

## The College

### Defensive Psychiatry

#### Report of the 1988 Trainees' Forum

ANDREW R. JOHNS, Senior Registrar, Drug Dependence Clinical Research and Treatment Unit, The Maudsley Hospital, London SE5

The notion of defensive psychiatry suggests images of analysts sheltering under couches from the more abrasive interpretations of their clients, and of community psychiatrists wearing protective clothing as they assess the collective neurosis of a housing estate from the safety of a Land Rover. The reality is less exciting. Those who attended the Trainees' Forum at the College Winter Meeting had, it is true, shown resolve and initiative in getting there. At the last minute the Forum was moved to the nearby Royal College of Nursing, which, although a brief walk away and liberally decorated with portraits of the Queen Mother, was not the advertised spot.

There was no need to worry. Forty or so doctors dutifully trooped from the College Meeting, collected their sticky lapel badges, and prepared to face the panel. This is the stuff of which defensive psychiatrists are made.

As every psychiatrist in the country had been asked to submit questions, the College Secretariat had been prepared for an avalanche of mail. The sole respondent was the CTC chairman Peter Rice, who had submitted a complex question on the concerns of psychiatrists faced by increasing litigation. Unfortunately, his question was not raised as those trainees at the meeting raised more or less similar points!

The first questioner asked if the proposed Community Treatment Order was really necessary. Panelists Dr John Bradley, a consultant psychiatrist to the Whittington Hospital and also Vice-Chairman of the Medical Protection Society, and Dr Garth Hill of the Medical Defence Union, thought, on balance, that order was needed to treat a minority of chronic relapsing patients. Their views were cautiously endorsed by such eminent trainers as the President and the Dean and, more enthusiastically, by other consultants who were present. Ms Lydia Sinclair, of MIND's legal department had reservations.

While MIND recognised relatives' concern that a patient may have to become very seriously ill before a

section order was applied, it was argued that the Community Treatment Order was not a substitute for effective community care and that the present wording of the Mental Health Act allowed early intervention. Dr Peter Jenkins, a lecturer from Cardiff, followed with a supplementary question of such dazzling legal complexity that the barrister on the panel, Mrs Diana Brahams, asked him for a translation. Mrs Brahams then offered a learned opinion which seemed to satisfy both the questioner and the audience, who felt that they had at least now understood the question.

The panel was asked if they regarded paradoxical injunctions as ethical. They were perplexed by this. It was explained that in some forms of therapy, the desired effect was sought by asking the patient to do the exact opposite. This confirmed the panel's view that psychiatrists were in some way different to other folk. The defence societies gamely assured us that no claims for damages had been initiated by the aggrieved recipient of a paradox, and they recalled no cases in this country concerning the allegedly harmful effects of psychotherapy. Stifling a suspicion that this indicated that psychotherapy doesn't change anything much, the audience were reminded by Ms Sinclair that MIND receive many complaints about the inadequate and cursory explanations given to patients by their psychiatrists. The side effects of treatment were all too rarely described, and many of the aggrieved had great difficulty in even arranging an interview with the responsible consultant. In some cases, patients had died in mental hospitals and the relatives met the consultant for the first time only at the inquest.

The panel then heard of an imaginative insurance company which offered cover up to £50,000 for the costs of suing your doctor. The defence societies were not enthusiastic, arguing that legal aid was available and the Law Society had recently introduced the Accident Legal Service, enabling accident victims to obtain initial free advice. Mrs Brahams dissented, reminding the audience that lawyers were not

renowned for philanthropy, and that the immense costs of litigation prevented all but the wealthy from seeking redress through the courts.

She argued that a radical review of the law and practice relating to compensation was long overdue and that some countries such as Sweden had effective ways of paying compensation that were popular with doctors and patients. Ms Sinclair then followed with more energetic criticisms of the present system.

Less than half of the population are eligible for legal aid, which, even if awarded, may have to be repaid from damages if the case is successful. Those who are aggrieved by the application of some part of the Mental Health Act face an additional hurdle in having to obtain the permission of the High Court before civil proceedings may start. (MHA 1983, section 139). She also maintained that the defence societies were tardy in dealing with claims, and that individual doctors were slow to apologise when errors had occurred. The audience were sympathetic to these views while mindful that a small minority of patients were truly 'vexatious litigants'.

A trainee then enquired if hospital staff were justified in refusing to care for a psychotic patient who was in a high risk group for HIV infection, yet unable to agree to the relevant test. The panel were unable to support this view and it was suggested that such patients should be treated as if they were positive. This was all very well, remarked one of the audience, but if that patient had sexual intercourse with a female patient, what then should the staff do? Any

response would seem to lead to a breach of confidentiality. While the panel agreed that some problems did not have easy ethical solutions, Mrs Brahams argued that AIDS should be dealt with like many other serious illnesses, and that persistent lobbying of some minority groups led to anomalous medical responses. On a related issue, we were reminded that the refusal of the prison service to sanction the issue of condoms to prisoners would certainly lead to the spread of HIV-related illnesses in Britain's jails.

Exercising the chairman's prerogative, I then asked if the panel were concerned at the practice of some psychiatrists who offered public diagnoses on the mental states of offenders and world leaders. For example, a slip of the tongue by President Reagan is seen as a sign of dementia; turning to this country, some very ill-advised comments were made after the Hungerford tragedy. Such statements were regarded by the panel as thoroughly reprehensible and most unprofessional. Dr Bradley gave a reminder that it is difficult enough to comment on the mental state of the person in front of you, let alone someone you have not examined.

On that note the forum ended. The panel adjourned to the bar of the RSM and agreed that by comparison to the tedium of stand-up speeches the Question Time format had fostered a lively debate. On behalf of the Collegiate Trainees' Committee may I thank Mrs Diana Brahams, Ms Lydia Sinclair, Dr John Bradley and Dr Garth Hill for contributing to the success of the session.

---

## Autumn Quarterly Meeting

*Kensington Town Hall, Hornton Street,  
London W8, 26 and 27 October 1988*

### Registration

Would members please note that due to the postal strike they may not receive their Autumn Quarterly Meeting programmes in time to register by 7 October 1988. Members are therefore advised either to register on arrival at the meeting or to ring Deborah Hart at the College before the meeting. The daily registration fee for members is £17.50 and for inceptors £12.00 only.

The outline of the programme is as follows:  
*Wednesday, 26 October 1988* WHO (to celebrate its 40th anniversary); Psychiatry in the Private Sector; Interface between Neurology and Psychiatry; The

Maudsley Lecture (to be presented by Professor E. S. Paykel at 1.45 pm); Negative Symptoms in Schizophrenia; Adolescent Psychiatry – Is It Necessary?; Short papers and poster presentations.

*Thursday, 27 October 1988* Location of the Schizophrenia Gene; Psychotherapy in In-patient Settings; Short papers and poster presentations; Is Community Care Working? The Evidence; Treatment and Prevention of Post-Natal Depression.

**Note** Professor Brice Pitt will be taking over the responsibilities of the College's Public Education Programme from Dr C. M. B. Pare as from 1 December 1988. Those members of the College who have agreed to be included on the College's 'experts' list are invited to a buffet luncheon to be held on 26 October 1988 at 12.30 pm at Kensington Town Hall.