
Correspondence

Comments of the Royal College of Psychiatrists on the Ashworth Special Hospital

Sir: We are writing to express our concern about the comments by the College on the report of the Committee of Enquiry into the Personality Disorder Unit at Ashworth Special Hospital (see pp. 452–454, this issue). We understand that the document was not seen by members of the forensic faculty, or its Executive Committee, with one possible exception, prior to being sent to the Department of Health. The document seems to us to be ill-considered, poorly constructed and in some instances, incorrect.

As an official College document, the comments have the effect of accepting in the name of all members of the College, criticism of a member of the College who, although not named, is easily identifiable. Public endorsement of such criticism, without any additional investigations seems to us to be ill judged and unwarranted. We would further question the College's role in endorsing publicly a notion that unspecified numbers of other consultants at Ashworth were substandard. As the Fallon Report itself acknowledges, it gave none of the people criticised any opportunity to respond to the formulated criticisms. If, as we believe, the College has endorsed the criticisms without even hearing from the Ashworth doctors, then the document serves to compound injustice and unfairness. In the present climate which is so critical of doctors, every psychiatrist in the land has cause to be alarmed that his or her College, one of the main professional bodies to which he or she relates, has determined as appropriate this method of responding to a very serious report.

The document goes on to state that there are a number of "deep seated problems which deter good forensic psychiatrists from working in special hospitals" implying that the current consultants are less than good. In contrast to many posts in general psychiatry, there have been no difficulties in recruiting consultant staff at Broadmoor Hospital in the last few years. The current Medical Director of Ashworth Hospital is described as "energetic" implying that this was not the case for the previous Medical Director. There is no evidence to suggest that smaller hospitals of no more than 250 beds would be any better. We do not consider that we are responsible for a "more restricted range" of patients than other forensic psychiatrists, indeed special hospital patients have a diverse and challenging

range of problems that often make them unmanageable in less secure hospital settings. We do not understand what is meant by "less clinical responsibility", and the whole of paragraph seven appears to demean the work of psychiatrists in special hospitals. These hospitals are no longer professionally and socially isolated. A significant number of consultants at Broadmoor Hospital have joint appointments. Geographically we are no more isolated than many medium secure units.

In our opinion the document reflects an overly categorical view of personality disorder. In many cases patients with personality disorders present with treatment needs which are very similar to those of patients with mental illness. The document lumped together men and women with personality disorder, whereas the inquiry did not investigate women patients at all and it is widely recognised that women in special hospitals have a different range of problems from the men. We do not agree that people with personality disorders require "higher security" than those with mental illnesses, nor that they require separate services. It is an absurd oversimplification to suggest that people with personality disorders are "adept at manipulating and exploiting others", and, by implication, that this is not a feature of people with mental illnesses. In our view this simply serves to reinforce the stereotyped views about patients with personality disorders. We strongly disagree with the proposal endorsed in the document that Courts should no longer have the option of imposing a Hospital Order on an offender with a personality disorder. This is not our understanding of the College's view on proposals for reforming the Mental Health Act 1983. The document suggests that the 'concept' of psychopathic disorder is obsolete. We would suggest that it is the legal use of the term and not the concept which may be obsolete.

As consultants who work in a special hospital and as members of the College, we were dismayed that such a document should have been written at all let alone sent to the Department of Health and disseminated. We would suggest that in future the College should not make statements of this kind without appropriate consultation.

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