
Correspondence

The views of voluntary patients

Sir: We read with interest Paul & Oyeboade's paper regarding the competence of voluntary psychiatric patients (*Psychiatric Bulletin*, August 1999, 463–466). We too have data on a related, but distinct, area of research. One hundred consecutive informal patients were interviewed on the third day of admission and one week later. At the first assessment, 78% thought they needed to be in hospital and 74% thought they needed treatment. Only 43% recalled receiving an explanation of their admission and treatment plan. We assessed their knowledge of their rights to refuse admission and treatment. At the first assessment, 67% were aware of their right to refuse treatment with 52% anticipating coercion if they exercised this right. Seventy-three per cent were aware of their right to leave hospital and 42% anticipated coercion if they exercised this right.

A modified information leaflet (Sugarman & Long, 1992), explaining their rights as voluntary patients was administered. At reassessment, 78% were aware of their right to refuse treatment and 29% anticipated coercion on exercising this right. Ninety-one per cent were aware of their right to leave hospital with 22% anticipating coercion if so doing. These changes were statistically significant at $P < 0.001$ and $P < 0.005$ respectively. Sixty-one per cent could remember receiving information about their treatment and hospital stay.

The first stage of this study revealed a minority of patients recalling information regarding their treatment. It may be that either that this information had not been given or that it was difficult to recall. Surprisingly the majority indicated that they agreed with the need for hospitalisation and treatment. This is in spite of the majority of patients not recollecting having been given an explanation of the treatment plan. As in Paul & Oyeboade's article it appears that other factors account for consent to be given, for example, trust in the doctors, subjective distress and an incorrect view of the situation and its consequences. Our results show that the use of the information leaflet for this group of patients could be helpful in enabling them to consider the options open to them. This would then aid the process of obtaining informed consent.

References

- SUGARMAN, P. & LONG, A. (1992) Informing voluntary patients of their rights. *Psychiatric Bulletin*, **16**, 1477.

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The Internet and its actual influence on suicide

Sir: Thompson's review (*Psychiatric Bulletin*, August 1999, **23**, 449–451) of the Internet and its influence on suicide includes a discussion of Haut & Morrison's (1998) report detailing websites which describe methods of suicide. We wish to report the perhaps inevitable next stage in the Internet's potential for facilitating suicide attempts: that of a case in which medication was bought through the Internet and then used in a suicide attempt.

The patient is a 40-year-old man who has been attending an addiction unit with alcohol dependence syndrome. He took an overdose of phenytoin and chlordiazepoxide. At interview after discharge from hospital he said he had purchased the medication from the Internet for self-detoxication.

On investigation of the Website the company offers a wide range of medication including antidepressants, benzodiazepines, opiates (buprenorphine oral and ampoules) and insulin. Insurance can be paid against customs seizure and advice is given about avoiding detection, for example, the use of varying delivery names and addresses.

With information readily available about methods of suicide psychiatrists should be aware that their patients may also have access to potentially lethal medication. There are of course implications for the addiction field.

We are sure that this will not be the first case of its kind but believe that the more this is reported the more pressure will be exerted on regulators.