

**Author's reply:** We thank Dr Waite for alerting readers to further useful guidance on advanced care planning. While we agree that there is much to be done from the 2009 Royal College of Physicians report, we have chosen to address the aspects of Mrs S's end-of-life care. In particular, we have focused on the synergies between the psychiatric staff and the local hospice.

On one particular point we stated that people can express their wishes about preferred place of treatment in an advance decision. However, we never stated that an advance decision is always binding – on the contrary, we said that Mrs S's was invalid.

The debate raised around *Burke v GMC* is around providing treatment *not* in a patient's best interests and is not directly relevant to our paper.

However, Dr Waite's final broader point that 'ascertaining how patients would like to be treated when they are unable to make decisions for themselves should be part of routine practice with all psychiatric patients' is welcomed.

**Ollie Minton**, consultant in Palliative Medicine, St George's University NHS Foundation Trust, London, UK; email: [ominton@sgul.ac.uk](mailto:ominton@sgul.ac.uk)

doi: 10.1192/pb.40.5.286

## Correction

The expansion of the Foundation Programme in psychiatry. *BJPsych Bulletin* 2016; **40**: 223–225. The title was incorrect in the print version of this article. The online version has been corrected post-publication.

doi: 10.1192/pb.40.5.286a

## Obituaries

### Ian Reid

**MB, ChB, PhD, FRCPsych**  
Formerly Professor of Mental Health and Head of Department, School of Medicine and Dentistry, University of Aberdeen



Ian Reid, who died tragically early at the age of 53 on 15 June 2014, played a leading role in British, especially Scottish academic psychiatry for over two decades. His particular interest was in electroconvulsive therapy (ECT), which he regarded as a neglected, undervalued but highly effective form of treatment for depression and bipolar illnesses. He was passionate in his attempts to destigmatise

ECT and to puncture the myths surrounding this controversial treatment, while highlighting that it was safe, effective and evidence based. He made successful bids to extend the work of his research team into the psychometrics of mood and at the time of his death, he and his team – through collaboration with the neuroimaging team in Aberdeen – were discovering exciting new biomarkers for mood disorder and the mode of action

of ECT. Ian was a founding member of the Scottish ECT Accreditation Network and became Chair of the Royal College of Psychiatrists Special Committee on ECT and Related Treatments in 2011.

He was also an effective advocate for the appropriate use of antidepressant medication. His collaborative research with primary care colleagues in Aberdeen into prescribing of antidepressant medication led directly to the withdrawal of a Scottish Government Health Efficiency Access Treatment target to reduce antidepressant prescribing. This research, quoted by the Public Audit Committee of the Scottish Government, had widespread media coverage and led to a robust debate in the *BMJ*.

Internationally, he collaborated, for example, with colleagues in India, via the Trusted Mobile Platform for the Self-Management of Chronic Illness in Rural Areas.

He was a prolific contributor to the literature, editing and contributing chapters to the standard textbook on the subject, *Fundamentals of Clinical Psychopharmacology*, as well as being associate editor of *Therapeutic Advances in*