were to press rather for the appointment of more consultants than to seek ways of diluting consultant responsibility by appointing people to this grade. It would appear that the College has really decided that there is a case for a sub consultant grade of psychiatrist who will carry out the duties of the Mental Health Act under Section 28.

I would have anticipated that such a move might come from community physicians, from heads of departments of Social Services and local authorities, putting pressure on the Department of Health but I do not think it is appropriate for the College to lead in this direction. It is the College's function to maintain high standards of professional practice and to ensure that consultants are appointed in sufficient numbers to carry out their duties under the Mental Health Act.

I would consider further that the College ought to have had wider advice from its membership before making such a recommendation. Indeed, any legislation in relation to mental health is considered by a very wide channel of medical opinion before being put into practice.

JOHN T. HUTCHINSON

Cane Hill Hospital
Surrey, CR3 3YL

Psychiatry for the general practitioner trainee

DEAR SIR

Your special correspondent who reported in the August *Bulletin* on the Joint Conference on Psychiatry for the General Practitioner Trainee has misrepresented me. I did not intend that GP trainees should spend more than six months in psychiatry. I suggested that, as an alternative to a full-time attachment, there might be a longer period of day release when they could work with the same patients over a year or so. Dr Horder takes up the same point in his letter to you. The one-day meeting was most valuable, and I hope that further discussions will take place between the two Colleges leading to closer programme building.

NEIL KESSEL

University Hospital of South Manchester
Manchester M20 8LR

Recruitment to mental deficiency work

DEAR SIR

We refer to the statement on Shortage of Manpower and Poor Recruitment to the Specialty of Mental Deficiency which was published with approval of the Executive and Finance Committee of the College in the April, 1980, edition of the *Bulletin*.

While the statement is laudable in its intent we believe it cannot assist in the medical staffing of mental subnormality services. In particular the section on joint appointments is dispiritingly negative, to say nothing of being gratuitously condescending to the many present holders of these posts in the United Kingdom.

Joint appointments are neither new nor rare. We understand that in the past 10 years more than half of the consultant appointments in mental handicap in Scotland, and a substantial number of those in England and Wales have been on this basis, and we would argue that valuable expertise in child and general psychiatry, as well as in paediatric medicine, which might otherwise have been deployed in other fields, has been recruited to mental handicap in this way. We know of no evidence which suggests that the quality of care given to patients is in any way diminished by the joint nature of these appointments, and we resent statements which imply that it has been.

Joint appointments in Scotland, and we suspect also in England and Wales, have widened the entry point to senior medical staffing in the field of mental deficiency, have helped to bring psychiatric trainees of calibre into the specialty, and have enhanced research.

As the statement of the Executive Committee of the MD Section stands, we think it is more likely to deter than to encourage recruitment of psychiatric and other consultants to the care of the mentally handicapped.

HECTOR C. FOWLIE

Royal Dundee Liff and Strathmartine Hospitals
Dundee

Also signed by: P. G. AUNGLE, W. BAIRD; B. R. BALLINGER; I. R. C. BATCHELOR; J. CHICK; H. DAVIES; R. DRUMMOND; S. FAZLULLA; W. FRASER; M. K. P. HENDERSON; R. I. KENNEDY; A. LODGE; M. MCLEOD; G. J. NAYLOR; M. RENNIE; A. H. REID; B. RITSON; H. ROSS; A. H. W. SMITH; A. ZEALLY.

Treatments in psychiatry—Who decides?

DEAR SIR

In the SK & F publication of the proceedings of a recent APIT meeting (1980), Mr Larry Gostin asserts that there must be 'lay, legal and social assessment' of patients refusing consent to treatment.

In this and the related matter of consent to hospitalization we do not yet know whether some of the changes proposed in the Government White Paper (DHSS, 1978) will be translated into law despite being opposed or rejected by the Royal College (*Bulletin*, 1979). However, it is evident that pressures for these changes persist.

'Lay, legal and social' assessments do in fact take place now in the case of Hospital Orders under Sections 60 and 65 and of the Mental Health Review Tribunals. But the Royal Commission of 1953-7, and Parliament when it passed the 1959 Act, thought it sensible and appropriate that for non-criminal patients a magistrate should not necessarily be

involved; and as Dr E. Wynford Rees (1980) has pointed out, probably many psychiatrists are grateful that they do not have to 'convince a lay JP that patient X—in a quiet phase—is in fact as mad as a hatter'.

However, in spite of the absence of the magistrate, there is still lay, social and even legal assessment in the Sections 25 and 26 procedure. The mental welfare officer has a statutory duty to be satisfied that the application ought to be made—i.e. he has to be satisfied, for instance, that the relatives have not invented a story about the supposed patient. The mental welfare officer (social worker) and doctor act together to ascertain the reality of the situation, playing complementary parts in the decision-making process.

Now there seems to be a demand for a lay and social assessment of the patients themselves (British Association of Social Workers Publications, 1977) and, through the proposed multidisciplinary panels, of much hospital treatment. In this lay assessment of a mentally ill patient in the home, what concepts or tests of mental illness would be used? The concepts of some (of course not all) social workers seem to be very much those of Szasz (1972) and Laing (1976), and these hardly make for multidisciplinary 'team' work. And in hospital, if every depressed patient urgently requiring, but refusing, ECT had to be referred to a largely lay panel, would not the time involved be enormous, and would not treatment be dangerously delayed or stultified, as Dr Bridges put it in the APIT discussion?

Perhaps it is sincerely desired that patients should be allowed to 'rot with their rights on' as described and discussed fully in a recent issue of the *American Journal of Psychiatry* (Gutheil, 1980). This is already beginning to happen following the prudent advice of the medical defence societies regarding ECT. Two examples of this 'rotting with rights on' have been described recently (Pary and Turns, 1980; Culver *et al*, 1980). Mr Gostin himself states that his and MIND's belief is that patients 'have a positive right to treatment as much as a right to refuse '. This is surely noteworthy, but it does seem that some of the 'antipaternalism' changes proposed may result in patients having less of a right to treatment than before, to their detriment.

Should not doctors be allowed to continue to decide? The only valid reason to the contrary would be if the medical profession were shown to be so guilty of 'abuses' that it was judged to be altogether untrustworthy.

We may ask whether magistrates are in fact wanting or asking to take over again the task of making assessments and decisions about mentally ill people who have not broken the law. It is of course, as spelt out in the BASW publication, quoted fully in the White Paper, some members of the social work profession who desire this; but it may be relevant that, as R. Klein (1980), Professor of Social Work at Bath University, has pointed out, the word profession is at present a 'courtesy' title, because there is 'as yet no central register of social workers'. A Section 28 'approved' doctor is not only approved but first and foremost on a register from which he is very aware that he can be struck off. Despite all this it may be that society does wish social workers to act not only as adjudicators but also as watchdogs and checks of the medical profession. We are of course closer to 1984 than 1959 so perhaps it will be Little Sister as well as Big Brother watching over us. Perhaps in time society will make its wishes clear. But is there evidence that this is the case at present?

M. G. REVILL
Senior Registrar

St Bartholomew's Hospital
London EC1

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