that while I agree that Section 3 of the Mental Health Act contains important safeguards for patients providing consultation with the nearest relative, I would like to add that this in some cases is merely a complicating factor. I have been involved in the detention of patients on a Section 3, where the next of kin has absolutely refused to give consent for such an order. This has resulted in patients being inadequately treated and leaves the psychiatrist in a state of helplessness. On the whole, Social Services appear to be loathe to displace relatives as next of kin and in view of the long and complicated processes of same, this is hardly surprising. However, as this is the only way around the problem I feel that some patients are being treated less than adequately when the relatives refuse to give consent. Furthermore, I have found when the next logical step, i.e. displacement of the nearest relative as next of kin, is pointed out to the nearest relative that they tend to withdraw their objections which can be seen as a subtle means of manipulation which is hardly in the spirit of the act.

Dr Kennedy suggests that, when a patient is well known to the service, community care should be offered without recourse to hospital admission. I find this rather naive and in the present climate of bed shortages, etc. I find it hard to believe that there are many psychiatrists admitting patients unnecessarily under the Mental Health Act. However should there be a clause in the current Mental Health Act to include compulsory treatment in the community, then perhaps his suggestions would be more relevant.

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## *Need for continuing support for carers*

DEAR SIRS

I would like to comment on the letter from Drs Lawrence, Blakely and Rossor headed 'Every Day Life in a Drug Trial' (*Psychiatric Bulletin*, **15**, 770). The substance of the letter concerns a phenomenon which providers of services for dementia sufferers view with a mixture of pleasure and pain. It is a privilege for the research team members to enter, however briefly, into the real life stories of those caring for the demented. It is no less a privilege for the client group to have the attention of talented workers in the research field. The danger lies in the tendency for the researchers to become briefly over-involved and to devalue the work of those permanently "out there" struggling with inadequate resources to prop up an admittedly inadequate system. That the involvement in the drug trial has been "interesting and formative" in the researchers' training experience is not in dispute. The advantage which their involvement confers on the "clients" would be lasting if they were to ensure that there would be some continuing support for the carers after the project team's withdrawal. In many cases the research subjects will be known to local statutory or voluntary agencies. Where they are not, the team members should be asking questions.

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## *Psychological treatments by psychiatrists*

DEAR SIRS

I was interested to read the letter from the Dean regarding her conversations with the President and her concerns about improving the capacity of psychiatrists to engage in psychological treatments (*Psychiatric Bulletin* 1991, **15**, 699). I was particularly interested because I had just read in *Psychiatric News* of 15 November 1991, a publication of the American Psychiatric Association, an account of an address by the President of the Association, Dr Lawrence Hartmann, at the opening of the Institute on Hospital and Community Psychiatry. In this he said, "I worry that in 1991 psychiatry has regressed from what was a fairly sound bio/psycho/social model, partly because of biological advances." "As part of the new biological advances and the remedicalization of the field, psychiatry as a model of illness and wellness has shrunk back from bio/psycho/social integration towards the narrower, more purely physiological medical model..."

Humane values and bio/psycho/social integration "require us to be aware of and care for and treat WHOLE people – whole biological, psychological, and social people, in context and over time." He quoted George Engel, M.D., who questioned in his writings the exclusively biological focus of modern medicine. That focus "assumes disease can be fully accounted for by deviations from the norm in measurable biological variables ... It leaves no room in the framework for the social, psychological, and behavioural dimensions of illness".

Dr Hartmann continued, "In some ways, we psychiatrists with our excellent but unbalancing advances in brain biology – probably need to pay attention to Engel's work even more than we did fifteen years ago."

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## *A psychiatrist with beds...*

DEAR SIRS

How refreshing it is to read Professor Cox's article (*Psychiatric Bulletin*, 1991, **15**, 684–686) expounding