EBM. Roughly, a clinical decision process must include the patient's relative preferences (e.g. utilities), or better still, the values that the patient assigns to such utilities. Only when a patient cannot do this, might the clinician alone quantify these utilities. In either case, the final decision may not necessarily favour the option best supported by the external evidence.

Reference

SACKET, D. L., ROSENBERG, W. M. C., GRAY, J. A. M., *et al* (1996) Evidence-based medicine: what it is and what it isn't. *British Medical Journal*, **312**, 71–72.

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Halloween spooks and schizophrenia

Sir: Many of us will have been involved with or subjected to the ritual 'trick or treat' routines of the 31st October. I was surprised to open the door to a group of 10–11-year-olds who had dressed up as people with schizophrenia rather than the more traditional ghosts, witches, demons, devils, grim reapers and so forth. I was informed by their accompanying parent that they had some teaching at school about mental illness. They were sufficiently intrigued and terrified by what they had heard to enact their impressions in the above way.

While there are many ways in which public awareness campaigns can be misunderstood, I had not previously come across this one. I have written to the local director of education with this feedback, but thought that the College may also like to be aware of this particular interpretation.

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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 Ms Beverley Fiddimore, Department of Postgraduate Educational Services, to whom nominations for the Honorary Fellowship should be sent by 1 September 2000. Such nominations must contain recommendations by no less than six Members of the College, and include full supporting documentation.

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