Correspondence

Patients who need clozapine who refuse haematological monitoring

Sir: One of my patients is being considered for clozapine but is refusing the regular blood tests needed for this and the question arises as to what to do.

The Mental Health Act Commission (1993) has issued advice on this point but this is not well known and I would like to quote it here.

> "The Central Policy Committee determined that, since the blood monitoring was a condition of the licence for the use of the drug, if clozapine was authorised either by a Responsible Medical Officer or by the certificate of a Section 58 Appointed Doctor (SOAD), the administration of the medicine should include the authority for the necessary monitoring, and that it would be improper to withhold recommended and authorised treatment from detained non-consenting patients because of uncertainty about the authority to undertake blood tests.
>
> The degree of resistance and its origins (e.g. religious objections) to the blood sampling should be taken into consideration by the RMO and SOAD when deciding whether to authorise the treatment.
>
> The Central Policy Committee considered that whether the authority to secure a blood sample was in fact exercised by the RMO, when a detained patient actively refused to cooperate with the venepuncture, was a matter for the judgement of the RMO, in conjunction with the multidisciplinary team".

I would be very interested to hear whether anyone used venepuncture for non-consenting patients on clozapine and with what results.

MENTAL HEALTH ACT COMMISSION (1993) Excerpt from Practice Note 1: *Guidance on the Administration of Clozapine and Other Treatments requiring Blood Tests under the Provisions of part iv of the Mental Health Act*. Issued June 1993.

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Administration of ECT by junior psychiatrists

Sir: With regard to electroconvulsive treatment (ECT), worrying deficiencies in junior psychiatrists' knowledge, supervision and training have again been highlighted (Ramsay & McPhillips, *Psychiatric Bulletin*, 1993, **17**, 766–775).

I was once contacted by a nervous senior house officer who had no idea how to administer ECT but was faced with giving it for the first time. She was unable to contact her senior colleagues who neglected to ensure she was adequately instructed on the procedure. I, as another junior officer with adequate training in ECT, had to instruct her where she should place the electrodes and how to set the machine. A seizure was successfully induced. She subsequently received supervision from her consultant on ECT.

If ECT was as invasive as psychosurgery, no consultant psychiatrists would dare allow their juniors to perform it without good knowledge that the juniors were competent to carry out the procedure. However, this is not the case and once the dial on the ECT machine is correctly set, the act of positioning electrodes on a human head and pressing a button could perhaps be done by a suitably trained chimpanzee. ECT training is not merely about learning dial setting electrode positioning and button pressing.

Undertaking work which is beyond one's competence constitutes negligence (Jones, 1992). Junior psychiatrists should appreciate that if they undertake to perform ECT without proper supervision and training from an approved body they risk being found liable to negligence if a treatment ended in a fatality.

JONES, M.A. (1992) Medical negligence. In *Doctors, Patients and the Law* (ed. Clare Dyer) pp. 11. Oxford: The Medical Protection Society in association with Blackwell Scientific Publications.

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Measuring consumer satisfaction in a child psychiatry unit

Sir: We were delighted to read the article by Elizabeth Walters emphasising the importance of 'asking the customer's opinion' in a child psychiatry context (*Psychiatric Bulletin*, 1993, **17**, 661–662). Children's views are important but Dr Walters neglects to mention referrers (usually GPs) who are also consumers. We have completed a semi-structured self report survey of