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.

ANNIE MCCLOUD, *MSc Student in Medical Anthropology, Department of Anthropology, University College, Gower Street, London WC1E 6BT*

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

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