

century has been turbulent; where Stalin's repression helped weld together a nation state, Gorbachev's reforms look like heralding its disintegration. In the case of psychiatry, structures legitimising repression have not been fully expunged, offering scope for future restoration in the event of a political backlash. In particular, we must register the parlous state of the Soviet economy, and the continuing impoverishment of the health services in general.

Western psychiatrists continue to face a dilemma: whether to welcome dialogue with Soviet colleagues, or to press for an extension of sanctions until fully satisfied that structural changes have taken place. Most Soviet psychiatrists have never been involved in political abuse, though they and their patients continue to suffer the physical and intellectual privations forced upon them by the system in which they live. It is time to roll up our sleeves; our Soviet colleagues need more than our blessing. If we are to transcend Cold War rhetoric we must offer something more tangible: scholarships, educational exchanges and open academic discourse would be limited but realisable goals.

S. R. WEICH

Maudsley Hospital
London SE5 8AZ

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The patient's perspective

DEAR SIRS

It is heartening that British psychiatric researchers are at long last seriously addressing the patient perspective (Ballard & McDowell, *Psychiatric Bulletin*, November 1990, **14**, 674–675). The recent *People First* national survey of psychiatric patients conducted by MIND in collaboration with Anne Rogers and myself at Roehampton Institute will be providing more extensive information of this type in 1991. Could I make three comments for consideration by practising psychiatrists and the Royal College of Psychiatrists at this stage?

First, our findings on perceived helpfulness of medical and nursing staff are less complimentary than the Coventry study. The latter cites satisfaction levels of 90–98%. Our study will cite in the region of 54–57%. Second, we also found substantial concern about informed consent. Ballard & McDowell address this issue but then repeat the profession's

conventional wisdom of striking a balance between information giving and avoiding “necessary worry to the patients”. This unsatisfactory compromise must be seriously addressed by the profession. Most physical treatments, especially major tranquillisers, can have very powerful iatrogenic consequences, which are risked in every case prescribed. The Mental Health Users Movement (Rogers & Pilgrim, 1991) is justifiably demanding a full and honest debate about the risks of treatment. Third, why is the potentially distressing and humiliating experience of “ward rounds” still considered good practice in psychiatric settings? (See also the letter from Dr White on *Talking to Patients* in the same issue.) Who benefits from them? Should this anachronistic ritual, which seems mainly to have existed to massage the egos of psychiatric showmen and pedagogues, be re-negotiated with representatives of users or services in each locality?

DAVID PILGRIM

Department of Health and Social Welfare
Open University
Walton Hall
Milton Keynes MK7 6AA

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Psychiatry in South Africa

DEAR SIRS

The recent report to the President by Dr Caldicott and her colleagues (1990) on their visit to South Africa is helpful and informative. However it does not go far enough in its recommendations regarding the Society of Psychiatrists of South Africa.

The SPSA represents about half of all South African psychiatrists but has failed to utilise this unique position to any effect. They have been consistently lethargic in their efforts to promote an efficient mental health care system for all South Africans. Further, they have failed in their training of future psychiatrists. In my two years as a registrar in the ‘black’ hospitals of Hillbrow and Baragwanath, I received no communications or directives from the SPSA.

At least 50% of SPSA members are engaged solely in private practice, offering the sort of care that is inaccessible to the vast majority of South Africans. It is hardly surprising therefore that the SPSA is nothing more than a perfunctory organisation. For its members to lobby for development of a national health care system would conflict with their private practice interests. Psychiatry in South Africa needs