to explain his treatment and discuss the reasons for his decisions, and he must keep written records of so doing. When patients or relatives sign 'consent to treatment' forms they are not relieving the doctor of any part of his responsibility to act properly but they are providing formal records that he has communicated with them. Likewise when a patient is put on a Section 26 Order it does not lessen responsibility to act properly but it is a formal record that another doctor and a non-medical person have concurred in a judgement of the patient's state. Possibly other written records of communication and second opinion would be equally good evidence, but the matter has never been tested in Court. The College's legal advisers, being lawyers, naturally prefer to play safe and use the law, but a psychiatrist who does not wish to is, in my opinion, not obliged to use Section 26—but if he faces trouble he will have to produce other good evidence of his good faith and proper actions.

The consultant or his experienced deputy loses none of his responsibility when he discusses a patient with nurses and others in the process of forming his opinion (*pace* Dr Guirguis); and particularly when he decides that ECT is essential for an unwilling patient, he will want to explain his reasons to the ECT team, who will have to find a way to give the treatment with minimum unpleasantness all round.

All patients, whether informal or detained, have a right to be treated with courtesy and with humanity —with full respect as persons. Therefore *all* should receive an explanation of the treatment proposed for them and what it is to achieve, and asked to agree to it. It does not matter that some patients may not really take it in, and that there could be doubt about the real validity of their agreement. Such things may be misjudged and it is better to err on the side of courtesy. If a detained patient refuses agreement it is still wise to review the matter again and then tell the patient why treatment must nevertheless go ahead. I am frankly astonished by Dr Spencer who, if I understand him aright, does not ask detained patients (or their relatives) for consent to treatment. This seems to me discourteous, inhumane, contrary to the spirit of the Mental Health Act, and not very sensible.

A CORRECTION

In the article by Drs Ann Buchanan and J. E. Oliver published in the last issue (November 1977) there is an error on page 459. The first sentence under the heading "The Children" should read "The 140 children resident in or admitted to the two Wiltshire subnormality hospitals... ".

https://doi.org/10.1192/S000712500000235X Published online by Cambridge University Press