

He was commenced on an alcohol detoxification regime and further investigation of his hypokalaemia was attempted. During the course of his admission he confided to a member of staff that he had been vomiting on an almost daily basis for 25 years, following criticism of his weight by his father. He admitted bingeing (often daily), but denied the use of diuretics or laxatives.

Following this he received some cognitive psychotherapy and his depressive symptoms were treated with a serotonin-specific reuptake inhibitor antidepressant. On this regime his depressive and bulimic symptoms improved dramatically. His clinical chemistry returned to normal.

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#### **Anorexia nervosa: forced feeding and the law**

SIR: In their recent article about compulsory treatment for anorexia nervosa (*Journal*, May 1993, 162, 679–680), Drs Tiller *et al* seem to assume that forced feeding under Section 3 of the Mental Health Act (MHA) 1983 is legal. We found that the law on this matter is by no means straightforward.

The patient, a 29-year-old woman, once a successful professional, lived at home with her elderly parents. She was diagnosed as having anorexia nervosa five years ago and did not respond to attempts to help her, never engaging with treatment offered by a variety of specialists in eating disorders. When her weight was 28 kg, while in a medical ward, the consultant psychiatrist successfully recommended treatment under Section 3 of the MHA 1983. She offered little resistance to the insertion of a nasogastric tube, to taking chlorpromazine (100 mg, daily), and to a carefully planned re-feeding programme. When she attained a weight of 32 kg the tube was withdrawn and she was transferred to the relatively comfortable psychiatric ward. However, her condition deteriorated once again and forced feeding needed to be reinstated.

The Court's inherent prerogative power to act on behalf of incapacitated adults was extinguished by statute in the UK in 1959. Although the common law has evolved to plug this gap, its powers are limited to making declarations of legality in individual cases, offering general guidelines and suggesting procedural steps to be followed (*Lancet*, 1993). There is a current lacuna in case law concerning adult anorexics refusing treatment (*Re T (Adult) Refusal of Medical Treatment* (1992, 4 All ER, 649)).

As the patient was refusing the insertion of a nasogastric tube, the hospital applied for two

declarations. The first concerned the giving of treatment by way of artificial feeding as being lawful treatment. The second, that it was lawful treatment within Section 63 of the MHA 1983. Our medical opinion was that the patient did not have the capacity to consent as she seemed unable to appreciate the consequences of further starvation.

The judge ruled that the hospital was entitled to both declarations that it had sought. The patient was considered to lack the capacity to consent. The judge specified that "on the evidence, anorexia nervosa was a mental illness and in those circumstances, provided the treatment that was asked for and which the patient was refusing was the treatment for the mental illness from which she suffered, then the hospital was entitled not only to the declaration they sought in common law but also to the declaration as to the effect of the evidence on the statute". He remarked, however, that had the patient made an advance directive about forced feeding, the outcome might have been different (Brahams, 1993).

The judge's opinion about forced feeding and Section 63 of the MHA 1983 was categorical. He clearly stated that on the evidence "there is no room for argument that the introduction and the maintenance of compulsory feeding does form part of the treatment of the mental illness of anorexia nervosa" and that the prerequisites of Section 63 were met in our case. He also quoted Section 145 of the MHA 1983; "Medical treatment includes nursing and also includes care, habilitation and rehabilitation under medical supervision."

The proceedings did not help the patient. They had eroded further the poor therapeutic relationship and she continues to struggle with her life-threatening condition.

LANCET (1993) Mental incapacity and medical treatment. *Lancet*, 341, 1123–1124.

BRAHAMS, D. (1993) Medicine and the law. *Lancet*, 341, 1143–1144.

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#### **Panic disorder with agoraphobia**

SIR: Lelliott & Marks (1988) previously claimed there was "massive evidence" that "exposure" was a specifically effective intervention for the reduction of