

### *Danger of dealing with intoxicated and aggressive patients*

DEAR SIRs

I am at present working as a registrar at an alcohol and addiction unit. There are many times during an average working week where I am confronted by an intoxicated and aggressive patient. The patient is usually an out-patient, or even discharged, who decides to come into the hospital and see the doctor. Such patients take up a lot of time and as a consequence other patients who need our attention suffer. I also feel vulnerable as the patients, who are often verbally aggressive, sometimes act out their aggression. The patients can be very demanding, know what they want, usually more tablets, and how to get it. They seem to be experts at giving a sense of guilt to the doctor when their attempts at getting more are unsuccessful. One can almost feel one's arm being twisted to prescribe.

Usually we (the nurses and doctors) will try and reason with the patient but this does not always work and sometimes, as a last resort the police are called to escort the patient off the ward. Most of the time we are on our own when faced with a potentially dangerous situation. The hospital doors are open and anyone can walk on the ward, without notice, and cause havoc. Getting rid of the walls surrounding psychiatric hospitals was a good idea but they had a certain usefulness in keeping such people out. I have worked in a special hospital setting where the patients are potentially very dangerous. However, I did not feel so vulnerable there as there was a strong sense of order and control. The chance of being attacked were minimal. I feel that some sort of security should be present in our 'open' psychiatric hospitals to assist us with these patients. I do not think that throwing intoxicated and aggressive patients out of the hospital grounds should be the role of the doctors or nurses.

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### *Assessment of drunken patients*

DEAR SIRs

I write to express my agreement with the comments of the letter by Kevin Healy (*Bulletin*, March 1988) referring to the paper by Haw, Lanceley & Vickers (*Bulletin*, October 1987, 11, 329–332).

However, the main reason why I write is to point out re "the Maudsley Emergency Clinic's policy of turning drunk patients away and asking them to

return for assessment when sober is both humane and sensible" that if this policy were adopted universally it would mean that the only way a drunk alcoholic could get immediate treatment would be for them to seek private treatment.

Hands up, please, those consultant psychiatrists in private practice who would turn away a drunk alcoholic and ask him/her to return when sober rather than admitting them directly into a private psychiatric hospital?

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### *African Psychiatric Association*

DEAR SIRs

I refer to a letter in the March 1988 issue of the *Bulletin* entitled 'One of our associations is missing' from Dr I. O. Azuonye. I took over as Secretary General of the African Psychiatric Association in August last year and I would like to assure Dr Azuonye that the Association is very much alive and active. The Association has been communicating with its members periodically through a four monthly newsletter. Unfortunately, since the *African Journal of Psychiatry* ceased publication several years ago, the Association has found it difficult to keep an up-to-date list of names and addresses of all its members, particularly newer members who are currently outside the African continent.

We had a very successful international conference here in Nairobi in August 1986 which was attended by about 300 psychiatrists from Africa and the USA. Regrettably, the next meeting organised to take place in Harare, Zimbabwe last August 1987 had to be cancelled because of poor response by members.

The Association is currently looking for a host for the next meeting. The next newsletter detailing current and future activities of the Association will come out in June 1988.

The Secretariat welcomes any news or comments for inclusion in the newsletter.

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