



the columns

correspondence

Driving and substance misuse

Sir: We read with interest the article by Bradbeer *et al* in the July 2001 edition of the *Psychiatric Bulletin* (25, 252–254). We have recently completed a cross-sectional survey of the recording in case notes of specific advice given to patients. They were attending a substance misuse facility (Leeds Addiction Unit). The advice we were interested in was that given by addiction therapists, reminding patients of their duty as drivers to inform the Driver and Vehicle Licensing Agency (DVLA) and their insurers that they have a prescribed disability (i.e. alcohol and drug misuse, whether or not amounting to dependence (Harris, 2000)).

Seventy-six sets of notes, out of 125 randomly selected cases (5 per current keyworker/therapist) were located. The notes were read in their entirety, including contributions from all sources (i.e. not just medical staff entries) to identify any comment indicative of consideration being given to driving, and particularly to advising/reminding the patients of their need to inform the DVLA and their insurer. The latter is important because altering the risk under which insurance is agreed, by failure to declare a relevant condition, will compromise or even render

void the insurance. This could have potentially devastating legal and financial consequences for any particular individual.

Thirteen sets (17%) of the located notes had any reference to driving being discussed or considered. Of these, four (5%) mentioned DVLA and four (5%) mentioned insurance considerations, but only three cases (4%) mentioned both DVLA and insurer. As a result of this survey, and the discussion it prompted, practice has been changed so that all new patients are reminded at their first assessment of their responsibilities to inform the DVLA and their insurer of the necessary information. Existing patients will be reminded periodically too, with documentation to this effect in the case notes. We do not feel that we need to take further action at present. In the future, however, if we do have reason to believe that a patient is continuing to drive despite clear explanation and efforts to persuade him or her to desist, we will need to hold a multi-disciplinary review to discuss how to proceed. If necessary we would take legal advice before breaching confidentiality by informing the DVLA, as per General Medical Council guidance (GMC, 2000).

We agree with Bradbeer *et al* that imparting information to patients about DVLA fitness to drive regulations is

important. We also agree that “the regularly demonstrated poor retention of information following clinical interviews” may be particularly important if a clinician was ever challenged to demonstrate that he or she had informed the patient but had not documented this formally. In addition, however, we feel that it is important to point out to patients the insurance implications of their substance misuse. We are currently engaged in a larger project examining the documentation of such advice by medical practitioners in a variety of clinical settings, beyond but including substance misuse psychiatry. Our findings should be of broad interest, considering the DVLA and insurance requirements apply to all areas of clinical medicine.

GENERAL MEDICAL COUNCIL (2000) *Confidentiality*. London: GMC.

HARRIS, M. (2000) Psychiatric conditions with relevance to fitness to drive. *Advances in Psychiatric Treatment*, **6**, 261–269.

Gill Kirk Specialist Registrar, **Duncan Raistrick** Clinical Director, Leeds Addiction Unit, **Peter Trigwell** Consultant in Liaison Psychiatry, Leeds General Infirmary

obituaries



Jerrold Ross Burgess

Former Consultant Psychiatrist
West Cumberland Hospital,
Cumbria

Jerrold Burgess died peacefully from heart failure in hospital on 4 January 2001. He was a consultant psychiatrist – his patients would say *the* consultant psychiatrist – at the West Cumberland Hospital, Whitehaven, and Garlands Hospital, Carlisle, for over 20 years.

He was educated at Dartington and qualified in Dublin in 1956 after completing his National Service in the Army. His subsequent house jobs included a post in paediatrics and he retained a particular interest in the young throughout his career. He trained in psychiatry initially at Bristol, Barrow and Glenside Hospitals, and then moved up to St James' Hospital in Leeds as a senior registrar. When I was seeking a congenial second consultant to share the service for West Cumberland in 1966, he was commended to me by his chief, Julian Roberts, who assured me that I would



find him "as easy as an old shoe". And so it proved.

We worked together until I left in 1983 with only one cross word (entirely my fault) and shared a one-in-two rota without conflict. He never complained about his workload, was always accommodating and flexible and quite remarkably cheerful. He had only a nodding acquaintance with the clock but his patients gladly adjusted. A phobic dislike of dictating machines limited the quantity of his letters but he was the most accessible of consultants; communication with him was always easy, informative and pleasant. As time went on he took an increasing role in the management of the West Cumberland Hospital and gathered a respect not always given to psychiatrists in a district general hospital. Moreover, he became the psychiatrist of choice to medical families in the area and carried that gratifying but arduous role of being the doctor's doctor.

He was an extremely pleasant, gentle, rather shy, large man, humorous and generous. His home was always full of music and laughter. A diligent and skilled gardener, he skied in the winter and sailed in the summer (for some years he had his own yacht on the uncertain waters of the Solway), loved fast cars, was widely read and very knowledgeable about art. His great passion was for music, particularly opera, and he was a competent but private clarinettist.

He retired in 1988 but could not abandon the work habit and did a series of locum jobs in Cumbria and North Lancashire in general psychiatry, psychogeriatrics and child and adolescent psychiatry until he finally stopped in 1995. He had increasing health problems over the last 2 years of his life but made no fuss about them and led a life of activity to the edge of tolerance.

He met his wife Mira when they were both in their teens and their marriage was the envy of their friends. In addition, he leaves four charming and successful daughters who inevitably include a social worker and a doctor.

Tony Drummond



Thomas Galla

Former Consultant Psychiatrist
North Staffordshire Hospital Centre

Thomas Galla, who died from a cerebral tumour on 11 February 2001, was born in Budapest on 12 June 1923. In the autumn of 1938 his parents arranged, with the help of a Scottish clergyman in Hungary, for Tom to be accepted at the Dollar Academy in Clackmannanshire. Tom, aged 15, arrived at the Dollar knowing only a few words of English, but with intensive tuition from his housemaster he rapidly learned the language. Against the advice of his parents he returned to Budapest for the summer holiday and left again in September 1939 "with only about 12 to 15 hours before it would have become impossible".

After 2 further years at the Dollar Academy he won the class prize in English and was subsequently awarded a scholarship to study medicine at Edinburgh University. His parents (who died during or shortly after the war) had both been doctors and it had always been his ambition to follow in their footsteps. He graduated MBChB in 1947. After house jobs and National Service in the Royal Army Medical Corps in Singapore, where he was a graded psychiatrist, he came to Stoke-on-Trent in 1952 as the first

psychiatric registrar in the psychiatric unit of the City General Hospital. He completed his psychiatric training as senior registrar in the Bristol Mental Hospitals and returned to Stoke-on-Trent in 1957 as Consultant Psychiatrist and Deputy Superintendent of St Edward's Hospital, Cheddleton. He had obtained the DPM (England) in 1954 and became FRCPsych in 1971.

In 1969, Tom was appointed Chairman of the St Edward's Hospital Medical Staff Committee, a post he occupied until he retired in 1989. In this post he carried out assiduously, and without remuneration, the duties of what were, in fact, those of a superintendent, uncomplainingly spending long hours sorting out staffing and administrative problems. At the same time he carried a full clinical load and, later, a busy private practice and his opinion was eagerly sought by solicitors from North Staffordshire and further afield as he had built up a considerable reputation as an expert in forensic psychiatry.

Tom was a highly intelligent, modest and unassuming man. He played chess for the County of Staffordshire, was an ardent supporter of Stoke City Football Club and had a keen interest in music, literature and travel. In recent years he had, by his own account "become very active in the grandfather business", a role that he embraced with great enthusiasm. He had a dry sense of humour and a vast fund of humorous stories; as a friend and colleague for 35 years' duration I shall miss hearing the latest joke from him. An astute clinician and able administrator, he made a significant contribution to psychiatry in North Staffordshire.

In 1948 Tom married Mary Benecke whom he had met when she was a nurse at the Western General Hospital in Edinburgh. The marriage was a very happy one and they were blessed with two sons, Andrew and Max. Sadly, Mary died in 1984, a loss that left Tom badly shaken but in which he was sustained by his family, good friends and his ability to lose himself in his work. He is survived by his sons and two grandchildren, with one more on the way.

Edward Myers

corrigenda

On page 288 of the article written by A. M. Mortimer (*Psychiatric Bulletin*, August 2001, **25**, 287–288) the corresponding address and title of the author are incorrect. The following is

correct: Professor Ann Mortimer, The University of Hull, East Riding Campus, Department of Psychiatry, Coniston House, Beverley Road, Willerby, Humberside HU10 6NS.

On page 400 of the October issue, the name of the first author, **Tom Picton**, was omitted from the letter 'Donezepil and those with learning disabilities' (*Psychiatric Bulletin*, October 2001, **25**, 400).