

Consent and confidentiality

DEAR SIRs

I write to express my concern that the "Request for ideas for feature films" made by Jim Lee, on behalf of his film company was published in the *Psychiatric Bulletin*, (October 1989, 13, 576).

I am not at all sure that Mr Lee does "fully realise the difficulty in discussing confidential cases".

One of the most fundamental principles of medical ethics is that all which passes between the patient and his doctor in the course of his professional relationship is secret. Indeed the medical profession may well be privy to some fascinating case histories but in order for any doctor to come forward with even the briefest outline of any such case he must first obtain the patient's consent to do so.

However there is more to consent than getting a patient's signature on a consent form and the doctor

is required to provide sufficient details and information about what is proposed to enable the patient to form a proper decision (Palmer, 1988).

I can envisage irreparable damage to the doctor-patient relationship resulting from even requesting such consent. I would also challenge any medical practitioner who believes he can adequately predict what a film company might have in store for his patient, in order to enable valid consent.

Is there any place for such an advertisement in a professional medical journal?

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Reference

PALMER, R. N. (1988) *Consent, Confidentiality, Disclosure of Medical Records*. London: The Medical Protection Society.

Psychiatric Bulletin (1990), 14, 95-96

Psychiatry and the media

Tall story

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"How easy is it to drive a woman mad?" asked the adverts for *Gaslight*, echoing the first question director Teddy Kiendl put to me in October when rehearsals at the Albany Empire were getting under way. His was no easy task, resurrecting Patrick Hamilton's 'Victorian' melodrama and turning it into a psychological thriller acceptable to the modern palate. Already creaking when it was first performed in 1938, it could crumble in 1989. So he was looking to freshen it with a new dramatic insight – OK, ingredient – real psychiatry.



Julian Armstrong and Chloe Salaman in 'Gaslight' by Patrick Hamilton. Directed by Teddy Kiendl at the Albany Empire, London SE8, November 1989. (Copyright Dee Conway.)

The plot presents a young woman falling into despair or perhaps madness. The question is: is she falling or is she being pushed by her irascible husband? He has the kind of murky past which in this genre comes in a package deal with dark good looks and silver tongue. And, believing his wife may uncover his true history, he sets out to undermine her sanity.

For each of Teddy Kiendl's careful enquiries on induced madness, I came up with a definite maybe. *Gaslight* had given its title to a psychiatric syndrome – a claim only Othello could rival – but it was one of those whose boundaries had shifted until no case was typical. Then there was *folie à deux*, a name which the director liked so much he pronounced it repeatedly and with a Gallic cadence I envied (I later discovered that Giscard d'Estaing was a relative).

Folie à deux was attractive because of the ambiguous production Teddy was planning. The two protagonists seemed to have reached a simultaneous mental brink. Why not scrap the simple good-bad divide and for a time keep the audience guessing who is at fault and who is suffering? With this in mind,

changes were planned. The husband, for instance, would be cast as a rigid, yet possibly decent man, struggling to restrain, without breaking, his fragile wife. For a long time I listened, adding nothing, since nothing was missing. I could only agree it made sense to explain a collapsing relationship and not just expose it.

On the opening night I met the play's designer. "So you're the shrink," she said. "You're not what I expected." I'd heard this one before. Did she think I'd be Austrian and 90? She nodded and said, "And taller".

Somehow the production had lost the ambiguities I'd admired: it was back to creaking psychomelodrama. When it came to the line "I've wanted you since first I clapped eyes on you", the audience began to snigger. In the bar later, Teddy was unconsoleable. A woman approached and told him it was "f— — — — g awful" and the critics shared her

opinion. The woman, it turned out, was Mrs Kiendl. Teddy's novel interpretation took on a new significance.

I could only assume that the production had also lost its nerve, which explained why it had sought a psychiatric opinion it didn't need. It had made the error of thinking that professional comment can add to artistic insight when in fact the two are barely compatible. Which, I suppose, is why writers, although often doctors, are never psychiatrists.

D. H. Lawrence compared human emotion to a flower; you can understand it better by taking it to pieces but at the end you'll have no flower. It's the job of psychiatric thinking to take emotion to pieces but the artist needs to present it whole, with its ambiguities intact. The mistaken idea is that structured knowledge allows greater understanding than natural sensitivity. Of course it's the most satisfying of psychiatrist stories. It's also the tallest.

The following statement appeared in *Hospital Doctor*, 5 October 1989:

"Broadmoor Hospital: an apology

On 22 June we published a report headlined 'Charity claims inmates drugged without consent', claiming that patients in the Broadmoor Special Hospital were given 'tranquillisers and antidepressants without their explicit agreement'. *Hospital Doctor* quoted Mr Ian Bynoe of MIND in support of the allegation that

proper consent to drug treatment was not being obtained from Broadmoor patients. *Hospital Doctor* and Mr Bynoe accept that the allegations are not true. We apologise to all the medical and nursing staff at Broadmoor and to the hospital's Task Force for any distress that our erroneous report may have caused them and *Hospital Doctor* are pleased to make a donation to the League of Friends of Broadmoor Hospital as a token of our regret."

"Let us imagine a line drawn from Jesus Christ to Dr Gallup and passing through such eminent investigators of the human condition as Karl Marx, Max Weber, the Webbs and Dr Kinsey. While there might be differences of opinion about the order of names, I think it might be generally agreed that from Christ to Gallup the issues become pettier and the scope for research, particularly of a numerical kind, becomes greater."

T. MCKEOWN