

God is the most merciful (Qur'an 4:29). Life is a 'trust' that we should keep and so the deliberate termination of one's life or the life of another is not permitted unless it is in 'the course of justice' (Qur'an 6:151). Euthanasia is thus forbidden in Islam, particularly in the Prophet Mohammed's teachings. Jundub narrated that the Prophet Mohammed said: 'A man was inflicted with wounds and committed suicide; so Allah said: My slave has caused death on himself hurriedly, so I forbid paradise for him' (Khan, 1995). Van den Branden & Broeckaert (2011) similarly concluded that euthanasia is forbidden in Islam when they studied 32 English sunni e-fatwas (Islamic religious rulings or scholarly opinions). Abu Hurairah narrated that the Prophet Mohammed said: 'Whoever kills himself by a certain means, will keep on being tortured by such means in hell' (Sabiq, 1983).

Another important issue, as discussed by Babji (2009), is that of end-of-life care and the differences between Islamic and more secular cultures regarding ownership of life and advance directives concerning personal wishes at the end of life, although there are similarities between these two systems, including the preservation of life, protection of individuals' rights and a ban on assisted suicide (with some exceptions) (Babji, 2009).

Conclusions

The Middle East has a unique position in history. People from the region have collectively developed their cultures through years of interaction with different eras of history, cultures and religions. There are sizeable minorities in the USA, Australia, the UK and mainland Europe who emigrated from or have links with the Middle East. Also, there are millions of Muslims who currently live in Western

countries. Therefore, it is essential for doctors practising in those countries to understand the historical, spiritual and cultural perspective of those who have their cultural roots in the Middle East. We also need to understand who the physician is, the relationship between professional and patient, and the impact of societal structures on that relationship. Only if professionals understand the cultural and religious needs of diverse groups of our patients can we offer them appropriate suggestions and advise on end-of-life decisions.

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Contributions to the 'News and notes' column should be sent to ip@rcpsych.ac.uk

Hamid Ghodse, CBE, 1938–2012

Among many other tributes, Professor Sue Bailey wrote on 3 January to inform the College membership:

My sadness is at the news of the untimely death of Professor Hamid Ghodse, just after Christmas. Many of you will have known Hamid in his work in the field of addictions, and in his role at St George's Hospital. His hugely important work with the United Nations, advising on addictions policy, has had an enormous influence on global mental health. He has been a senior member of the College, to whom I and many past-Presidents have often turned for advice.

Hamid steered the College's International Affairs Committee, and edited our journal *International Psychiatry*. We presented him with the Lifetime Achievement Award at the RCPsych Awards in 2011. In Hamid I, and countless colleagues, have lost a good friend and one of the wisest, most humane people I have ever met. Hamid was blessed with a loving family, and family was always utmost in his mind. I therefore hope we

can hold in mind his family, and all the families of College members who have died in 2012.

Sue Bailey
President, Royal College of Psychiatrists

Volunteering and International Psychiatry Special Interest Group

On 2 November 2012, the College's Volunteering and International Psychiatry Special Interest Group held its first annual conference. There was a full house at the College. It was an opportunity to celebrate the volunteering and international activities of members and non-members. There was a talk by former President Sheila Hollins on the international aspects of the College, and presentations from Uganda, Somaliland, Haiti and Ghana. The day ended with a debate on the role of diaspora organisations in international work. Workshops were held to develop future strategies.

West Pacific Division

The West Pacific Division of the College, chaired by Dr M. Parameshvara Deva, has been involved in

helping to establish a Labasa Stress Management Day Centre in Venua Levu, Fiji. The centre is a place to promote recovery for those experiencing mental illness or emotional distress. It will aim to promote meaningful experiences in a social, supported and welcoming environment. It has been shown to serve as an acute treatment centre for those not needing in-patient psychiatric care and is better than out-patient care alone. It is also an opportunity for family members to participate in activities and understand the many aspects of stress and its management. Sessions can be run from the day centre for those recovering from mental illness, emotional distress or stress. The day centre focuses on the following areas to support clients and their families: community engagement and activities; personal recovery goals and strategies to cope with stress; well-being and a healthy lifestyle; ensuring medication compliance and reducing side-effects.

RCPsych Awards 2012

The Royal College of Psychiatrists Awards are currently in their fourth year and recognise and reward the most talented psychiatric trainees, the most innovative teams and the most dedicated psychiatrists. Some of the 2012 winners were:

- Lifetime Achievement Award – Professor Eve Johnstone
- Psychiatrist of the Year – Dr Geraldine Stratheed
- Psychiatric Team of the Year – Adult Cognitive Assessment and Intervention Team, Cheshire and Wirral Partnership NHS Foundation Trust
- Service User Contributor of the Year (jointly awarded to two winners) – Maurice Arbuthnot and Graham Morgan

Nominations for the RCPsych Awards 2013 opened in January 2013.



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Into the dragon's belly: the experience of a psychotherapist among the victims of the 2012 Emilia earthquake

Sir: On 30 May 2012, I received a call from a psychologist living in the Emilia region of Italy, after two major earthquakes that month. My colleague had gone here to put together a group of experts on emergencies, who met near a school; the roof of the building had caved in and the health workers were on the lawn nearby to provide help.

My house, too, had swung frightfully – I live on the eighth floor; cracks had appeared on the walls, but it had held. 'Let's go into the belly of the dragon', I told myself. Of this I was sure: I definitely preferred to be of some help than stay at home, waiting for the next shake. But as I was putting together an emergency bag, I wondered about what tools I could bring within myself, and whether I would be able to exploit my professional skills and experience in such an exceptional situation.

I have been working for three years within a collaborative project addressing the mental health of political refugees and torture victims. Under the supervision of Marco Mazzetti, we studied how to deal with torture, war and violence (Mazzetti, 2010), as we felt that our standard training in psychiatry was insufficient in this regard. The earthquake, I told myself, may be a little like that: like a dragon, an external enemy, violent and unpredictable. In those few hours, before I reached the meeting point, my experience with refugees allowed me to pack my bags more appropriately.

In people affected by torture, as well as by earthquakes, an external action produces objective psychological reactions than cannot be interpreted in terms of individual, intrapsychic conflict. This external action undermines one's own foundations of being: victims no longer feel at home with their own thoughts. What is left is a human being

bared of complexity and affectivity, at the mercy of ancient traumas awakened by the shock. Their experience, as I collected it in small-talk on the grass around the ruins, was that of being attacked, violently attacked in their physical and psychic identity.

So I worked to return to people their integrity and sense of self-determination, to differentiate the parts within them that had become powerless from those that were still functioning, to let them expel the invading and destructive presence of the earthquake, as if it were a torturer. I had to act quickly, to 'go into the belly of the dragon', right inside, to stop the colonising process of fear within the territories of free self-determination. By picturing the earthquake as a torturer, I found the right attitude to get in touch with both the injured and the resilient portions of self of those who needed my help. Just as with torture, we can speak of the earthquake as a living scar of something that is no longer here.

That journey, those 40 kilometres, were like a round trip through a time portal into another dimension, one which felt even more real than reality itself.

Eleonora Bertacchini (with Licia Masoni and Silvia Ferrari)

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Substance misuse and mental health in Guernsey, Channel Islands

Sir: Since moving from London to take up my first substantive consultant position in one of the Channel Islands, I have been reflecting on the challenges and opportunities that working in such a setting provides. Guernsey is a small island