

Video news

Consent

Cheap and portable video equipment has meant that tapes of patients can now be made with great ease for teaching purposes: but what are the rights of patients in these circumstances, particularly if they are not able to give proper consent? There is no College policy on this and as yet no psychiatrists have been sued; however there are a few principles established through experience in a number of centres which are endorsed by the medical defence organisations. Most important of these are:

(a) **Is there a need to obtain consent?** There is no doubt that the patients' informed consent is needed where their treatment does not require the making of a recording.

(b) **What if a patient is unable to give consent?** If the patient is not in a fit state to give consent, then the Medical Defence Union advises that videotaping can still be done, but that the tape should not be used until the patient has recovered sufficiently to give that consent. The consent of relatives to obtain the initial recording is also advised. In the case of patients who continue to be unable to give consent for one reason or another, then since a relative's consent cannot replace that of the patient, one has to accept that use of that tape could be considered unethical.

(c) **What form should the consent take?** How should the choice be put to the patient? It is best for patients to 'opt in' by being asked if they would be prepared to allow a recording, rather than having to 'opt out' by recordings being made unless they object. The pressure not to opt out can be considerable in clinical situations where patients may feel powerless and under stress.

A full explanation of what the tape is to be used for should be given. If the tape is to be used in teaching establishments other than the one where it was made, this should be made clear. The patient should understand whether their face is to be shown, and be reassured that identifiable features such as name or place of work will not be included. It should be explained that the patient has the right to withdraw consent at any time in the future if they so wish. The doctor should also be in a position to reassure the patient that tapes will be securely stored with limited access comparable to the way other clinical records are held.

Some record of the consent and what has been consented to should be made. This can either be in the form of an entry in the patient's case notes, or use of a consent form signed by the patient and held in

the case notes. It is not enough merely to have the patient appearing to comply with the recording on the tape itself; some evidence of the process of explanation and counselling prior to consent is needed.

NICHOLAS ROSE

Tape reviews

Occasionally nationally networked TV programmes can be used for teaching purposes, particularly to stimulate discussion. Three programmes originally on Channel 4 entitled *Coping with Bereavement*; *Coping with Losing a Baby*, and *Coping with Mental Handicap*, are worth considering. The BBC has also just released an Open University production entitled *Social Problems and Social Welfare: Care in the Community*. This looks at the alternative arrangements for the care of the mentally ill in one local area, examining how successful the policy has been and containing interviews with a wide range of people involved. Details are given at the end of this section.

Depression

The recognition and management of depression is such a fundamental part of psychiatric practice that I expected to discover a wealth of commercial tapes available for psychiatric training courses. There is not. The majority of tapes are aimed at GPs, hospital physicians, social workers or nurses. But the short list does contain one gem.

The Depressed Patient in General Practice is a model teaching videotape. It demonstrates just how clear and well structured a tape can be. The target audience is defined (GP trainees during their practice attachment); it is well documented (a 52 page group leader's booklet and project forms); it is structured – two sessions with preparation before each session; and it provides opportunities for discussing questions that are raised but deliberately not answered in the presentation. Above all it has clearly stated aims. These are not confined to the recognition and management of depression and potentially suicidal patients, but include helping the doctor to cope with his own feelings when faced with a depressed or very unhappy patient. The clips of patients and doctors are well chosen and have the ring of authenticity about them. They demonstrate clearly the range of presentations of depression and the intensity of affect in some patients. They also show 'real' doctors

having a go at helping them. The section on drug treatments deals with groups of drugs and so is not out of date after eight years.

A valuable tape for GP trainees, it should also be useful for medical students and psychiatric trainees working in primary care settings.

Depression in General Medical Settings demonstrates the pitfalls of using role-played patients. They describe the experience of being depressed and demonstrate the appropriate body language fairly well, but none of them looks or sounds convincingly depressed. Similarly, the white-coated doctor, apparently a physician, sounds like a softly spoken psychotherapist. It is hard to imagine many hospital physicians or GPs who would want to copy this particular role model. The content of the two tapes is sound and the use of captions good.

The short tape produced by Boots (*Depression – A Contemporary View*) might enliven a seminar for medical students or first year trainees. Professor Silverstone points out the inadequacy of the amine hypothesis and indicates the direction of future research.

IAN PULLEN

Tape details

| Ratings | Audience |
|------------------------|----------------------|
| *** highly recommended | P psychiatrists |
| ** recommended | M multi-disciplinary |
| * worth looking at | UG undergraduates |
| | PG postgraduates |

Depression in General Medical Settings: Methods of Detection, Assessment and Treatment

Production: Dr G. McGrath, Professor D. Goldberg, University Hospital of South Manchester/WHO

Distributor: Tavistock Videotapes, Routledge, North Way, Andover SP10 5BE

Details: video, all formats; 2 parts, 20 mins and 25 mins; 1988; £97.75 per part, £166.75 the set

Rating/audience: *, UG and PG

The Depressed Patient in General Practice

Production: Dr R. Steel, Professor A. Clare, MSD Foundation

Distributor: MSD Foundation, Tavistock House, Tavistock Square, London WC1H 9LJ

Details: video, all formats; 1982; 40 mins; hire; sale £24–34

Rating/audience: ***, PG

Depressive Illness – A Contemporary View

Production: Professor J. T. Silverstone, Dr M. Busson, The Boots Company

Distributor: The Boots Company, Thane Road, Nottingham NG2 3AA

Details: video; 16 mins; 1984; hire

Rating/audience: *, UG, PG

Coping with Bereavement; Coping with Losing a Baby; and Coping with Mental Handicap

Production: Tyne Tees Television

Distributor: Yorkshire Television, Television Centre, Leeds LS3 1JS

Details: video, 3 × 25 mins; 1989; £24.95 each

Rating/audience: *, M

Social Problems and Social Welfare: Care in the Community

Production: BBC

Distributor: Guild Sound & Vision, 6 Royce Road, Peterborough PE1 5YB

Details: video; 25 mins; 1989; £130+ carriage and VAT

Rating/audience: *, M