Cost of detention of mentally ill patients in prison

Sir: A fortnight before Christmas the phone rang in my office as I was dashing out to do a peripheral out-patient clinic. The probation officer on the line wanted me to make an early assessment on a patient known to our trust who was in custody on remand. As I was starting my annual leave the following week my schedule was busier than usual and I was unable to respond positively. However, as he expressed a serious concern about the deteriorating mental state of this patient in the prison cell, I agreed to cancel the first day of my holidays and visit the prison. My registrar and the nurse in charge made time to accompany me to make a joint assessment.

To my utter surprise an official from the prison telephoned to cancel my visit as they did not have funds to pay the statutory fee for the visiting consultant. We were informed they would try to get an adjournment of hearing for four weeks in the hope that they would get adequate funds to pay the consultant. I should point out that the fee payable is not dissimilar to the domiciliary consultation fee. We all know how much it costs in terms of revenue and emotional pain for a mentally ill patient to be detained in a prison cell. There may well be a logic behind all this but I must admit that I cannot see it. It is ironical that following the Reed report and recommendations to implement court diversion schemes, the hospital trusts and the clinicians are at pains to avoid any delay in assessment of prisoners and transfer as appropriate for hospital treatment. We are coming across a dilemma of cash crisis and bad judgement of priorities within the health care of the prison system.

GILBERT ANDREWS, *Heathlands Mental Health Trust, Ridgewood Centre, Old Bisley Road, Frimley, Camberley GU16 5QE*

Harmful euphemisms

Sir: I read with sympathy Dr Robertson's Personal View – community psychiatry: weasel words (*Psychiatric Bulletin*, 1994, **18**, 760–761) and support his conclusions.

Reason and good sense do not seem to help us so I would suggest ridicule might be the appropriate response. I have found robust and ribald comments stops the peddlers of harmful euphemisms such as 'community care' in their tracks and so provoke more constructive responses.

We should have the self-confidence to say things in 'bad taste' in defence of our patients' best interests.

DAVID MARJOT, *85 The Avenue, Sunbury-on-Thames, Middlesex TW16 5HZ*

Supervision registers

The following letter is in response to an inquiry from the President of the College.

Dear Dr Caldicott

I am responding to your inquiry about supervision registers, and in particular, whether psychiatrists who follow the Department of Health's guidelines on supervision registers will be at greater risk of contravening the GMC's guidance on confidentiality.

The GMC was not consulted by the Department before the introduction of these guidelines, and has not therefore considered them formally. This letter therefore reflects the views of the Chairman of the Standards Committee, rather than those of the council as a whole.

The Department's guidelines make clear that responsibility for maintaining the Register (including ensuring that information is held securely) and for making decisions about disclosures rests with the provider unit, and not with individual practitioners, although the consultant in charge of the patient's care should be consulted before any disclosures are made.

The GMC would be unlikely to hold doctors responsible for improper disclosures, where in supplying information they were complying with NHS guidelines and where they had not taken the decision to release the information. Of course, if a psychiatrist's advice to the provider unit is seriously misjudged the GMC could regard the psychiatrist as contributing to an improper disclosure. However the doctors concerned would not be at any greater 'risk' of disciplinary action from the GMC than is currently the case.

You also asked for more general views on the guidelines. The GMC does not usually comment on decisions relating to the management or organisation of the NHS, which are ultimately for government to determine. However, the GMC has a

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