Correspondence

Single consultant posts in mental handicap

DEAR SIRS

The article which you published from Dr Nwulu concerning his single consultant post at Rotherham (*Bulletin*, July 1988, **12**, 279–281), was discussed by the Section for the Psychiatry of Mental Handicap at its recent meeting.

The general opinion expressed by the Committee was that although some such posts did exist, these were fortunately in the minority. Since the publication of the Normansfield Report in 1978 which highlighted the problem of single consultant posts, it has been felt that such appointments are potentially detrimental to the incumbent for some of the difficulties outlined in Dr Nwulu's article. Unfortunately, with the development of districts with small populations, the existence of such posts is likely to continue.

The Section would be very interested to know the extent of the problem and to see if some positive action could be taken in cases such as Dr Nwulu. I would therefore like to hear personally from any consultant in mental handicap who feels that they are working in isolation and under the difficulties experienced by him. This would enable the Section to debate what action could be taken by us to support this group.

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The loneliness of the on-call psychiatrist: ways of easing the burden

DEAR SIRS

There have been a number of articles published recently about stress levels and psychiatric morbidity among junior doctors.[1] For the resident on-call psychiatrist there is an added stress, that of loneliness. In a large psychiatric hospital the duty psychiatrist is often the only doctor present on site out of hours and at weekends. As a result there is little opportunity for supportive interaction with colleagues.

Weekly Balint-type groups could provide a useful framework for discussing some of these problems and perhaps releasing some of the frustration but they are usually primarily related to patient management.

In my experience, a valuable aid to easing the burden of loneliness is through written communication in the form of an on-call diary. The diary in which I was involved started off as a method of recording the number of night calls but soon changed to a more general means of communication to describe interesting and unusual events and occasional frustrations. Reading the diary and composing entries provided an important medium for sharing difficulties and other feelings with colleagues. I can remember on occasions actually looking forward to being on call in order to read the previous week's entries. It produced a feeling that one was not alone.

I would recommend the use of an on-call diary but would point out that to be successful the majority of junior doctors would need to contribute and also the entries would need to be confidential among the junior doctor group. The diary with which I was involved lasted for about three years but unfortunately ended when only a minority of on-call doctors provided entries.

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References

[1] FIRTH-COZENS, J. (1987) Emotional distress in junior house officers. *British Medical Journal*, **295**, 533–536.

The doctrine of specific consent and research

DEAR SIRS

Paragraph 13 of the General Medical Council statement on testing for HIV (quoted in Simmons, 1988)[1] has potentially disastrous consequences for psychiatric research. It unequivocally states that specific consent is required for each and every blood investigation carried out, and that the responsibility for ensuring that this is the case lies with the performer of the tests.

In the case of patients who are considered unable to give informed consent, the general approach of