terms in the multiple choice questions. It think that if these and other equivocal words are clarified by the Examination Board one would find a narrowing in the gap between the British doctors' and the foreign postgraduate doctors' examination results.

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Psychiatrists and political movements

DEAR SIRS

I would like to sound a note of caution in relation to identifying psychiatrists with political movements. I was delighted to note that Dr Maclay (Psychiatry and the Peace Movement *Bulletin*, April 1986, **10**, 83–84) and Professor Clare, when inviting psychiatrists to support the Nuclear Freeze Organisation, have not suggested a psychiatric parallel to International Physicians for Prevention of Nuclear War. As an early and enthusiastic member of the Doctors and Overpopulation Group, and supporter of nuclear freeze, I believe it is important to distinguish causes where doctors and psychiatrists have a special responsibility (e.g. the provision of contraception, and the use of psychiatry to detain political dissidents) and ones where our views are no more valid and relevant as others outside our profession. I expect most psychiatrists would be actively involved in political movements as an expression of their concern for the community as a whole.

Were one to link a political view with a group of psychiatrists the object would be to promote that cause by increasing publicity under the impression that the views of psychiatrists should be adopted by others. Our patients are by their very nature disordered in their thinking and may have views diametrically opposed to ourselves. Such patients should not come to psychiatrists reinforced in the belief that psychiatrists have attitudes and beliefs antithetical to their own. Thus the very effectiveness of such a link would reduce the clinical potential of psychiatric treatment, quite apart from increasing the barrier against psychiatric consultation.

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Approval under Section 12(2) of the Mental Health Act 1983

DEAR SIRS

Over the past few years I have come across approved doctors of some seniority who did not show the degree of grasp of the most essential provisions of the Mental Health Act that one would have expected of them.

I would therefore like to suggest that in order for the approval of Psychiatrists under Section 12(2) to have the most meaning, not only should applicants for approval be Members of the College (which I understand is already the case), but that they should also be required to show their understanding of the Mental Health Act by way of an oral test set up by the Regional Health Authority concerned. This way we would know that those who are approved actually do have experience in the diagnosis and treatment of mental disorders and are also confident in interpreting and applying the various provisions of the Mental Health Act.

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Consultants and administrators

DEAR SIRS

Sitting in a recent senior medical staff committee, listening to an animated and rather chaotic discussion of the impact of recent ward closure and cost cutting exercises, I was struck by the similarity to a recent marital situation which I have been treating.

In this case the consultants represent the injured party (the woman). They are hot-headed, temperamental, prone to hyperbole and exaggeration, while feeling ignored and helpless. They feel their patients (the children) are suffering at the hands of the stingy budget-dominated administrators whose callous disregard for patients wellbeing is hidden behind an inscrutable mask of calm control (the husband).

As in the marital situation, the administrators regard the consultants as irresponsible, over-emotional, chaotic, lacking in judgement, and unable to manage. They perceive themselves as balanced, rational and in command. They harbour fears of wildly extravagant behaviour were the consultants ever to have free rein with the money.

Maritally this dynamic is common. This is because it receives social sanction, conforming as it does to stereotyped views of sex role behaviour. In the relationship the woman is defined as a child and the man her controlling father. She loses her sense of responsibility and control over her own destiny in exchange for care and protection provided by her husband. Unfortunately, the less benign aspects of the relationship involve a progressive loss of self-respect, demoralisation and depression. Because of the interdependence which develops there is an apportionment of qualities between the couple with each needing the other to contain unwanted aspects of themselves. This is referred to as projective identification.

With the passage of time each person's behaviour becomes exaggerated like a caricature. The woman is over-emotional as she carries her husband's unwanted passions which allow him to stay calm and in control. The man is rocklike and unfeeling as a result. Outbursts by the woman

are attributed to 'instability' and invalidated in consequence. If she persists in this behaviour, she may even be shipped off to the nearest psychiatric hospital, while her husband, genuinely concerned by her behaviour, remains oblivious to his own part in the scenario.

Returning to the consultants, their own helpless chaotic response to the deteriorating climate may well invalidate their perspective in the eyes of the administration. Bypassed in major decision making, criticised for their narrow partisan concern with their patients' interests, and increasingly blamed for the whole situation, they are in danger of suffering the metaphoric equivalent of being 'put away'.

If this analysis is valid there is only one prescription. In the marital situation, treatment involves helping each party to become aware of their contributions to the deteriorating relationship. The financial arrangements between them often mirror the dynamics with remarkable accuracy. In the case referred to above, the husband had total control over finances, giving his wife 'housekeeping money' which she consistently mismanaged, only confirming his view of her as irresponsible. She was in ignorance of his earnings, the gravity of their financial position (which he thought would 'disturb' her) and many details of their expenditure.

When it was suggested that all accounts should be joint and that time should be put aside for joint planning of expenditure, the husband admitted to an immediate sense of panic as he saw his calm control disappearing and was faced to re-own his own unacknowledged anxiety which his wife had been carrying for him. His wife felt an immediate sense of relief and a surge of confidence in response to being treated like an adult.

The health service is a partnership. It cannot function without doctors but it also needs people with administrative and financial expertise in order to manage effectively. Partnerships do not work unless they have equal shared power responsibility and control.

The implication is clearly that unless consultants are given clinical budgetary control on a par with administrators' control of support service budgets, their influence will diminish, their patients will suffer, and the overall climate and morale in the service will continue to deteriorate.

Comments please!

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The Draft Code of Practice and psychosurgery

DEAR SIRS

Dr Peter Turner's recent letter concerning the Mental Health Act[1] mentions the extraordinary way that patients are treated by the Mental Health Act Commission when they wish to be considered for psychosurgery, and previous correspondence has stressed this[2,3]. In effect they are deprived of their rights and compelled to see a doctor, to whom they have not been freely referred. They must be interviewed by others, who could include a Mayor or someone from a consumers' group, whether they regard this as reasonable or not. How many ill people want to be asked questions about their illness by Mayors and consumer personnel?

Much of the legislation in Section 57 seems designed for an east European country where the party machine knows best. Indeed, Lord Colville seems to confirm this in the quotation given in Dr Turner's letter where Lord Colville confers medical infallibility on the Secretary of State.

It may be that others would like to know our main criticisms of the Draft Code of Practice. We are specially concerned about the following:

5.8.3 When a patient is referred to the Mental Health Act Commission under Section 57 the appointed Doctor will expect the RMO to show that—....
other circumstances are favourable, such as premorbid personality, support by family and/or others:...
there has been full and up-to-date multidisciplinary assessment, including psychological, nursing, social, domestic, physical and vocational.

We are strongly of the opinion that psychosurgery should not depend upon whether 'other circumstances are favourable, such as...' etc. These aspects tended to be stressed with prefrontal leucotomy but that was used over 30 years ago. The indirect results of most major operations, including those for carcinoma for example, are enhanced to some extent by a favourable premorbid personality, support by the family and so on. But lack of these benefits is in no way a contraindication to surgical treatment. They are important but essentially peripheral factors. Psychosurgery is needed because of severe and intractable affective disorders and, while the overall outcome may be rather less good because of an absence of favourable home circumstances for example, this does not in any way mean that the operation should not be carried out. Surgery is needed to relieve the distress of the patient.

In our view it is not essential to have a full and up-to-date multidisciplinary assessment before psychosurgery is considered. This point is similar to that above. Multidisciplinary information is useful and desirable but not essential. The absence of this information must not unduly delay much-needed treatment.

Let us be quite clear that assessing a patient for a psychosurgical operation involves a highly specialised neurosurgical and psychiatric decision, with the neurosurgeon having a veto. This decision, to operate or not, is entirely medical and does not involve any other profession directly.

However, the most important matter of all does not appear in the Draft Code. I refer to the imperative need for an appeal procedure, especially with regard to assessments for psychosurgery. It should be quite unacceptable in a democratic society for a very ill patient to be forced to submit to the opinions of medical commissioners whose experience of psychosurgery has so far seemed to be limited at