and struggles.

Mr Watene had a family but apparently no one at Oakley thought of contacting them.

Morale is sustained in part by working within a known framework. Doctors and nurses need clear-cut procedures which define the limits of each person's responsibility and do not impose what may prove an unfair or impossible burden on a relatively inexperienced or untrained person. The decision to seclude should never be just one nurse's thought. Drugs should never be prescribed simply S.O.S. or p.r.n. (*pro re nata*, 'as occasion arises') without stating for how many times in how many hours or days.

Let us try to learn something from these official hospital inquiries, and the deaths will not be entirely in vain.

Correspondence

Provisions for consent to treatment in the new Mental Health Act

DEAR SIRS

May I attempt to clarify the questions raised by Ms. Bridgit C. Dimond in her article 'Consent to Treatment by the Mentally Ill and Mentally Handicapped' (*Bulletin*, August 1983, **7**, 145)?

The consent-to-treatment provisions in the Mental Health Act 1983 (Sections 57 and 58) apply to patients detained in hospital for the treatment of mental disorder. Section 57 (psychosurgery and the surgical implantation of hormones to reduce male sexual drive) is extended to informal patients. Section 58 applies to ECT and medicines given after the first three months of continuous detention. Treatments requiring the formalities required by these Sections may not otherwise be given. The exception to this rule is a situation of urgent necessity, when treatments otherwise controlled by Sections 57 and 58 may be given (for the reasons stated in Section 62).

Informal patients and patients on short-term Sections (not at this stage detained *for treatment*), i.e. Sections 4, 5(2), 5(4), 35, 37(4), 135, 136, and conditionally discharged detained patients, do not come within the provisions of Section 58. However, doctors have an ethical and common law duty to give appropriate treatment to any patient (person) in an emergency situation and where it is indicated as a matter of urgent necessity. Any treatment may be given in this situation to save the patient's life, or to prevent a serious deterioration of his condition. A doctor or nurse might even be found to be negligent if he simply stood still and did nothing at all. His duty extends to patients who are informal and those detained under one of the short-term Sections of the Act which contains nothing to abrogate that duty. Section 62 is simply an 'exclusion Section', which removes the restrictions of Sections 57 and 58 allowing some of the treatments to be given to detained patients without formalities as a matter of urgency. Otherwise the common law duty applies.

ROBERT BLUGLASS

Chairman, PPC Working Party on the Mental Health Act
All Saints' Hospital
Birmingham

Lord Chancellor's Medical Visitors

DEAR SIRS

Your readership may be interested to know that the British Medical Association, through my Committee, has been involved in protracted discussions with the Lord Chancellor's Department and the Treasury concerning the remuneration of Lord Chancellor's Medical Visitors in connection with the Court of Protection.

Until February of this year there were three established whole-time posts of Medical Visitor. A change of legislation brought about in 1981 resulted in a reduced workload and a change to part-time appointments. There are currently two Visitors in post with plans to expand the number by at least one in order to reduce the time spent in travelling.

Because the BMA has not yet concluded an agreement which it regards as satisfactory, we must advise Members against applying for one of the new part-time posts until they have first contacted me for further details.

J. R. A. CHAWNER

Chairman, Private Practice Committee
British Medical Association
Tavistock Square, London WC1

Report of the Advisory Council on the Misuse of Drugs

DEAR SIRS

Debate continues about the recommendations of the DHSS Report of the Advisory Council on the Misuse of Drugs Treatment and Rehabilitation (HMSO, 1982). We believe that the full implementation of the recommendations would be disastrous.

In our Association, 'independent doctor' means a doctor working outside a hospital or drug dependence unit. About half our members are GPs in the NHS and about half are psychiatrists. We believe that independent doctors are now essential to the successful resolution of the country's problems in addiction control.

The subject of drug addiction has become surrounded by mystery and misrepresentation. We believe it should be 'normalized'. Most drug addicts are normal people leading normal lives. Their care should be part of the ordinary daily