of persons under Prison Authority control – Section 70 deals with an application to be made to the Court for transfer to an appropriate hospital and Section 70 (3) of the same Act states that a Transfer Order would have like effect as a Hospital Order – they come under the treatment aspect of Detained. This situation is analogous. Section 60 of the Act which deals with the effects of Hospital Orders specifically Section 62 states that a person admitted to a hospital in pursuance of a Hospital Order be treated as if under Part 3 of the Act.

The final opinion therefore is this patient can be treated as if on a Hospital Order and medication may be administered on a compulsory basis at this point".

As matters turned out the patient restarted an acceptable diet and, while we would have been pleased if he had accepted medication, he did not, but we felt his condition was such that we could await the disposal by Court. Hence the issue of compulsory treatment did not come to a head nor did the patient have the opportunity to test the matter in Court.

We feel, however, that it is important to alert colleagues to this issue and indicate the legal position which we have tested to a point just short of a Judge's decision.

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A personal experience of the high court

DEAR SIRS

I recently had my first professional experience of the High Court. On a Friday evening, at 4.50 p.m. I mistakenly answered the telephone. I was asked by a 'friendly' barrister to give oral evidence in a case involving a family who had been assessed for treatment in the 'Families Unit' at the Cassel Hospital six months previously. As Senior Registrar in Psychotherapy and Manager of the Unit, I was requested, in the absence of my consultant, to attend court on the following Monday or Tuesday. I explained how inconvenient this would be for me, my patients, and the staff on the unit but was reminded, that I could and would be 'subpoenaed'. I chose to arrange a mutually convenient time at which to attend the court.

As a psychiatrist I had prepared many written reports for use in court, and had appeared before Mental Health Review Tribunals on a number of occasions. I was now being asked to appear in the High Court, a prospect which both filled me with anxiety and excited me. I discussed by predicament with a senior consultant at my hospital and attempted to phone the BMA for advice. Alas, the weekend was upon us.

Having spent two hours on Sunday evening preparing an affidavit, and having been phoned at 7.00 a.m. on the morning of the hearing to confirm final details, I set off at 10.45 a.m. from my hospital for central London and the High Court. The journey seemed to take ages. I reread my case notes as I anxiously counted out the sixteen stops before my destination. The High Court building is big and imposing. I asked directions to court number 50 in the Queens Building and arrived to find it deserted with a relieved Clerk of the Court enquiring if I was Dr Healy. The court had just been adjourned to enable the solicitors to trace me, to phone the hospital, etc. I was feeling rushed and breathless, I quickly had to read my typewritten affidavit, and sign and swear it in the presence of a 'nearby solicitor'. It struck me as odd but impressive to read my own statement couched in legal jargon.

"All stand . . . the plaintiff calls Dr Healy . . . I would like to apologise for Dr Healy's delay . . . he arrived shortly after you adjourned your Lordship" . . . I was in the witness box and taking the oath. "What is your name? And your address? No doctor, your professional address will do". I heard the plaintiff's barrister speaking to me and asking me about my qualifications, previous experience, current position. I was presenting myself as an expert witness.

I quickly became involved in the proceedings, directing my answers to the barrister questioning me. It had not dawned on me that the person I really should address was the Judge. Counsel nodded, gesticulated, and finally pointed directly towards his Lordship to draw my attention to the fact that his Lordship was attempting to write down much of what I said. I was asked to repeat points to aid him in this task and to talk slowly.

I had hoped to be finished my evidence by the lunch hour and had arranged appointments for the afternoon at the hospital. The barrister explained that it would take approximately half an hour after lunch to finish my evidence and then left saying he couldn't say more as I was still under oath. I had a pleasant lunch in the coffee shop, phoned the hospital to rearrange my afternoon commitments, and went for a stroll in the sunshine.

On reflection during the break I clarified what points I was really trying to make to the court, what points the opposing barrister was trying to elicit from

me, and to whom I should address myself. I turned my chair towards the Judge and spoke slowly to him from then on. He seemed a pleasant, benign, attentive man, listening to my every word. He suggested I be asked for my opinion on events which had happened since my last contact with the family and adjourned the court while I read the relevant affidavits. I gave my opinion, was thanked by the court, and dismissed. Once more I headed into the bright afternoon sunshine. The ordeal was over, I was now, for future reference, an expert witness. However, I felt myself to be but a small cog in a very big wheel.

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Mental health review tribunals

DEAR SIRS

Dr Grounds has performed a very useful service in pointing out the difficulties and contradictions in the work of the Tribunals (*Psychiatric Bulletin*, June 1989, **13**, 299–300).

There is one problem that I have not seen publicly aired, that is that discharge from a Restriction Order by a Tribunal also means discharge from hospital. The Act seems to make an assumption that anybody under a Restriction Order is anxious to leave hospital as soon as possible.

This is not always the case and there are patients who would benefit from being discharged from their Order and remaining in hospital informally by their own decision. This step in the rehabilitation of certain patients involving the development of autonomy can be an important one and is not, apparently, addressed by the Act.

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'Asylum': a new magazine

DEAR SIRS

We were heartened to read Peter Tyrer's review, entitled 'Arming the Weak: the Growth of Patient Power in Psychiatry', of *Power in Strange Places: User Empowerment in Mental Health Services*, edited by Ingrid Barker and Edward Peck (*Psychiatric Bulletin*, June 1989, **13**, 307–308). It was considered and valuable. We agree that "it is much healthier for (patient power movements) to be involved in regular dialogue with the professionals rather than externalised and largely ignorant of other points of view". One could perhaps add that it is for the professionals to try to render themselves less ignorant about the views of patients. We believe that patients must have a strong voice and power to be able to alter psychiatric practice. It is mistaken for us to believe that we know in all cases what is good for others; if psychiatry could actually cure many of the so-called illnesses that we come across, this would be more understandable.

We are currently involved in attempting to produce a new Master's programme for practitioners, patients and others on 'Psychiatry, Philosophy and Society'. This is primarily intended to equip the practitioner with a critical faculty such that those involved will be able to deal with the very wide-ranging debate around issues of power in psychiatry; for things to change in practice, most of us need to start thinking differently. We have tried to democratise our own service and are hoping to develop greater contact with user movements. Part of this process has been setting up a magazine for democratic psychiatry known as '*Asylum*'. Some of the members of our department are currently members of its editorial collective. It is a magazine that is dedicated to an open debate and to enhance a dialogue between workers and users so that both sides can see what the other is saying and have a chance to respond. Many varied views are published, activities of user groups advertised, bad practices highlighted, and there is regular space for the critics of psychiatry to put their case. There is space for more orthodox views. Sadly, professionals seem unenthusiastic about this debate and rarely send articles. Many of the user groups such as Survivors Speak Out, the Campaign against Psychiatric Oppression, the Network for Alternatives to Psychiatry and many others, on the other hand, have used our '*Asylum*' magazine.

We would like to propose that *Asylum* could be an excellent vehicle to achieve some of the aims, and more, that Peter Tyrer attempts to delineate in his review. It is a non-profit making, and frequently a loss-making, magazine although it is read quite widely throughout the country by patients and workers. We think it would go a long way towards bridging some of the gaps between patients and professionals if members of the Royal College of Psychiatrists could make more regular contributions to such a journal and engage in some of the debates that patients wish to initiate around issues such as patient power, the Mental Health Act, the validity of treatments, access to notes, the position of particular client groups, including those arranged in terms of class, sex and race, client-led research and client control. We think that the Royal College of Psychiatrists and its Members and Fellows could usefully subscribe to this magazine to find out what patients' views really are. *Asylum* would obviously have to remain structured in the way it is for patients to feel they could trust such a magazine. The editorial collective is open to all comers but clearly would fear a professional takeover.