

- , — & FRANKE, K. J. (1985) Sued and non-sued physicians' self-reported reactions to malpractice litigation. *The American Journal of Psychiatry*, **142**, 437–440.
- , PYSKOTY, C. E. & NELSON, A. (1988) Physicians on trial – self-reported reactions to malpractice trials. *The Western Journal of Medicine*, **148**, 358–360.
- FOULKES, E. C. (1987) You and malpractice. Stress: V. A death in the family. *Journal of the Medical Association of Georgia*, **76**, 115–116.
- READING, E. G. (1986) The malpractice stress syndrome. *New England Journal of Medicine*, **83**, 289–290.
- ST PAUL FIRE AND MARINE INSURANCE COMPANY (1986) *Physicians' and Surgeons' Update: A Special Report – Vol. 3. St Paul, Minn.*

Psychiatry in the private sector

DEAR SIRS

Saeed Islam's letter (*Psychiatric Bulletin*, June 1990, **14**, 370) on psychiatry in the private sector cannot be allowed to pass unchallenged as it raises important issues in the context of the current political climate. The letter purports to be a brief research report demonstrating that "the Priory Hospital . . . is prepared and able to meet the needs of a representative sample of psychiatric patients". It does no such thing, but is in fact a brief demonstration of the disingenuous art of false inference.

The study attempts to evaluate the clinical activity of the Priory Hospital (private) and the Charing Cross Hospital (NHS) by comparing crude ICD-9 diagnoses of patients admitted as psychiatric emergencies. It ignores the fact that the objectives of these two institutions are completely different and that they serve demographically dissimilar populations. It compounds this error by implying that the activity of a professorial department in a large London teaching hospital is similar to the activity of NHS psychiatric units generally. It gives no information as to how patients were "surveyed" or sampled, whether retrospectively or prospectively, how emergency was defined or how, when and by whom diagnosis was made. There are no data on secondary diagnoses, chronicity or severity of illness or on demographic characteristics of the two populations. Even if this information were available, admission data are widely recognised to be misleading in service evaluation, particularly in the absence of supplementary data such as length of stay.

The accompanying table is strange: N = 53 for the Priory Hospital but there is no figure given for the Charing Cross Hospital. Percentages for the Priory are lent an air of spurious accuracy by being taken to the first decimal place, but when more closely examined do not correspond in any way to whole numbers of patients. In contrast the figures for the Charing Cross are rounded to a whole percentage point. The letter provides no valid evidence to support its conclusions which are firmly stated as above.

The publication of this letter in the *Psychiatric Bulletin* will be taken to support those who within central government and NHS management are attempting to dismantle comprehensive integrated district psychiatric services and replace them with a quasi commercial service on the disastrous US model. Patient populations in private psychiatry differ greatly from those seen by NHS services, a reason frequently given by psychiatrists for working privately.

Private psychiatry has usually recognised itself to be "complementary" and marginal to the NHS, and in fact is irrelevant to the needs of the largest and most vulnerable group of psychiatric patients.

I trust that in future material such as Dr Islam's letter will be clearly marked "advertisement feature", allowing it to be scrutinised by the Advertising Standards Authority, by whose criteria it will undoubtedly be found wanting.

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DEAR SIRS

Dr Islam (*Psychiatric Bulletin*, June 1990, **14**, 370–371) makes a feeble attempt to compare favourably the emergency services provided by a private (Priory) Hospital with that of a NHS (Charing) Hospital only on the basis that the diagnostic mix of 53 patients admitted to Priory Hospital was not significantly different from that of an unspecified number of patients admitted to Charing Cross Hospital.

He does not make any attempt to consider the other more important variables like the outcome of these admissions and percentages of patients who are not offered admission on the basis of their inability to pay. There is little in his article which makes me reconsider my opinion that the "private sector caters largely for affluent, neurotic individuals . . ." I too hope that Dr Islam will be able to conduct a more meaningful study which I am sure will confirm the common belief among his fellow psychiatrists about the private sector.

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DEAR SIRS

I would like to respond to Dr Rob Poole's criticisms by pointing out that these would have been appropriate if I had assumed that my "brief research report" was a scientific paper.

In fact, I wrote a letter to the *Psychiatric Bulletin*, (June 1990, **14**, 370) providing the readers with my clinical observations regarding the similarities between the diagnostic groups of the patients seen at

the Emergency Clinics of a London teaching hospital and that of a large London private hospital with substantial NHS links.

I did not make any reference to the activity of a Professorial Department in a large London teaching hospital or that of other NHS psychiatric units.

The patient samples were collected retrospectively for one corresponding quarter of a year and the diagnoses were made by consultant psychiatrists or by psychiatric registrars in charge of the emergency clinics. For the 53 new cases seen at The Priory Hospital the corresponding figure for The Charing Cross Hospital was 155.

I had tried to convey in my letter the need to conduct a prospective study on the follow-up of these patients which would answer some of the questions posed by Dr Poole and Dr Shetty.

A recent leader in the *British Medical Journal* stated that "evidence for the efficacy of psychiatric services (both private and public) is lacking. Unfortunately, neither private nor public psychiatric hospitals issue enough useful information on recovery rates to allow direct comparisons between different settings. In their absence consumer choice depends more on impressions of the care provided than on any evaluations of outcome. Private providers market comfort, convenience, and privacy; reduced waiting times, more intensive treatment; and respect for the patient. All these are qualities that could be improved within NHS facilities" (*BMJ*, 300, 7 April 1990, p. 892).

Considering the importance of these issues there is little literature on the outcome of patients treated both in the private and public sectors. Of the studies available only two compare the public and private practice of psychiatry. Gold & Partiger (1964) in Australia reported that "there was surprisingly little difference between the two practices".

Langsley (1974) in the United States noted that his study was marked by the similarity of both demographic and clinical details of the two groups of patients, leading him to conclude that his research challenged "some of the myths about private practice".

Young & Reynolds (1980) compared clinical and demographic data of patients treated in two state psychiatric hospitals with those of patients in the psychiatric wards of two general hospitals and a private psychiatric hospital. The results were interpreted as indicating a greater morbidity of patients within the public hospitals.

A retrospective study by Goldney (1988) comparing patients in private and public psychiatric facilities showed a general similarity of diagnoses in the two groups and the figures compare very favourably with my own findings.

What is needed is a serious and objective systematic evaluation of different forms of health care and

not a number of premature and politically motivated comments, which prejudice the issue.

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References

- GOLD, N. & PARTIGER, R. A. (1964) Comparison of two psychiatric services. *American Journal of Psychiatry*, 121, 58–60.
- GOLDNEY, R. D. *et al* (1988) A comparison of patients in private and public psychiatric facilities. *Australian Clinical Review*, Sept. 1988, 117–123.
- LANGSLEY, D. G. (1974) Comparing clinical and private practice of psychiatry. *American Journal of Psychiatry*, 131, 297–303.
- YOUNG, L. & REYNOLDS, I. (1980) *Evaluation of Selected Psychiatric Admission Wards*. Vol. 1. Division of Health Research, Health Commission of New South Wales.

Progress in psychiatry?

DEAR SIRS

The following example of progress in psychiatry may be of interest.

Extract from service agreement between the Southern Derbyshire Health Authority and the Authority's mental health unit, for the provision of mental illness services (June 1990).

"Every patient will receive a review of their care programme by medical staff. As a minimum standard this will be undertaken annually."

Extract from the Institutions for Lunatics (Reports and Returns) Rules 1895 (S.I. 1895 No. 281).

"13. Subsequent entries describing the course and progress of the case, and recording the medical and other treatment, with the results, shall be made in the case book for patients at the times herein-after mentioned, that is to say; once at least in every week during the first month after reception, and oftener when necessary; afterwards in recent or curable cases, once at least in every month and in chronic cases, subject to little variation, once in every three months."

Rule 10 required all entries to be made by a medical officer.

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Talking to patients

DEAR SIRS,

As an undergraduate student our great teacher, Dr Henry Yellowlees, said the most important thing a medical student should learn is how to say good morning to a patient. It has been my privilege to meet