

The Group makes ten recommendations. They concern the integration of hospital treatment with other care systems, the avoidance of building new mental hospitals remote from the areas they serve, the establishment of a comprehensive range of hospital activities, the undesirability of admitting to hospital if this can be avoided, the freedom of movement within the services with the minimum of restriction, the right to refuse treatment, the involving of the primary care team and the provision of community accommodation (1, 2, 4, 5, 6, 8). These aims, in general, represent the goals of psychiatrists in the United Kingdom.

The problems of the subnormality service are dismissed in one paragraph (3), which recommends education, treatment, rehabilitation or residential care 'appropriate to their handicaps' with admission to mental hospitals or psychiatric units when mentally sick or seriously behaviourally disturbed.

The future of the mental hospital warrants only two paragraphs (7, 9) enjoining that an active hospital rehabilitation programme should be linked with community facilities and explaining that 'there is a

danger that staff in mental hospitals may become desocialized and demoralized', which should be countered by interests outside the hospital. This inadequate consideration is unlikely to reassure patients, doctors, nurses, psychologists, occupational therapists and others who currently provide 80 per cent of the psychiatric service.

Paragraph No. 10 recommends that University Clinics or psychiatric departments with teaching and research responsibilities should develop links with the service 'to maintain a high level of clinical practice'. This sort of blanket recommendation is likely to be questioned by those who have seen little interest by these departments in the care and treatment of patients with chronic illness.

The majority of United Kingdom consultants agree that the mental hospital as it exists at present could disappear, but few have confidence in current plans to replace it. This Summary Report will do nothing to change their views. Perhaps the comprehensive final report will be more hopeful or less disappointing.

D. F. EARLY

CORRESPONDENCE

THE ROYAL COMMISSION ON THE NHS

DEAR SIR,

It was with the utmost dismay that I found on reading the College's 'Evidence to the Royal Commission on the NHS' (*News and Notes*, April 1977) that psychotherapy has been totally overlooked. Only on a careful re-reading did I discover that the memorandum does actually make a glancing reference to psychotherapy, albeit in parentheses. This cursory allusion is scarcely likely to be noticed by, let alone make an impact on, the members of the Commission.

The Royal Commission has asked for recommendations encompassing 'the likely developments in the next twenty or so years, as far as they can now be foreseen'. Does the College no longer consider the extension of the NHS's absurdly meagre psychotherapeutic services of importance in serving the mental health needs of the community? Does the College not remember its own memorandum 'Norms for Medical Staffing of a Psychotherapy Service' submitted to the Central Manpower Committee as recently as 1975 (*News and Notes*, October 1975) and does the College no longer recommend the large

expansion of the psychotherapy services which that document proposed? As the Commission is still sitting, is there any way in which the College could act promptly to remedy this serious and extraordinary omission?

VIVIENNE COHEN

*St Bartholomew's Hospital,
London EC1*

CONFIDENTIALITY

DEAR SIR,

Professor Pond's letter (*News and Notes*, June 1977) expressed a viewpoint on this subject suitable to an idealistic world.

However, a new situation has arisen here in Northern Ireland during the past decade. It would indeed not alone be dangerous from a libellous point of view to record everything said by a patient, but in fact it could be dangerous to their lives or the lives of other people. It is a community where there is quite a variety of political and perhaps ideological outlooks ranging from the mild to the extreme in all sections of society, including people in the curing and caring services. It would certainly be foolish to