

area where good practice strongly encourages the closest contact between the consultant, interested and concerned relatives and other involved professionals, for example, the patients general practitioner, social worker, nurse.

Where a patient is unable to give valid consent the agreement of the next of kin should be obtained. Where this is not possible the consultant in charge of the patient should, after wide consultation, act in what he/she considers to be in the best interest of the patient.

Sterilisation

In mentally handicapped individuals able to give valid consent the usual procedures for sterilisation should be followed.

In the case of severely mentally handicapped individuals unable to give valid consent and of legal minors, guidance is still awaited from the DHSS. Until this is available the

consultant in charge of the patient should, after wide consultation, act in what he/she considers to be in the best interest of the patient. Agreement of the next of kin should be obtained wherever possible.

Therapeutic abortion

The grounds for therapeutic abortion are laid down in the Abortion Act 1967.

For mentally handicapped individuals able to give valid consent, the usual procedure for therapeutic abortion should be followed.

In the case of severely mentally handicapped individuals unable to give valid consent and of legal minors, the consultant in charge of the patient should, after wide consultation, act in what he/she considers to be in the best interest of the patient. Agreement of the next of kin should always be sought.

Data Protection Act: Subject Access to Personal Health Information (DA 8523): DHSS Consultation Paper

The College was not formally asked to prepare comments on the above Consultation Paper, but believed it to be of such importance to practising psychiatrists that an approach was made to the Department of Health to receive this paper and a Working Party of the Public Policy Committee was convened to prepare the College's response.

There are three options which concern personal health data, these are:

Option A—Access to personal health data;

Option B—A total exemption from personal health data;

Option C—Modified access to personal health data.

It was agreed at the meeting of Council on 19 March 1986 that the College should recommend that Option B be adopted for the following reasons:

1. All complete psychiatric records will include information about such topics as sexual relationships and delinquency of the patients themselves, their friends and relatives. There is much information in psychiatric records which will have been given to a doctor in confidence by people other than the patient, who might not have given that information if they had thought that the doctor would have to disclose it to the patient.
2. Records may include opinions which might be hurtful to the patient (who may be more sensitive than average),

for example, 'She appears potentially suicidal', 'He might assault his son'.

3. They also contain a large amount of information which has been given to the psychiatrist by relatives, and information about relatives which has been given by the patient.
4. Psychiatric records may contain a vast amount of information which have been written in them by a large number of different people. In some cases the records include information written over a period of 50 years.
5. It would be time-consuming and difficult to extract patient information from case records for a patient unless it were being restricted (e.g. Korner basic data set), which would be of little value to the patient. It would be of more value for patients to see their doctor who can inform them of the general content of what is in their records. A statutory right could only impair the doctor/patient relationship.

If the Government decides that there should be modified access to health data (Option C) then it was agreed that considerable safeguards would have to be introduced into psychiatric records and the College would wish to be involved in any further discussions about this Option.

R. G. PRIEST, *Registrar*

April 1986

Foreign Language-Speaking Psychiatrists

The College maintains a list of members who are fluent in foreign languages and from time to time enquiries are received from members of the College or General Practi-

tioners regarding patients who are unable to speak English. We are asked if we can give the name of a psychiatrist able to communicate with the patient in his native language.

Arabic	2	Hindi	5	Punjabi	3	Swedish	1
Bengali	2	Indo-Chinese	1	Persian	1	Tamil	2
Chinese	1	Italian	6	Portuguese	2	Telugu	1
Dutch	2	Nepali	1	Russian	1	Urdu	3
French	9	Pakistani	1	Spanish	6	Xhosa	1
German	1	Polish	1	Sinhalese	1	Zulu	1
Greek	3						

As you will see above, this nationwide list is not very comprehensive and I should be very grateful if any member who is able and willing to help in this way could write to me,

giving me the relevant particulars, so that the list can be expanded.

V. CAMERON, *Secretary*

College Policy on Serving of Alcoholic Beverages and Smoking

1. Alcohol

Council is not opposed to the moderate use of alcohol but it recognises that a proportion of College Members and Fellows do not drink alcohol, that harm arises from excessive drinking and from alcohol dependence, and that there is an apparently increased risk of alcohol problems in the medical profession. Council has therefore adopted the following policy concerning alcohol consumption:

(a) *The serving of alcoholic beverages at College functions*

Alcoholic beverages should never be the only beverages available at receptions, meals and other functions held under the auspices of the College or on College premises. A variety of non-alcoholic beverages must also be available and, where the beverages are for sale, some of the non-alcoholic beverages must be cheaper than the alcoholic beverages. Drinking water and non-calorific drinks should always be available. Further alcohol should not be pressed on people.

(b) *The serving of alcoholic beverages at meetings organised by College Members or Fellows*

When College Members or Fellows are involved in the organisation of academic meetings, training activities and other similar events which relate directly or indirectly to their work as psychiatrists, they should try to implement the recommendations contained in Section 1 as far as it is within their power or influence. Particularly when refreshments are being provided by a sponsor, College Members and Fellows should, if possible, liaise with the sponsor's representatives to ensure that they are aware of the recommendations and counsel strongly against the provision of such quantities of alcoholic beverages as might be conducive to excessive drinking.

2. Smoking

Smoking should not be allowed at meetings as the practice damages health and offends some persons.

April 1986

Elections to the Fellowship, 1986

The members listed below have registered as Fellows of the College following their election by the Court of Electors.

M. J. Akhtar, M. I. Akhter, M. B. Barnett, T. P. Berney, T. Betts, E. Bindman, D. P. Birkett, J. Blake, J. M. K. Bluglass, R. K. Brahma, B. H. Burns, J. A. Carson, A. I. Cheyne, H. D. Chopra, M. B. Clyne, I. B. Cookson, R.

Devine, A. K. Dutt, F. P. D. Easby, H. Edwards, H. G. Egdell, A. A. L. El-Sobky, N. Epstein, P. B. C. Fenwick, S. J. M. Fernando, S. H. Fine, A. J. Forrest, A. M. G. Gath, J. Gayford, M. H. Greenwood, M. F. Haq, A. Hauck, J. N. Haworth, P. D. J. Hettiaratchy, M. A. Hill, G. T. Hollongworth, J. A. Holmes, I. A. Horton, J. Hurst, J. A. Hutchinson, V. K. Jain, M. P. Jonas, E. P. Jones, A. W.