the columns

correspondence

The role of the psychiatric tsar

Sir: I wonder if other members of the College share my concern over the Government's introduction of a 'psychiatric tsar' even if the represenative, Louis Appleby, is a senior member of our College. The word tsar has unfortunate connotations, linked with past Russian dictators.

The concern is that, through the tsar, the Government will dictate national psychiatric practice. A recent newspaper article outlined the tsar's intention to make all acute wards single sex within the next 2 years; separating the sleeping quarters would not be sufficient (Brindle, 2000). Mind and the Schizophrenia Fellowship were reported to be enthusiastic for this measure. Yet we run a sector ward that has come under threat from such a measure, and both the Users' Group and Mind are strongly supportive of retaining the sector ward.

The Government wants to be seen to be introducing sweeping changes, but while these may look seductively good on paper, they may put at risk the very framework needed for our therapeutic work.

I am left wondering where the College comes into the situation. Should it be canvassing and representing its membership's views on the importance of maintaining sector wards? General psychiatrists are coming under increasing stress, reflected in difficulty in recruitment and early retirement. A firm stand by the College against imposition of too rigid national frameworks would be a first step towards improving the work climate for the beleaguered general psychiatrist.

BRINDLE, D. (2000) Mental Health Tsar's pledge to patients. *The Guardian*, 1 June.

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Further comments on inquiry panels

Sir: I am afraid that Dr Lowe (2000) has misunderstood my position on the selection of inquiry panel members. I am not particularly concerned with the appropriateness of individual psychiatrists sitting on inquiry panels, although there is an issue of ensuring that they have experience of the type of service that is the subject of the inquiry. Frequently, for example, homicide cases cross boundaries between general psychiatry, community psychiatry and forensic psychiatry.

Furthermore, Dr Lowe is in error when he suggests my approval of the idea that inquiry members should be selected from those who take part in extensive expert witness work. On the contrary, my view is that if there are to be inquiries, the membership should come from as broad a base as possible. And, while I do not fully share Professor Maden's view (1999) about medical members who are not currently practising, somebody on inquiry panels should have some idea of current practice, service problems and their causation.

My assumption has been that Dr Lowe and his colleagues in the inquiry members' community have been appointed to act as a psychiatric fig-leaf for the antimedical majority, shot through with institutional consultantism, among whom the barrister keen on making a professional reputation and the bureaucratic pedant are familiar characters. It is the selection of the non-medical members, and the chairman in particular, that is the issue.

The high level of dissatisfaction and perceived sense of injustice indicate that psychiatrists sitting on inquiry panels have been wholly ineffective in ensuring the proper examination of the bigger picture and identifying the responsibility of senior management and politicians for difficulties that arise in clinical services, rather than simply pinning everything on the front-line clinician. One of the more surprising admissions of Judge Fallon (1999) was that, although he and his inquiry members had among them one of the most eminent forensic psychiatrists in the country, they were clearly not going to be influenced by his views on the delivery of forensic psychiatric services.

I have yet to hear any of us peripheral jobbing psychiatrists (those most at risk) express a view about homicide inquiries which does not hold them and those involved in some contempt. These inquiries are manifestly unjust. They are quasi-judicial. They are prone to over-examine a restricted, unbalanced part of an enormously complex situation. They are not open and there are no rights of cross-examination. They often have severe effects on the reputations, morale and lives of those who are caught up in them. Psychiatrists should not be lending such inquiries credibility by involving themselves in them.

I have no particular knowledge of the problems at Ashworth or any of the individual psychiatrists involved, although any professional colleague caught up in these enormously stressful situations has my sympathy and support. My concern is that senior College officers and members of the committees referred to by Professor Cox (2000) either did not consider the factors mentioned by Dr Payne (1999) or did consider them and dismissed them. What steps did the College take to discuss this matter with all of the psychiatrists criticised by the Fallon Inquiry before issuing a document which could further prejudice their position? I suspect none.

The principle I am trying to establish is that the College should not act in this way and that, while it is going to be necessary for the College from time to time to produce documents or act in some way which might prejudice the position of individual members or fellows, under no circumstances should this be done without a thorough and full examination of the situation, including discussing it with all of those fellows and members involved in the controversy. All I am asking is that the College's officers act in a fair and impartial way, particularly as inquiry and other official reports are clearly frequently seen by those involved as neither fair nor impartial.

COX, J. L. (2000) College comments on the Fallon Inquiry (letter). *Psychiatric Bulletin*, **24**, 197.

FALLON, P. (1999) A response from the Chairman. *Psychiatric Bulletin*, **23**, 458–460.

LOWE, M. R. (2000) Selection of inquiry members (letter). *Psychiatric Bulletin*, **24**, 116.

MADEN, A. (1999) The Ashworth Inquiry: the lessons for psychiatry. *Psychiatric Bulletin*, **23**, 455–457.

PAYNE, A. (1999) Comments of the Royal College of Psychiatrists on the Ashworth Special Hospital (letter). *Psychiatric Bulletin*, **23**, 504.

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