Sir: We welcome the recent Consensus Statement on the Use of High Dose Antipsychotic Medication. London: Royal College of Psychiatrists.

PAUL BOSTON, Department of Psychiatry, Faculty of Medicine, University of Leicester LE2 7LX

The detail of four hourly or six hourly starting doses of antipsychotics either intramuscular or oral were not considered by the group. They are only relevant to the consensus statement when the total daily dose exceeds the daily BNF limit in which circumstances the group considered that it would be necessary for the dosing schedule to be seen and approved by a more senior psychiatrist, i.e. a psychiatrist with Membership of the Royal College of Psychiatrists. It is nevertheless an important point that dangers can arise in acute dosing schedules without the BNF dose being exceeded, and regardless of the general safety of neuroleptic agents, psychiatrists of all grades need to be constantly vigilant to motor and autonomic side effects.

C. THOMPSON, Registrar, Royal College of Psychiatrists

The College’s ethnic monitoring exercise

Sir: A circular from the Registrar states that our College is trying to eliminate discrimination on ethnic grounds in psychiatric practice and in College’s own activities. Having stated that a record of the ethnic origin of its members would help the College in this endeavour, he asks for information about country of birth and racial designation.

Only a person who has never experienced the disbelief, anger and distress inseparable from racial discrimination will fail to see how ill-advised, even dangerous, this undoubtedly well-intentioned exercise actually is. First, it calls upon members to think of themselves in racial terms which is counter to the effort to promote non-racial thinking. Those who are able to think non-racially will find the requirement disconcerting. Second, it calls upon non-white members whose ‘British’ or ‘European’-type names have so far enabled them to slip past the short-listing obstacle to identify themselves by race, and perhaps alert people of ill-will on short-listing panels and Advisory Appointments Committees of their racial origins. Third, how would a record of ethnic origins help in eliminating discrimination in psychiatric practice? If the College is not contemplating assigning patients to therapists of ethnic origins help in eliminating discrimination? If the College is not contemplating assigning patients to therapists of ethnic origins, are we yet to get past State-sponsored racial discrimination?

If we wish to make a beginning in reducing discrimination in College activities, all that is required is for the College to insist on merit as the only criterion for access to training and employment opportunities.