

In retrospect, I believe that this was indeed the course of events leading up to one in-patient suicide of which I had direct experience.

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Assessment of suicide risk

DEAR SIRs

I feel impelled to respond to the letter of Drs N. D. Macaskill and S. Wood (*Psychiatric Bulletin*, September 1989, 13, 507). I am not at all surprised that candidates for the membership examination should have difficulty in answering a question about how to assess suicide risk. However, the problem lies neither with the candidates, nor the training they have received. That suicide risk can be meaningfully assessed is a myth but a myth which has sunk deep into the psychiatric mind. In medicine the purpose of evaluating a risk is that the occurrence of a future outcome can be determined with reasonable specificity and sensitivity. Also, the 'at risk fact' should act as a powerful discriminator between the various managements which could be undertaken (i.e. the right course of action to prevent the unwanted outcome).

I am not aware of a single scientific publication which indicates that suicide can be predicted in an individual patient with any reliability. That which cannot be predicted cannot be prevented.

What the candidates for the examination are frequently required to do is to cite a list of features which have been determined *post facto* as being associated with a certain suicidal outcome. Even strong associations of this sort say next to nothing about the *prior* probabilities and the interested reader may like to familiarise himself with Bayes theorem if the reason for this is not immediately obvious.

In conclusion, therefore, how can the candidate be failed in an exam for failing to respond adequately to a question which has no correct answer?

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Research methodology

DEAR SIRs

I would like to draw attention to an omission from the helpful article by C. Freeman and P. Tyrer (*Psychiatric Bulletin*, September 1989, 13, 501–502) on research methodology. There was no mention of operational or action research as accredited methodologies with applications in psychiatry. They are

used extensively within the social sciences to analyse organisations and evaluate how things work in the real world (Moore, 1987). The methodology lends itself to the evaluation of the service changes occurring within psychiatry, as these are often too large and complex to evaluate using controlled experimentation.

Indeed many of the articles published in the *Bulletin* are works of action research and I am sure that a full discussion of the methodology of such projects would be of benefit to psychiatrists in general.

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Reference

MOORE, N. (1987) *How To Do Research*. London: Library Association Publishing.

Huntington's disease associations in Australia

DEAR SIRs

I refer to the paper 'Huntington's Disease—the Experiences of Voluntary Organisation' by Brian O'Shea published in the *Psychiatric Bulletin*, August 1989, 13, 409–411.

It was most disappointing to read that Dr O'Shea contacted only the Huntington societies of Britain, Holland, Ireland, New Zealand and the USA. To the best of my knowledge as Chairman of the National HD Association in Australia he did not enquire of the Australian experience.

There are six HD associations in Australia, one in each state, and the achievements of each vary widely although they all provide ongoing services which include newsletters, family support, meetings and the distribution of information to families and health professionals.

Each state has an office, manned by paid staff and/or volunteers. For the diagnosis and management of HD sufferers there are either regular HD clinics or referral to neurologists and/or psychiatrists familiar with the illness.

Predictive testing has already commenced in South Australia and most other states are expected to follow in the near future. In both New South Wales and Victoria there is specialised nursing home accommodation for long-term and respite care of HD people. They are the Huntington's Unit at Lidcombe Hospital and the Arthur Preston Centre in Melbourne, respectively.

One of Australia's most notable achievements has been the introduction of holiday programmes for people with HD. Such programmes allow the carer to

have a well deserved break from caring, and the HD sufferer to have an enjoyable time away from the daily routine. Similar programmes have now been adopted by other HD societies around the world.

As Secretary of the International Huntington Association I would like to point out that there are also well established HD societies in Canada, Belgium, Denmark, France, Italy and Norway.

At the recent IHA Meeting held in Vancouver, Canada 21 countries were represented and included not only those previously mentioned but also those countries who are developing lay organisations such as South Africa, Sweden and Switzerland.

The member countries of the IHA share a common concern for patients and families affected by HD. Each society promotes lay and professional education, patient and family support, psycho-social, clinical and biomedical research, as well as ethical and legal considerations.

The International Huntington Association is a strong, vital organisation, determined to continue to improve the quality of life for all HD sufferers and their families.

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DEAR SIRs

I was delighted to read Robyn Kapp's letter. In fact, I had written to the Australian HD Association, and to the equivalent Belgian organisation. The Belgian questionnaire was sent back replete with post-office markings which I assumed indicated that some considerable trouble had been gone to by the postal authorities to no avail. I received no communication from Australia. This may have been my fault, since the addresses which I used came from a 1982 source (Phillips, 1982). *Mea culpa!*

My study was a qualitative investigation of consumer activities and satisfaction of a deliberately small sample. To report the findings of such a study which embraced every country which belongs to the International Huntington Association would have meant an article of inordinate length. The central question which I set myself, that doctors in general provide little support for such organisations (Black, 1988), was, I believe, answered in my paper. I note that Robyn Kapp uses the phrase "familiar with the illness" when describing doctors to whom HD patients are sent. This does not tell us about how

many doctors, including GPs, are interested in, or familiar with, the problems of HD in Australia. Many doctors are sparing in their choice of reading material.

I did give brief mention to the good work being done in Australia in my article (p. 410). My source for this was Lorree Adam of New Zealand. I am glad to see it confirmed by an Australian. The Australian HD Association deserves all our congratulations.

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References

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- PHILLIPS, D. H. (1982) *Living with Huntington's Disease*. London: Junction Books.

Introducing speakers at College meetings

DEAR SIRs

I am a trainee fortunate enough to be able to attend regularly the College quarterly and annual meetings as the health authority for which I work is at present able to fund study leave for psychiatric trainees.

There are many reasons why I attend all the College meetings. I consider it useful by way of contact with other trainees to learn of variations in the training and experience received on other rotations in different parts of the country. It is also useful to learn of variations in the practice of psychiatry in different regions; one day I might have to leave my region. It is important to hear the latest developments in psychiatric research. I have heard that it is possible to generate ideas for one's own research by being present at these meetings; I still wait for that sudden flash of inspiration. College meetings provide a forum to see and listen to distinguished eminent psychiatrists.

It is with mounting irritation that I observe that it is common practice for the chairperson to introduce the speaker with the phrase "so and so needs no introduction" as there are some who will be listening to the speaker for the first time. May I appeal through this medium for the chairperson to recognise that so long as psychiatric trainees are able to attend College meetings there will always be a need to provide an introduction for even the most eminent of speakers.

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