

I sincerely hope that Professor McClelland's influential visit will mark the beginning of a better era in Argentinian psychiatry.

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Rights of appeal

Sir: We wish to take issue with Dr Stern's response (*Psychiatric Bulletin*, 1994, **18**, 578) to Blumenthal & Wessely (*Psychiatric Bulletin*, 1994, **18**, 274–276). Appealing against section may be therapeutic or counter-therapeutic, but is not intended to be part of patient care.

Rights of appeal are properly seen in the context of a just society in which nobody, regardless of their state of health, can be arbitrarily detained. The administrative and judicial review of the grounds for detention is a small part of the cost of maintaining such a society.

The Law Centre (referred to by Dr Stern) does not ask detained patients whether they wish to appeal. The hospital is required by law to inform them of their rights to apply to the hospital managers and to Mental Health Review Tribunals. If a detained person approaches us we will assist in applying for discharge. The application is inevitably adversarial as the legal representative is there to press the applicant's case.

The days of blanket compulsory institutional treatment have passed, and to caricature psychiatrists as people who recklessly lock away the vulnerable is counterproductive. Responsible medical officers (RMOs) emphasise that they are now community based and are under pressure to discharge from in-patient care, against their clinical judgement, because of the reduced availability of beds. But after admission most patients are on a recovery curve.

There is a period when the criteria for compulsory admission are no longer satisfied, but the grounds for mandatory discharge are not yet satisfied. An application at this stage requires a difficult balance to be struck between the medical ethos of 'the right to treatment', and the libertarian ethos of 'the right to self determination'. It would be unfair to the patient, and to the RMO to leave the balancing to be done by the RMO alone.

Appeals at Springfield Hospital suggest that the review body considers the RMO strikes the correct balance in the majority of cases, but

there is a significant minority (around 25% at Springfield Hospital) when the review body concludes that the balance favours discharge. This is a measure of how worthwhile they are.

ROBERT DENTON, STEPHEN ROBERTS, LORAIN GONZALES and CATHERINE CASSERLEY for *Springfield Advice and Law Centre, 61 Glenburnie Road, London SW17 7DJ*

Sir: Thank you for giving me the opportunity of replying to the letter by Robert Denton *et al.*, from the Springfield Advice and Law Centre. It should be remembered that my initial letter was a response to an article in the *Psychiatric Bulletin* pointing out the enormous cost of running the appeals. Of course I am aware that these appeals are not directly meant to be part of patient care but my point was that because they are so expensive, they detract monies which could be better spent in patient care.

I was not meaning in any way to demean the excellent work of the Law Centre at Springfield Hospital. In fact, I am very impressed by the way they often deal with obviously difficult and psychotic patients at the actual hearings. My point rather, was that there are too many of these hearings and they can be harmful to patient care. I have had to deal with many cases in which schizophrenic illnesses relapsed in my view, as a direct response to the stress of the appeal. In two cases recently when patients were discharged on appeal against my medical advice, fairly disastrous results followed. In one case, the patient had said he would continue his treatment to the tribunal but in fact as soon as he was discharged by the tribunal, left hospital, got on a railway train and went to another part of the country where he was involved in violence and had to be restrained by the police and brought back to us. In another case, a patient's carefully planned rehabilitation programme was interrupted when she was discharged by a Managers' Hearing. This resulted in a serious relapse of a very precarious patient. I would be very interested to hear from other psychiatrists who have had this experience of 'toxic tribunals' by which I mean, an appeal at a tribunal which has precipitated a relapse of a psychotic illness.

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