CORRESPONDENCE

MENTAL HANDICAP HOSPITALS

DEAR SIR,

With reference to the Statement to Council by the Mental Deficiency Section of the College which was published in the October 1976 issue of *News and Notes* (p 1), the Professional Consultative Committee of this hospital would like to make the observations given below.

It is accepted that there is a shortage of junior doctors in training. To put this right, the Royal College and mental handicap hospitals must, for their part, make every effort to attract young doctors and also make contacts with medical schools to arrange regular student visits to the mental handicap hospitals. The Mental Handicap Division of Cogwheel must ensure that junior doctors are allowed and encouraged to participate in its meetings.

The statement that medical decisions are 'flouted' is not easy to accept, especially in a hospital like St Lawrence's where there is competent and respected chairmanship by Consultant colleagues. It is appreciated that in hospitals where the leadership or chairmanship of a multi-disciplinary team is inadequate or does not give the lead which the team should reasonably expect, it will be questioned vigorously by the more energetic members of other professions making up the team. The College should give briefing and guidance on the chairmanship of multi-disciplinary teams.

The simple ordinary behaviour modification programmes should not lead to any problems on the grounds of lack of appreciation of humanitarian values. Aversion therapy is a type of behaviour modification seldom used in mental handicap hospitals and only in cases of severe self-mutilation when every other known treatment had been explored. Where it is used, permission of the relatives should be sought and the responsible ethical committee should be consulted.

It is pointed out that the term 'mental deficiency' is now rarely used and that 'mental handicap' is the generally recognized term.

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Chairman, Professional Consultative Committee
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MEMORANDUM ON CONFIDENTIALITY: JOINT ETHICAL WORKING PARTY'S REPORT TO COUNCIL

DEAR SIR,

I am writing a formal letter to you with regard to some of the opinions expressed in the recent report to Council on Confidentiality (*News and Notes*, January, pp 4–8).

Some of the consultants at The London Hospital agree with me in thinking that the Ethical Working Party's guidance to members of the College could be seriously misconstrued. Paragraphs 2 and 3 imply that psychiatrists might be wise to look over their shoulder at possible legal implications of their notes. We know only too well, particularly from other countries, of the baleful influence of the fear of litigation on medical practice, which frequently results in unnecessary investigations. In the context of note-taking, a fear of litigation could easily lead to careless and inadequate history-taking. If it is dangerous to record certain facts, it is only too easy to forget to inquire about them. We regard it as bad practice to discourage colleagues from recording the fullest possible information on their patients that is needed for their best care. We believe that far more harm will come from omitting to record information than might come from the very rare case of legal action. In any case, should there be court action the psychiatrist should be able to plead successfully that what he has done has been in the interest of the patient. It is surely far better for psychiatrists to keep that aim constantly in mind rather than attempt to suppress or gloss over information from fear of possible legal consequences. Such an attitude is much more likely to raise the standard of clinical competence than positively encouraging psychiatrists not to notice unpleasant information.

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