Vulnerable patients, vulnerable doctors (CR101)

As a Continuing Medical Education (CME) Group of Consultants in the Psychiatry of Learning Disabilities, we wish to express our deep concern at the vignette (case 3) contained in the recent publication ‘Vulnerable patients, vulnerable doctors’ (CR101).

We welcome the educational objectives of this document and the opportunity to address the complexities of working in this sub-specialty with large numbers of vulnerable people. However, we feel that the serious and important ethical issues raised in this vignette are undermined by the portrayal of the consultant psychiatrist in learning disability, and this potentially damages our standing in the medical profession.


Reply from the President

I am grateful for Dr O’Hara’s letter about the vignette in the College publication ‘Vulnerable patients, vulnerable doctors’ (CR101). I feel that I should reply to her, and through her to the North East London/East Anglia CME Group, as one of the authors of that publication.

The publication was ‘commissioned’ by the General Medical Council (GMC) after a series of high-profile cases involving psychiatrists. The College felt (under its then President, the late Dr Robert Kendall) that the GMC had ‘let us down’ in one particular case by not taking action against someone who had so crossed the boundaries of the doctor–patient relationship that it was beyond all acceptability. Much to our surprise, we were told that the GMC had no ‘vade-mecum’ to take off the shelf to judge psychiatric/therapeutic relationships against, even in what we would see as quite flagrant breaches of ethics. Slightly against our wishes, we agreed to write it for them.

In the event, it was a very worthwhile exercise, involving an initial working party of representatives from all Faculties and Sections of the College, important special interest groups (inside and outside the College) and lay bodies. This work was then distilled by the four main authors into a publication that again went through the College Committee structure until it was refined into the final Council Report (CR101). This was felt to be so important to practice that it was produced as one of the key ‘Good Psychiatric Practice’ series. It has received acclamation both within the College and outside; the GMC will use it as a template for many medical relationships, not just those in psychiatry.

Having said all that, the road to publication was not totally smooth. There were no vignettes in the original version, vignettes were later interspersed through the text, and we were finally persuaded to gather them together at the end to illustrate training points based on the main points within the text. All of the vignettes were controversial, but they were about controversial issues dealt with regularly by the GMC. None of them, I regret to say, was wholly fictional.

The vignette you talk about in your letter was discussed a great deal and was finally agreed for inclusion on the grounds that, if such appalling practice does come before the GMC, we had better tell them how totally unacceptable it is. There was no reflection cast on learning disability psychiatrists as a whole, any more than the other vignettes criticised the subspeciality involved in each one.

I hope that goes some way towards clarifying the process behind the publication at least. I only hope we might reach the day when it will be made unnecessary because such breaches of ethics do not occur. However, given the pressures that doctors work under, I doubt that will ever happen. This is why we were keen to talk about vulnerable patients and doctors all the way through.

Mike Shooter President, Royal College of Psychiatrists

Sir James Crichton-Browne

I am most grateful to Dr Thomas Walmisley for keeping alive the memory of Sir James Crichton-Browne (Psychiatric Bulletin, January 2003, 27, 20–22), one of the very few really outstanding Victorian asylum alienists.

Crichton-Browne was the Medical Superintendent of the West Riding Asylum, Wakefield, Yorkshire, for the decade 1866–76. He was the first of a succession of talented administrators cum research workers, mainly concerned with brain pathology and histology, who collectively constituted the Golden Age of British psychiatry during the second half of the 19th Century. He himself, as Dr Walmisley reports, founded and edited the West Riding Medical Reports, six volumes of which he published between 1871–76, and which were far more prestigious than the dull Journal of Mental Science, the official journal of the Medico-Psychological Association.

But his crowning achievement was to decriminalise the evil reputation surrounding the asylum – any asylum. This he did, metaphorically, by tearing down its prison-like walls and opening up its abundant clinical and laboratory facilities. For example, he instigated regular ‘Medical Conversaciones’ at the asylum, all of them well attended, and addressed by leading contemporary neurologists and alienists alike. Another innovation, which puts him decades ahead of his time, was to invite senior medical students from Leeds Medical School for demonstration and tutorials which, more often than not, he conducted himself.

It is no exaggeration to claim that due to his dynamic energy and foresight, the centre of gravity of British psychiatry during his time was shifted from London to Yorkshire, with emphasis on the triad of Leeds, Wakefield and York.

Sir James Crichton-Browne may well have been somewhat immodest, but, taking into account his mountainous contribution, he had a helluva lot to be immodest about.

Henry R. Rollin 101 College Road, Epsom, Surrey KT17 4HY
Obituary of Dr Russell Barton

There are a number of inaccuracies in Dr Henry Rollin’s obituary for the late Dr Russell Barton. Most importantly, he did not relinquish his post at Severalls because of an impolite letter to the Lancet. Dr Barton was clearly displeased with the suggestion that he stay on as Consultant after the position of Physician Superintendent was abolished, even though he could keep the emoluments of his previous position. He moved to the United States for an opportunity to exercise direction on a hospital-wide basis, an opportunity which no longer existed in the land of his birth.

The title of the grade he held at Shenley was Senior Hospital Medical Officer, not Senior Medical Officer. Institutional Neurosis was published in 1959, not 1976. As he came to Severalls in 1960, only his experience at Shenley was included in the book. Finally, at Severalls it was not discharges that plummeted. Discharges increased – the patient census plummeted.

I can also throw some light on the question whether Dr Barton ever changed his mind on the subject of community care for the mentally ill, having maintained periodic contact with him until his infirmity made such contacts impracticable. He never regretted his role in the deinstitutionalisation movement, although he recognised, like the rest of us, that the actual performance fell well short of what he would have wished to see happen.

Mlodrag Ristic
Attending Psychiatrist, Lenox Hill Hospital, New York City. mrlistic@yahoo.com

the college

Annual elections

Council and Court of Electors

Members are reminded of their rights in connection with the forthcoming elections for the vacancies on the Court of Electors and Council. There are four vacancies on the Court of Electors. There are vacancies for two Fellows and two Members on Council. The relevant Bye-Laws and Regulations are printed below.

The nominating meeting of the Council will now be held on 28 April 2003 and the last date for receiving nominations will therefore be 27 May 2003. Nomination forms are available from Andrea Woolf.

Extracts from the Bye-Laws and Regulations

Bye-Law XXI
The Court of Electors

The Court of Electors shall be composed of:
(a) The President, Dean and Registrar, each of whom shall be an ex-officio member of the Court of Electors; and
(b) Fifteen Electors who shall be chosen in the manner hereinafter prescribed from amongst the Fellows.

At the first meeting of the Council in alternate years after the name of the President for the next ensuing College year has become known, the Council shall nominate a sufficient number of candidates for appointment as Electors to ensure an election, which will be held by a postal ballot of all Members of the College in the manner prescribed by the Regulations. Additional nominations may be lodged with the Registrar between the beginning of the then current calendar year and the end of four clear weeks after the meeting of the Council above referred to. No such nominations shall be valid unless it be supported in writing by twelve Members of the College and accompanied by the nominee’s written consent to serve if elected.

Regulation XIX
The Council

Elections shall be held in alternate years to ensure that there are not less than six elected Members of Council and no more than six elected Fellows of the Council subject to the overall condition that no elected Member or Fellow shall serve on Council for more than six years in that capacity without a break of at least one year. At its first meeting in each alternate College year after the name of the President for the next ensuing College year has become known, the Council shall nominate a sufficient number of Members and Fellows of the College to ensure that there are no more than six elected Fellows and not less than six elected Members serving on Council. Any nominee who is proposed and seconded and gives his or her consent in writing to serve, shall be validly nominated. Any twelve Members of the College may make nominations in writing at any time between the first day of January in each alternate year and the date which is four clear weeks after the meeting of the Council at which nominations were made. Nominations other than those made by the Council shall be lodged with the Registrar and accompanied by the written consent of the candidate to serve if elected. Should there be more nominations than vacancies, an election shall be held by ballot of the Members of the College. The ballot paper shall not indicate the method of nomination or the names of those nominating. If the number of nominees does not exceed the number of vacancies, these nominees shall be declared elected at the first meeting, whether of the Council or of the Executive and Finance Committee, after the expiry of the period of four clear weeks in this paragraph referred to.

Ian Hunter Lockhart Gillies
Formerly Consultant Psychiatrist, Stobhill General Hospital, Glasgow

Hunter Gillies, as he was always known, died on 11 September 2002. He was born in Glasgow on 4 January 1911 and attended Allan Glen’s School. He studied medicine at Glasgow University, graduating MB ChB with Commendation in 1934. He proceeded MD with High Commendation in 1938, having obtained the DPM in 1936. He became a member of the Royal College of Physicians of Edinburgh in 1947 and was elected as a fellow of that College in 1953. He was a founder fellow of the Royal College of Psychiatrists.

He served in the Royal Naval Volunteer Reserve from 1941 to 1946 and he was a specialist in neuropsychiatry at the Naval Hospitals in Chatham and Sydney, Australia.

He was Deputy-Physician Superintendent at the Crichton Royal Hospital, Dumfries from 1946 until 1953. His colleagues at the Crichton included Professors Willi Mayer-Gross and Martin Roth.

In 1953, Hunter Gillies returned to Glasgow on his appointment as consultant-in-charge of the psychiatric unit at Stobhill General Hospital in Glasgow. The hospital was established by the city of Glasgow early in the 20th Century and had mental observation wards from which the large psychiatric unit developed. It became an active unit, dealing with patients with a wide range of psychiatric conditions under the leadership of Hunter Gillies. He was held in high regard by colleagues in other specialities in the hospital and this helped to make the

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In 1948, he married Mrs Isabelle Canay of Sydney, who died in 1983. In 1987, he married Mrs Margaret Richmond of Oxfordshire and relocated there. She survives him.

Hamilton Frame

Dr John Richard Theobalds
Formerly Consultant Psychiatrist, Lancaster Health Authority

John Theobalds was born on 26 July 1923 and died from lung cancer on 28 June 2002.

He received his medical education at Westminster Hospital and qualified from there MRCS Eng., LRCP Lond and MB, BS, Lond., in 1947. After national service, mainly at a military hospital in Egypt, he returned home and worked in general medicine hospitals at Westminster and the Royal Salop Hospital, before deciding on a career in psychiatry.

To this end he served as Registrar at Park Prenett Hospital, Basingstoke and later was appointed Consultant Psychiatrist, Lancaster Health Authority and Medical Director, Priority Services NHS Trust, Lancaster. He gained the DPM, Eng in 1960, was elected MRCPsych in 1971 and proceeded FRCPsych in 1986.

John’s major interest was in the treatment of alcoholism and drug abuse and he opened Harvey House, currently relocated in the community in Lancaster, and was a founder trustee and committee member of Inward House, a residential therapeutic community for the treatment of drug and solvent misusers.

John’s interests were widespread. He loved sport, particularly soccer: he was a lifetime Arsenal supporter and succeeded at one time to be given a trial for Chelsea! He enjoyed reading poetry and listening to music, particularly traditional jazz.

He leaves behind him his second wife, Brenda, whom he married in 1980.

Mohammed Abdul Halim

Reviews

Child Psychiatry and Child Protection Litigation

This book is calling for a revolution in the way public child care law is supported by child psychiatry. Children caught up in care proceedings or under secure orders, or those with severe educational difficulties have a much greater need of child and adolescent mental health services (CAMHS) and yet are not usually seen as a priority. Many CAMHS are reluctant to take on this work when the family, child or young person is presented as a piece of ‘court work’. Ideally, these troubled families and young people would already be known by their local service and, if court intervention were needed, it would be part of the CAMHS work and any advised interventions could be then carried out locally. Of course, there would always be some complex cases that needed an outside expert opinion or where a second opinion was more appropriate. However, the bulk of this work, as with looked after children, should be part of a local CAMHS.

Sadly, this is far from the reality, and Julia Brophy has set out to explore and document the current position. In this book, she interviews child and adolescent psychiatrists; six ‘national’ experts and 11 local consultants. The volume begins with a review of the Children Act 1989 and the context within which work in a public law court is undertaken. She explores how the Act has caused a considerable growth in the demand for child and adolescent mental health input into the decision-making process, both to determine significant harm, particularly in relation to emotional abuse, and also to assist the court in considering future options for the child, young person and family.

This is followed by a discussion of the NHS structure and the contractual arrangements that have led to the bulk of this court work being seen as category 2 work, i.e. outside the usual NHS contract. Brophy considers how this system has resulted in waiting lists and the random uptake of cases when consultants who are willing to do the work have time to do so. Is this a good way to provide vulnerable families with a service? She goes on to discuss the problems that arise when an expert opinion recommends an intervention the local service cannot or will not provide.

The implications for this public law work are considered, given the government proposal for the new consultant contract. If many experts are approaching
columns

retirement age and junior consultants cannot undertake private work for 7 years, what will happen? Many consultants are reluctant to undertake the court work and junior consultants will not be allowed to do so. Will the service depend on a bank of retired consultants? Is this desirable? Of course, some of the work can be managed in this way but it is not in the best interest of the children and families to have them mainly excluded from their CAMHS, and training specialist registrars will be more problematic.

The chapter dealing with the contributions child psychiatrists bring to court work is rich in quotations which show the diversity and commitment of colleagues and also demonstrate some arrogance. It is hard to pin down what we contribute but it is clear that we do and what we put in our reports is given considerable weight, particularly when considering risk, future placement and intervention. The book debates the use of a single expert, jointly instructed, or several experts who meet and discuss as a multi-disciplinary team.

The clinical and legal agendas are discussed, how the two discourses coincide or diverge and the implications of this for the children and families. There is an interesting debate on whether the psychiatrists are changing clinical practice or the psychiatrists are educating the lawyers and the courts. For example, the 'facts' in a court report that lead to a diagnosis of emotional abuse. Is there a need for hard evidence or will soft evidence and clinical judgement be more useful in conveying the issues that need to be decided? This leads to a reevaluation of the value, or not, of the adversarial approval. All those interviewed valued the fact that their opinion was being discussed, debated and cross-examined, but then these consultants are doing court work and those unwilling to be questioned are not.

The book ends with the author's recognition that the family justice system is now a multi-professional, multi-agency domain, and that changes in policy and practice evolve through a range of forums when issues are discussed, training initiatives are developed and future outcomes are monitored.

This is an interesting book, easy to read and an important text for child and adolescent psychiatrists, those in family court work, social workers, those involved in the Children and Families Court Advisory Service (CAFCASS), lawyers and CAMHS professionals. Julia Brophy highlights problems and concerns that need to be addressed if these children, young people and families are to have access to the service, support and interventions they need.

Judith Trowell Consultant Child and Adolescent Psychiatrist, Member of the Presidents Interdisciplinary Committee of the Family Division, Child and Family Department, The Tavistock Clinic

miscellany

John Snowdon, a Fellow of the College, was appointed a Member of the Order of Australia (AM) in the 2003 Australia Day Honours List

Lately chairman of the psychogeriatricians in the Royal Australian and New Zealand College of Psychiatrists, John Snowdon, trained at St Thomas’s and the Maudsley. He is Director of Psychogeriatrics for Central Sydney and Associate Clinical Professor at Sydney University. Professor Snowdon has worked in Australia for the past quarter of a century, playing a key part there in the development of psychiatric services for older people, and he writes widely on clinical and service research and policy. He is a frequent visitor to the UK.

forthcoming events

The VIII European Conference on Traumatic Stress (ECOTS) 2003 will be held in Berlin, Germany on 22–25 May 2003. The European Society for Traumatic Stress Studies (ESTSS) invites you to enjoy a wide-ranging scientific programme that offers the opportunity to enhance knowledge in the fields of extreme stress and psychotraumatology. All scientists and mental health professionals working with trauma, service personnel, non-governmental organisation-officers, voluntary agencies and lawyers are warmly welcome. For further details, please visit http://www.trauma-conference-berlin.de. Alternatively, please contact the conference organisers: Scientific Secretariat, VIII ECOTS Berlin 2003, c/o Catholic University of Applied Social Sciences, Koepenicker Allee 39–57, D-10318 Berlin (tel: +493050 10 10 54; fax +493050 10 10 88).

Milton Keynes Primary Care Trust would like to announce that they are holding a one-day Depression seminar/workshop at the Postgraduate Centre on the Hospital Campus on Friday, 30 May 2003. The seminar/workshop is aimed at all members of community mental health teams; general practitioners; counsellors; nurses; social workers; and all those who wish to gain a better understanding of what depression is, why it is on the increase and how to diagnose it. Practical help will be given to help break the patterns of depression, give new insights into the dissociative elements of depressed thinking styles and much more. For further information, please contact Jane Gurnett, Secretary, Psychotherapy Department, Milton Keynes PCT (tel: 01908 243 134; E-mail: gurnett.jane@mkc-tr.anglox.nhs.uk).