

THE BULLETIN

OF THE

ROYAL COLLEGE OF PSYCHIATRISTS

COLLEGE NEWS

PRESIDENT'S PRESS

One of my Presidential duties is to be a member of the Joint Consultants Committee which for years has been the principal interface between the DHSS and the consultant branch of the profession. Being a new boy in medical politics I thought some background reading necessary and so turned to the few books other than biographies that are relevant. C. P. Snow's *Science and Government* is one of his better long-short stories, with the air of verisimilitude heightened by the fact that the two main characters—Lindemann and Tizard—actually existed. Lord Brain's *Medicine and Government* is a posthumously published lecture which I found in some ways curiously disappointing, as I had expected that a man of his great wisdom, encyclopedic knowledge and long experience at the very summit of medical politics would have produced a more philosophical and reflective essay. Nevertheless his account

of the relationship between medicine and government in the years up to 1966 needs little alteration to be relevant to the situation today. Few of the major issues, such as the resources and organisation of health care or the pay and status of doctors are nearer satisfactory solution. Indeed, Lord Brian reminds us that early on in the history of the Royal College of Physicians—in 1583 to be precise—the Mayor and Aldermen of the City of London asked the College's advice on how many and what sort of doctors were needed to deal with the plague and how they were to be paid. Perhaps these fundamental questions have therefore to be answered differently in every generation, with social changes playing a larger part in their formulation and solution than advances in scientific knowledge and consequent changes in medical practice.

Contents

College News		
President's Press	17	
Dr Seymon Gluzman	19	
Research Committee: DHSS Computer		
Research Funds	19	
The College's Medals and Prizes	20	
M.R.C.Psych. Examinations—Spring 1979	20	
The COHSE Report on the Management		
of Violent Patients: Counsel's Opinion	21	
Psychiatric Nursing	25	
Examination Results: Preliminary Test		
and Membership Examination	26	
The Panel of Examiners	28	
		Policies and Pressures for Doctors in the N.H.S. ; by R. A. F. Thistlethwaite 29
		Correspondence 31
		News Items 33
		Forthcoming Events 33

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The third book I read was D. K. Price's *The Scientific Estate*, which deals with the development of the relation between science and government, mainly in the USA, since Pearl Harbour. It is a bit discursive and rambling, but does make interesting comparisons between the past relationships of Church and State and some attempts to make science a separate 'Estate' claiming to be the sole source of Truth. Price also has a nice aside referring to the private research Foundations, who think they provide the risk capital for new ventures, whereas in fact Universities put out risk capital every time they make a senior academic appointment with tenure. They usually lose, while the Foundations back the winners! One wonders whether the NHS backs more or fewer losers than Universities when appointing consultants who may be in the same post for 30 years.

To return to the JCC—the interface is in fact a series of such boundaries which are like clutch plates. There is usually a good deal of slippage, with consequent heat generated by the friction, and movement only occurs when there is very strong pressure from one end or the other gripping the plates together. There is an interface between the representatives of the profession and their colleagues, who may not be aware of all the issues but usually claim with some justice to see some problems more clearly at the grass roots than those 'out of touch' in the clouds at the summit. The professional members within the DHSS can often be discerned as trying to face both ways, torn between loyalties to their fellow doctors and to their political colleagues. A few come back across the bourne into clinical work and usually seem none the worse for their temporary transmogrification. Perhaps the illusion one has that they change and see things differently from those of us outside is simply a transient effect of the double glazing and air conditioning at the Elephant. There are further interfaces between the DHSS and Government and finally between Government and Parliament.

Naturally there are efforts to by-pass the official channels. A few days ago, at one of the numerous formal dinners I have to attend, my neighbour happened to be a now retired medical eminence who told me he averaged two dinners a week for his 23 years in various high offices and found them most important opportunities for a little skulduggery.

The JCC is socially very mixed, with Oxbridge sparsely represented (in contrast allegedly to some other higher echelons in Government and other professions). Women, however, are certainly under-represented save, interestingly, in the DHSS delegation. This is like the Medical Research Council, which is run at middle level by a cadre of wives of academics usually of the professorial rank. MCP's

might suspect they are better at rocking the cradle than rocking the boat, but they can be relied on for loyalty and attention to detail.

One is kept awake during some of the more tedious sessions by the steady drone of foot-dragging and axe-grinding. Vision is sometimes obscured by smoke-screens, and one or two members are not above letting off metaphorical stink-bombs in the corners for diversionary tactics. One can distinguish between politically qualified doctors who know what they are doing and medically qualified politicians who do not. There are a few who appear to have been forced out of their academic ivory towers, blinking fastidiously in the glare and smoke.

In general the doctors, however officially based, are anxious to de-politicise issues and make them non-party. Sadly, it is becoming increasingly difficult to take social action without its becoming also political action and therefore automatically suspect to one or other party's adherents. I remember years ago when I was doing a short stint with WHO, the late Ronald Hargreaves said that that organisation always tried to deal with Principal Medical Officers and not politicians in Health Departments when endeavouring to get co-operation for international health programmes—how much more difficult this is becoming now that the active new health care programmes increasingly mean social action by many rather highly technical and 'physical' activities like drainage and inoculations carried out by the few.

The JCC proceedings are regularly summarized in the BMJ and show what a wide range of matters are covered, for the most part with little controversy thanks to the detailed 'homework' done beforehand by the Committee's officers or the hard work of *ad hoc* sub-committees thrashing out more complicated matters. Needless to say, issues involving pay and resources don't get so easily settled!

Another delicate issue still some way from solution is the question of complaints procedures, which was suddenly hotly up this year by the House of Commons Select Committee's suggestion that matters of clinical judgement should no longer be excluded from the remit of the Health Commissioner (Ombudsman). Almost all complaints by patients and relatives are, of course, dealt with more or less at once by local and informal inquiry and explanation. A very few of major dimensions reach the highest level of mammoth public Inquiries with full legal panoply of evidence. Psychiatry, especially mental handicap, has had more than its fair share of these, and many of us who have had to endure them wonder about their efficacy and whether the justice seen to be done is in fact justice. The argument concerns the middle ground—what to put between the failed local

inquiries and the formal legal tribunal that would be speedy and do justice not only to the complainer but also to those whose actions are complained about. Some consultants fear that hearsay evidence and hasty peer judgements may be most unfair. Perhaps the whole area is related to 'medical audit', though that is really another topic to be dealt with in due course.

Don't miss the exciting next instalment of *President's*

Press—or perhaps the one after. Meanwhile if anyone has any experience of complaints not being dealt with in what they think was a proper fashion, or any observations to make on existing procedures, I should be glad to hear about them (in strict confidence, of course).

DESMOND POND

COLLEGE ANNOUNCEMENTS

DR SEMYON GLUZMAN

The College's Special Committee on the Political Abuse of Psychiatry has sent the following letter to Dr Gluzman, who, as members will recall, is still confined to prison camp because of the brave stand he took against the abuse of psychiatry in the USSR. The letter is published here so that readers of the *Bulletin* may know that the College is continuing to give such support as it is able to Dr Gluzman. Copies have also been sent to the Camp Commandant at Camp Mordovia 19, to the Minister of Health (USSR) and to the Soviet Embassy in London.

Dear Dr Gluzman,

I am writing as Chairman of the Royal College of Psychiatrists' Special Committee on the Political Abuse of Psychiatry to assure you of our continuing concern about your detention and the reasons for it. We remain acutely aware not only of what we owe to you and to your courageous stand against the political abuses of psychiatry, but also of our responsibility to take such action as is open to us to press for your release and that of other psychiatric colleagues.

An important recent development will, we earnestly hope, be of help to you. New committees have been set up both by an international organisation (the World Psychiatric Association) and by a number of official national psychiatric associations. These committees will investigate and act on reports of psychiatric abuse. They will also take action on behalf of those, such as yourself, who are being persecuted for bringing abuses to the attention of the world. This improved collaboration between official national psychiatric associations should enable us to make our voice heard more clearly.

One such national committee is the Special Committee recently set up by the Royal College of Psychiatrists to pursue these objectives. It is at the request of this committee that I now write to you to

tell you of the urgent consideration we are giving to your plight and our deep-felt concern for you personally.

Yours sincerely,

PETER SAINSBURY

RESEARCH COMMITTEE

DHSS Computer Research Funds

The joint DHSS/NHS Computer Policy Committee (which is supported by a Computer R & D Committee and Technical Committee) earlier this year invited applications for support of research and development in the application of computers to the solution of Health Service problems. Members may like to be aware that central funds are available for this purpose. The DHSS is in general interested in supporting health service studies rather than biomedical research, the latter being the province of the Research Councils. Examples of fields in which it has supported computer research and development in the past decade are hospital patient administration, laboratory services, health centres, nursing records, orders and allocations, and Family Practitioner Committee patient registers.

Applications for DHSS funding of computer research proposals need the support of the appropriate Regional Health Authority. Regional Computing Services Officers should be approached to advise on the format and content of proposals. In assessing the relative merits of competing proposals, the DHSS and when appropriate the Computer Policy Committee draw on the advice of the NHS Computer Research and Development Committee which in addition to representatives of Health Service disciplines also includes independent scientific advisers appointed by the Chief Scientist in its membership.