Correspondence

Selection of inquiry members

Sir: I have no desire to step into the ring and try and referee ninety-three rounds of bare knuckle fighting between Dr Maden (*Psychiatric Bulletin*, August 1999, **23**, 455–457) and Judge Fallon (*Psychiatric Bulletin*, August 1999, **23**, 458–460) but the articles and correspondence regarding the Ashworth Inquiry raise some general concerns.

Those of us in what I hesitate to term the 'expert witness community' have faced an assault on our professional integrity and independence in the setting of the Woolf Reforms, with judges and lawyers at all levels making comments about bias in experts instructed by either side in an adversarial system. However, when it comes to inquiries, those involved seem to have a very different view of their own position. As I understand it, Judge Fallon and his colleagues were selected by the Government, given their terms of reference by the Government and of course are well paid by the Government. Where is the independence? If one says it rests in their professional integrity, then why does this not hold true for professionals acting as experts? Moreover, the Government and the bodies it delegates to are not disinterested authorities. The idea that the Government is not likely to select people for its inquiries who are likely to come to a view which is agreeable to the Government seems to me to be astonishingly naïve, particularly in these days of viscous spin. Have any of these inquiries ever dealt with responsible politicians and senior civil servants in the same way as named professional staff?

The issue here is that of selection of inquiry members. If enquiry committees are even going to be perceived as independent surely the time has come for a truly independent authority, responsible to Parliament rather than the Government, with multiple representation and funding, to deal with public inquiries of all kinds. Obviously this is not a perfect solution but it has to be better than what we have currently.

Judge Fallon's criticism of Dr Maden and Professor Gunn is not desperately helpful. Senior colleagues in forensic psychiatry not only have a right, but also a responsibility, to speak out on such important issues. Consultants in the NHS have learned to become both wary and weary of marvellous reorganisations of their services.

Judge Fallon also fails to comment on the most important part of Dr Maden's assault on his committee, namely that it has presided over the professional pillorying or destruction of individuals without their having any opportunity to answer criticism or offer mitigation before publication. It's too late after. The College has been making appropriate noises about this issue, quite rightly, for some time now, but seems to have given up and now has joined in this wholly unjust way of treating its members and fellows. Dr Payne's letter requires a proper answer. Who at the College was responsible for the 'College's Comments' (*Psychiatric Bulletin*, August 1999, **23**, 452–454)? Why was there no consultation? Can we have an assurance from our new President that the College will not act in this unjust and unfair way against individual psychiatrists in the future?

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Cybertherapy

Sir: I read with interest Thompson's paper on the Internet and its potential influence on suicide. (*Psychiatric Bulletin*, August 1999, **23**, 449–451). Exposure to newsgroups advocating suicide is but one of the potential hazards of cyberspace; another is the increasingly prevalent practice of 'cybertherapy'.

A site of particular interest is the Cyberanalysis Clinic (http://www.cyberanalysis.com). This offers "a combination of the most effective elements of several schools of psychotherapy: cognitive–analytical therapy, client-centred therapy, Freudian psychoanalytical psychotherapy, transactional analysis and personal construct therapy", which the author asserts is "better online than on a couch", and suitable for a wide range of psychological problems. Prominent on the site is the author's advertisement of himself as "an Inceptor of the Royal College of Psychiatry (sic) of the UK".

Shapiro & Schulman (1996) identified several legal and ethical pitfalls in the then nascent discipline of cybertherapy, including the unreliability of online assessment and the lack of evidence for efficacy of established therapies delivered over the Net, let alone more speculative techniques. These issues and others have been debated online (see the website of the International Society for Mental Health Online at http://www.ismho.org/), but little in the way of reliable evidence on safety and efficacy is available.

Psychiatric Bulletin (1999), **23**, 690–694

https://doi.org/10.1192/pb.23.11.690-a Published online by Cambridge University Press

At present it would seem prudent to advise patients to be wary of online therapy. Can the College do anything to prevent its name being associated with websites of questionable therapeutic value?

Reference

SHAPIRO, D. E. & SCHULMAN, C. E. (1996) Ethical and legal issues in e-mail therapy. *Ethics & Behavior*, **6**, 107–124.

ANDREW GRAY, *Specialist Registrar in Psychiatry, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow G12 0XH*

The College is aware of the Cyberanalysis clinic website and has been in contact with Dr Razzaque and his psychiatric tutor. We have agreed that the reference within the website to Dr Razzaque as being an Inceptor within the Royal College of Psychiatrists should be removed.

CORNELIUS KATONA, *Dean, Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG*

Sir: Thompson's article on the internet and suicide (*Psychiatric Bulletin*, August 1999, **23**, 449–451) is a timely and welcome addition to the slowly growing literature on the internet and health. However, she could possibly have developed further positive ways of approaching the influence of the internet. Attempting to shut down, or restrict access to internet sites dealing with suicide is likely to be difficult to enforce in practice and may inadvertently block access to sources of positive help. It is important to stress the potential benefits of support online. The vast majority of online informants of my current thesis in medical anthropology on chronic fatigue syndrome and internet use reported that it provided a lifeline in the face of prejudice and lack of sympathy for family and desertion by friends. There is a vast untapped potential for NHS trusts and bodies such as Mind, or the Royal College of Psychiatrists to set up websites, moderated newsgroups and Internet Relay Chat (IRC) services to provide more therapeutic approaches to suicide and mental illness than those described by Thompson.

Training, campaigns such as the Defeat Depression campaign and clinical service provision (especially in such an arena as child and adolescent psychiatry) could be adjusted much more to take into account the emerging phenomena of the Internet.

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The alternative journal club

Sir: We read with interest the paper by Coombe *et al* subtitled 'The alternative journal club' (*Psychiatric Bulletin*, August 1999, **23**, 497–500). It raises an interesting approach to enlivening a local programme of educational meetings, and one with which we have also had some success. However, we were struck by the need to re-engineer the 'conventional' element of the journal club in order to meet the criteria defined by the Royal College of Psychiatrists' guidelines (Royal College of Psychiatrists, 1996). In our case this was not prompted by poor attendance, but rather frustration that the traditional format of a trainee finding a paper and presenting it did not produce the desired outcome of a change in knowledge and thus an improvement in clinical care. What is more, it also failed to fulfil the new goal of preparing trainees for the critical review paper of the MRCPsych Part II Examination.

We decided to adopt the approach promoted by Sackett and others (Sackett *et al*, 1997) making an educational prescription the central component of the journal club. At each meeting those attending would generate a relevant clinical question, usually relating to a problem encountered in day to day practice. One recent example involved the case of a patient with recurrent bipolar affective disorder, which brought forward a clinical question regarding the use of new generation antipsychotics in both acute treatment and prophylaxis. The following week a trainee presented the search strategy used to obtain the best available evidence, making extensive use of the Centre for Evidence-Based Mental Health (CEBMH) website (www.psychiatry.ox.ac.uk/cebmh). The latter seems to be the most accessible way of reaching a variety of high quality evidence, and trainees were able to perform detailed searches with minimal extra training. A copy of the paper containing the best evidence was circulated to the other members of the journal club, and it was subjected to critical analysis using techniques examined in the MRCPsych Part II Exam. The ensuing discussion usually resulted in a decision as to whether or not the findings should then be adopted into routine practice locally.

This method collapses the three-stage process suggested by Sackett (Sackett *et al*, 1997) into a

https://doi.org/10.1192/pb.23.11.690-a Published online by Cambridge University Press