

**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.

CHRISTOPHER K. BRIDGETT

*St Mary Abbots Hospital  
Kensington W8*

---

## *The College*

### *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

opinion, having regard to any wishes expressed by relatives of the patient or any other relevant circumstances, that it is necessary or proper for the application to be made by him.

I think that it is clear that s.54 (1) does require a mental welfare officer to use his own judgment in deciding whether he should make an application in respect of a patient for his admission to hospital.

It follows that the functions of a mental welfare officer under the 1959 Act are wider than merely ensuring that the requirements of the Act relating to applications have been complied with but include the exercise of his judgment as to whether, having regard to all the circumstances, including the contents of the medical recommendations it is, in the words of s.54 (1) 'necessary or proper' for him to make the application. A social worker must accept the diagnosis of the patient's medical disorder set out in the medical recommendations; but he is entitled to take the view in a particular case that it is not appropriate to make an application.

In the hypothetical case suggested, I do not think that a psychiatrist would be held to be liable in an action in negligence, and in any event I think that he would be protected by s.141 of the 1959 Act. I think that it is most unlikely that the High Court would give leave to take proceedings against the psychiatrist under s.141 (2) of the Act.'

The College will continue to press for more stringent criteria to be adopted for the appointment of Mental Welfare Officers, and we have been informed that these and related matters are under discussion at the DHSS.

G. C. TIMBURY  
Registrar

The new Mental Health (Amendment) Bill (to be summarized next month) provides for the appointment of (psychiatrically) competent social workers—GCT.

### College Library

The Librarian wishes to thank those Members who have generously donated books to the library during the past six months, particularly the following who have given copies of their published works.

Dr P. Barker: *Basic Family Therapy*  
Dr S. Bloch: *Psychiatric Ethics*  
Dr John Bowlby: *Psychoanalysis as a Natural Science*  
Prof B. G. Burton-Bradley: *Stone Age Crisis*  
Prof A. H. Crisp: *Anorexia Nervosa: Let Me Be*  
Dr S. E. Greben: *A Method of Psychiatry*  
Dr J. G. Howells: *Modern Perspectives in the Psychiatry of Middle Age*  
Dr J. Jancar: *Research at Stoke Park*  
Prof M. Lader: *Handbook of Biological Psychiatry*  
*Introduction to Psychopharmacology*  
Dr H. P. Laughlin: *The A.C. Psych. Archives*  
Dr M. Little: *Transference Neurosis and Transference Psychosis: Toward Basic Unity*

Prof I. Marks: *Cure and Care of Neuroses*  
Dr B. Morris: *Handbook of Psychiatric Rehabilitation*  
Dr J. E. Oliver: *Severely Ill-Treated Young Children in North East Wiltshire*  
Dr R. L. Palmer: *Electroconvulsive Therapy: An Appraisal*  
Prof E. S. Paykel: *Monoamine Oxidase Inhibitors: the State of the Art*  
Dr D. A. A. Primrose: *Proceedings of the International Association for Scientific Study of Mental Deficiency*  
Dr D. Richter: *Addiction and Brain Damage*  
Dr W. Sargant: *The Unquiet Mind*  
Prof K. Singer: *The Prognosis of Narcotic Addiction*  
Dr A. C. Tait: *Chronicle of Crichton Royal* (by G. Turner)  
Dr D. Wheatley: *Stress and the Heart*  
Prof. J. K. Wing: *Rehabilitation of Patients with Schizophrenia and with Depressions*  
*What is a Case?*

### Research Committee: Free Advice

The Research Committee of the College has recently produced a beginner's guide on understanding clinical research in psychiatry, entitled 'Hints on Research'. Copies of the leaflet have been distributed to psychiatric tutors, but it is

also available free on direct request from Miss Jane Boyce at the College. It offers advice on choosing a subject, drawing a plan of action and getting help, including library aid and funds.

Printed in Great Britain by Headley Brothers Ltd The Invicta Press Ashford Kent and London