

in the patient's condition. It is rarely feasible or even necessary to call the usually non-existent multidisciplinary team together to discuss this. If the Commission wish psychiatry to be effective their concept of a treatment plan must be changed.

A further criticism of the whole Code is that in many instances the practice outlined is determined by political, not clinical practice. At various points the draft COP claims that it is essential there are adequate staff and appropriate facilities in hospital and the community to ensure good treatment and rehabilitation. Most of us, I am sure, would support this view but clinical psychiatrists will have very little say in whether such staff and facilities are made available. In a number of hospitals nursing levels are woefully inadequate and little more than basic containment of the mentally ill can be carried out. Equally, few hospitals have sufficient occupational therapists, social workers etc. to provide an effective service and we are all only too aware that community provisions do not exist. Will the RMO be seen as carrying out bad psychiatric practice if he continues to manage his patients with poor staffing levels and non-existent community facilities—and will he therefore be held to be negligent?

I would wish to very much encourage anything that the Commission can do to increase staff and facilities, but their comments should be directed at those who control the finances and resources allocated to mental health, not at clinicians, and therefore I would recommend that any comments in the draft Code that are ultimately determined by resources should be removed.

I have outlined just some of the aspects of the draft Code that make it unacceptable in its current form. The result of

the COP if accepted will be greatly to restrict clinical psychiatry and such restriction will harm, not help, the mentally ill. My final point concerning the draft COP is that basically it is a document whose underlying ethos may be seen as potentially antipsychiatric. It seems that the document has the philosophy that current psychiatric practice is wrong and has to be altered. In many instances it implies that psychiatrists may be negligent and are likely to misuse treatments and undermine patients' rights. I must disagree with this philosophy—we, like all other professionals, make mistakes and if we are genuinely negligent we must face the consequences, but I would suggest this is rare. I think the Code should be altered so that it appears to support rather than attack psychiatry.

I have outlined some of the problems with the current draft COP that I personally feel exist. There are other problems which will be outlined in the College's special Code of Practice Committee in their report to the Minister of Health. Although there are many areas that need changing there are also some good aspects of the COP which should be retained, but I feel it is much more likely that we will obtain a COP acceptable to both practising psychiatrists and the Mental Health Commission if much greater liaison could be made between us, perhaps with the ultimate aim of jointly producing the final Code.

Corrected reference

KENDELL, R. (1986) The Mental Health Act Commission's 'Guidelines': a further threat to psychiatric research. *British Medical Journal*, 292, 1249–1250. (Not as previously stated in *Bulletin*, April 1986, 10, 78).

VOCAL

VOCAL (Voluntary Organisations Communication and Language) was granted charitable status in June 1982 and is concerned with the care and assistance of people with speech and language disorders. This organisation was formed at the initiative of the College of Speech Therapists when they invited other organisations concerned with the communication handicapped to meet representatives from the speech therapy profession. There are now 28 affiliated charities; each work in their special fields but they are all concerned that more needs to be done for people with a communication handicap. It is intended to make VOCAL the central organisation for information and action to seek to combine the best interests of patients and therapists in this work. Further information: Audrey Maxwell, Director, VOCAL, 336 Brixton Road, London SW9 7AA (telephone 01 274 4029).

Handbook on the Management of Private Practice in Health Service Hospitals in England and Wales

The Department of Health and Social Security has prepared a Handbook which consolidates and where necessary revises all previous circulars on the collection of health authority income from private medical practice in the NHS and aims to provide a standard body of guidance for all concerned as an aid to ensuring proper management of private practice and that private patient charges are recovered. It has been produced in a looseleaf format and will be kept up to date by the publication of amendments or additions from time to time as necessary. It has been printed in sufficient quantities for it to be supplied by health authorities to all medical, dental, nursing, administrative and other staff involved in the reception, admission or treatment of private patients, the management of private practice, and the collection of charges.