

Correspondence

Accident Neurosis and the Law

DEAR SIR,

I was interested to read Tarsh and Royston's 'Follow-up Study of Accident Neurosis' (*Journal*, January 1985, **146**, 18–25), although this study does seem to provoke almost as many questions as it answers. Reference is made by the authors to the wrath which claimants reserve for the "whole medical and legal merry-go-round". I am not competent to comment on the specialist medical aspects but some of the apparent complaints about lawyers and the legal system do need to be examined more closely.

Medical examinations are never "for the benefit of lawyers"; they are all ultimately for the benefit of the claimant, since clearly no lawyer in his right mind, whichever side he is on, could possibly advise settlement of a case until he has expert medical advice as to the extent of the injuries suffered.

Some clients do of course come to resent their own lawyers and sometimes with justification, particularly if a lawyer has accepted a type of case of which he has had no experience and with which he is not competent to deal. There are however many reasons why clients seek to change solicitors, one of which is unjustified dissatisfaction with entirely accurate and proper legal advice that the claim is not as strong or as large as had been hoped. It is also interesting that two out of the three types of complaint specified, namely that the claimants were never told what was happening or why and that their professional advisers were not even interested, are very similar to complaints frequently made by litigious patients about their doctors; and while it is of course true that the legal process is a slow one and that lawyers are responsible for some of the delays, ironically one of the most common reasons given by plaintiffs' solicitors for their failure to pursue a case swiftly is delay by the medical experts in providing reports and opinions.

More use could be made of interim payments, although only "in cases where the outcome is not clear" when it is not liability (including the question of causation) which is in doubt but purely the extent of the injury. Section 6 of the Administration of Justice Act 1982 does in fact provide for the award of provisional damages for personal injuries in certain circumstances, but this Section is not yet in force and in any event it will probably be of little help in the present context.

It is not disputed that the legal process is often slow and cumbersome and that delays by lawyers can increase the distress of claimants. My quarrel with the study is that it seems to place more blame for accident neurosis on lawyers and the legal system than the results of the research would appear to justify. The authors assert that "if potential patients knew where they stood early, and in particular, if they knew that no one was liable for damages, then it seems likely that much neurosis might not arise" and they go on to suggest that "the overall system needs to be accelerated and better explained in all medical, legal and social aspects so that claimant dissatisfaction should not be the obstacle to improvement that it appears to be today". However, nowhere in the study is there any real evidence to support these views and if anything they appear to be inconsistent with the authors' previous reference to the "lack of improvement after compensation".

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Psychotherapy and Psychiatric Need

DEAR SIR,

In the midst of the psychotherapeutic jihad between the faithful and the heretics, it was a distinct pleasure to read Richman and Barry's paper (*Journal*, February 1985, **146**, 164–168) pointing out the growing tendency for less handicapped psychiatric patients to receive more services with consequent detriment to more severely handicapped individuals.

In an age when medical and paramedical mental health professionals willingly undertake to talk people out of everything from cancer to unemployment and when the growth of untested, quasi-scientific "therapies" with no rational basis and an inbuilt reluctance to submit to close scrutiny begins to resemble, in several ways, that of a colony of salmonella, it is high time that we take a good look at ourselves and decide where our main responsibilities lie.

I heartily agree that "a substantial proportion of psychiatrists should return to the problems for which they are best equipped to deal". If we do not stick to what we know best, and if we continue to spread ourselves ever wider across the whole range