

Patient Participation in General Practice. Occasional Papers No 17. The Royal College of General Practitioners. 1981. Pp 40. £3.75.

This collection of essays provides an excellent introduction to a recent phenomenon in general practice. In various parts of the country, usually if not invariably on the initiative of general practitioners working in groups, experiments have been conducted over the last ten years involving representatives of the general public in an exercise of consumer participation in primary health care. Although the arrangements have distinct variations in both structure and function, the common themes in purpose include ensuring services are appropriate, health education, enlisting voluntary helpers, initiating self-help schemes, and providing a grass-roots political platform for improving facilities. The editor is to be congratulated for achieving a balanced collection of ideas and accounts, though it would have been interesting to have had the dissenting view more explicitly stated. For some in general practice, even having a partner is seen as threatening, while group practices and health centres are viewed as almost Orwellian innovations: thus, patient participation groups may well for the more conservative practitioner conjure up Animal Farm-type scenarios.

The general significance of the patient participation movement may however be relatively benign, being best encapsulated in the principle that medical students learn in interview training: it's not a matter of how to talk *to* patients, but how to talk *with* them. Thus patient participation is part of the backlash against the increasing technological emphasis in medical practice, rather than any subversive Marxist machination, *pace* 'The Management Collective' of a health centre in a London suburb.

In the opening section Professor Metcalfe sees 'the role of patient participation in the development of rational health services' most appropriately developed in relation to primary health care, as opposed to hospital based specialist medicine. The latter is portrayed as being distanced somewhat from the common man, with the general practitioner acting as an intermediary—almost as the shaman mediates between mere mortals and the gods. Those of us in hospital based services who wish to develop an effective community approach, and even eventually give up altogether the remoteness of the hospital base, should follow the general practitioners' experiment in patient participation with interest. The current movement towards increasing community involvement in psychiatric services has been largely orchestrated by central government, albeit reflecting changes that have proceeded without much clear rhyme or reason over the last fifty years. What has emerged recently has, however, been clear resistance to the actual establishment of sufficient and appropriate facilities for the mentally ill. The equivalent of patient participation . . . in general practice could well be an effective catalyst in the development of community psychiatry: if the resistance is in the general public's attitude to mental illness and its appropriate management, the educative function of patient participation might well prove important, while if the real difficulty is in impressing those whose fingers hold the purse strings of the need to make sufficient funds available for community psychiatric projects, then grass-roots opinion representing the needs of both patients and their families might well bring about what no number of central government consultative papers will ever achieve.

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Social Workers and Compulsory Admissions

A member of the College recently wrote to the Secretary of the Public Policy Committee seeking guidance on the following problem:

'Suppose two doctors (one of whom is specially recognized) complete medical recommendations under Section 25 or Section 26 of the Mental Health Act and the social worker to whom it falls to bring the patient into hospital does not accept the necessity for admission and declines to make the application, and assuming that no relative does either and a disaster occurs, i.e., the patient kills either himself or somebody else, where does the responsibility lie? Could a psychiatrist be held responsible in any way?'

It was agreed to consult Dr Pamela Mason at the Department of Health and Social Security, and she sent the following reply which I feel will be of interest to College members:

'I have sought advice from our legal department who make the following comments:

'The relevant provision of the Mental Health Act 1959 is Section 54, subsection (1) which imposes a duty on a mental welfare officer to make an application for admission to hospital or a guardianship application in respect of a patient within the area of the local authority by whom he is appointed in any case where he is satisfied that such an application ought to be made, and is of the