
Correspondence

Confidential Inquiry into Homicides and Suicides by Mentally Ill People

Sir: Dr Paul Bowden's editorial on the 'Confidential Inquiry into Homicide and Suicide by Mentally Ill People. A Preliminary Report on Homicide' (*Psychiatric Bulletin* February 1995, **19**, 65-66) uses the opportunity for reviewing the report as licence to attack the care programme approach, the supervision register and by implication the whole concept of community care for the mentally ill. Debate in this area is, of course, welcome but it is necessary to get the facts right.

The Confidential Inquiry was initiated by Mr Stephen Dorrell MP when at the Department of Health and set up between the Department of Health and the College. The Director is Dr William Boyd, a distinguished clinician and previously Senior Medical Commissioner of the Scottish Mental Welfare Commission. There is no "Inquiry Team". The remit of the Confidential Inquiry is "to inquire into the circumstances leading up to and surrounding homicides and suicides committed by people under care of or recently discharged by the specialist psychiatric services, to identify factors in the patients' management which may be related to the deaths and recommend measures designed to reduce such incidents".

The Confidential Inquiry does its work by being informed of situations where homicide or suicide has taken place among mentally ill people and finding out as much information as possible from the consultant psychiatrist and other professional staff responsible for their care. It is therefore strictly analogous to the other medical confidential enquiries into mortality. The value of its work is similar in that it can collect themes and opinions but it is and they are in no way meant to be a complete epidemiological survey.

It should be pointed out that the vast majority of perpetrators of homicide who are under psychiatric care are treated by general psychiatrists and not by forensic psychiatrists. This is true also of those under psychiatric care who commit suicide.

The Steering Committee oversees the work but does not get involved with individual cases

for which confidentiality is strictly maintained. The Steering Committee have been selected in order that the best possible information may be obtained from the widest range of mental health professionals. The reports will comment on the information obtained from consultant psychiatrists and other mental health professionals and will seek to draw practical lessons from this information and comment.

I have never knowingly altered my behaviour in order to take in matters of political correctness and I do not intend to do so now as Chairman of the Confidential Inquiry. The care programme approach enshrines traditional values of good psychiatric practice and the idea for a register to be held locally of those who require additional care came from the Royal College of Psychiatrists long before it was taken up by the Department of Health. Problems with the implementation of the care programme approach and supervision registers are legion but could have clinical value. The Confidential Inquiry stated in its report that "the proposed power of supervised discharge should make a useful contribution provided it is matched by the necessary resources"; views shared by the Royal College of Psychiatrists, supported by its Council. Common sense and shared information from many clinicians are the working principles of the Confidential Inquiry and not any blind adherence to diktat either from politicians or theoreticians.

ANDREW SIMS, *Chairman, Steering Committee, Confidential Inquiry into Homicides & Suicides by Mentally Ill People, PO Box 1515, London SW1X 8PL*

Sir: No doubt many *Bulletin* readers were informed, stimulated and entertained by Paul Bowden's editorial 'Confidential Inquiry into Homicides and Suicides by Mentally Ill People. A Preliminary Report on Homicide'. (*Psychiatric Bulletin*, February 1995, **19**, 65-66).

I write to defend how the College responded to the Department of Health's guidelines document on the supervision register. Paul Bowden referred to: "... a passive line which the College has taken in response ...".

In fact the College protested at the failure to consult before the guidelines were issued. The President convened a meeting with Department of Health officials and I chaired two subsequent small working parties which officials also attended. A number of concerns were expressed on behalf of the College during those discussions. So serious were the issues raised and in our view not resolved that every Member and Fellow of the College received a communication from the College which laid out 17 selected worrying questions and the Department of Health's answers to them. The aim was to ensure that psychiatrists were alerted to the implications of the supervision register and also provided with information to help each practitioner decide what his or her response would be. Unless the College had issued specific guidelines to its Members and Fellows, a serious step requiring extensive consultations which time limits did not allow, I do not know what other sensible action the College could have taken. One cannot assume that encouraging media attention to our concerns would have had a helpful outcome. I am willing to bet that Department of Health officials did not experience our response as "passive"!

J. A. C. MACKETH, *Chairman, Forensic Section, Royal College of Psychiatrists*

Abortion and psychiatry in Ireland

Sir: Until recently, abortion was illegal in the Republic of Ireland and there was no necessity for the Irish Medical Council to address the issue. Then the anti-abortion lobby, exercised by the imminence of liberal EU legislation, persuaded the Irish government to hold a referendum purporting to 'copper-fasten' the constitutional ban on the procedure. A phrase was added to the constitution: by specifying "*the equal rights to life of the mother and the unborn*".

Ironically, instead of serving its intended purpose the constitutional change backfired. The Supreme Court ruled that a raped 14-year-old pregnant girl (the X case) was free to travel abroad for an abortion on the evidence of a psychologist that she was at risk of suicide. In its judgment, the Court was critical of the Dail (Irish Parliament) for failing to bring in implementing legislation following the

constitutional change. That is, legislation was required covering freedom of information to Irish citizens and freedom of movement so that they might avail themselves of services legally available elsewhere in the EU. All of this stimulated the Irish Medical Council to give consideration to issuing, for the first time, ethical guidelines to Irish doctors on the matter. A one-third minority of the Medical Council refused to agree to a blanket ban on abortion amid a blaze of publicity. The Council finally issued a Delphic statement in their new addition of the Ethical Guide as follows.

"While the necessity for abortion to preserve the life or health of the sick mother remains to be proved, it is unethical always to withhold treatment beneficial to a pregnant woman, by reason of her pregnancy".

Requests from government for clarification of this statement were met with silence. Leaked news of pending new legislation to permit information and referral letters from Irish doctors to abortion clinics abroad has now spurred the right wing to fresh efforts to introduce yet another referendum on earlier 'copper-fastening' lines. By now, however, the extent of public support for this venture has become uncertain. Recent years have seen remarkable changes in attitudes and legislation in a liberal direction in the Republic of Ireland, beginning perhaps with the shock election of a crusading liberal constitutional lawyer to the Presidency by a huge majority. Suicide and homosexuality have been quietly decriminalised without a whisper of political opposition and contraceptive devices are, overnight as it were, freely and legally available everywhere. A vigorous campaign of explicit sexual education in the face of the spreading AIDS epidemic has a high profile on radio and television. Within a recent seven day period the government fell on the issue of a seven month delay in extraditing a paedophile priest to Northern Ireland and public disquiet on issues of child abuse have reached feverish heights. With one or two exceptions, Irish psychiatrists are keeping a prudent silence on these issues. But things perhaps will never be the same again since it seems unlikely that legislators will succeed in solving their dilemma of balancing freedom of information and movement against outright abortion referral.