

References

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Increasing the cross-fertilisation of ideas between training schemes

Sir: I have had the opportunity, as the specialist registrar representative on a Child and Adolescent Psychiatric Special Advisory Sub-Committee team, to visit a different child and adolescent training scheme than my own. This was a very interesting experience both with regard to the process of the visit and seeing how another scheme functions. It also exposed me to new ideas about training. I strongly support the view expressed by Laurence Sheldon (1994) that approval visits should be open for any interested specialist registrar and recommend other trainees to consider offering themselves for approval visits.

Further food for thought has come from the biannual joint meetings that the scheme I am on has with a neighbouring scheme. One cannot help but compare one's own scheme and others. Clearly all have strengths and weaknesses and this is discussed among trainees and trainers. Such encounters can be a stimulus for the re-appraisal and development of training schemes.

Schemes will vary according to size, historical context, geography and mix of personalities. Individual training schemes develop particular approaches to problems, using the locally available resources and so will be different. Nevertheless, it is highly likely that some problems will be widespread across many schemes. I would therefore advocate that the cross-fertilisation process between schemes is a significant way of continually improving the training offered.

References

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Usage of clozapine and new neuroleptics

Sir: Bristow (*Psychiatric Bulletin*, August 1999, **23**, 478–480) found 9.5% of psychiatrists said their trust restricted clozapine funding. By contrast, the Maudsley National Schizophrenia Fellowship (1998) survey of health authority pharmaceutical advisors reported in the *Pharmaceutical Journal* found clozapine funding

restricted by 45% of health authorities. We have recently carried out a postal questionnaire of members of the UK Psychiatric Pharmacists Group on the use and evaluation of atypical antipsychotics. We received 82 replies giving a response rate of 45%. Eleven per cent of pharmacists reported their trust capped the number of patients prescribed clozapine. However, there was widespread use of measures by trusts to try and limit expenditure on atypicals, restricting the prescribing of atypicals to consultants only and the use of guidelines in which atypicals are not first line treatment for schizophrenia. Only 12% of trusts, our hospital among them, used no cost-containment measures.

References

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The law and suicide

Sir: Thompson (*Psychiatric Bulletin*, August 1999, **23**, 449–451), states 'the Suicide Act of 1961 prohibits others from encouraging suicide', and concludes that there may, therefore, exist 'legal grounds' sanctioning suicide Websites. These suggested measures include possibly tracing 'vulnerable individuals' who have disclosed suicidal thoughts, or who have communicated, for example, by way of the site bulletin board, that they have just acted on their suicidal ideation. Yet, it is difficult to see how there could be legal grounds propelling health care professionals (presumably), or any other individual, into such interventions. The Suicide Act 1961, prohibits the 'aiding and abetting' of suicide, but this is not necessarily synonymous with merely 'encouraging' suicide *per se*. Criminal liability arises in circumstances where a person takes active steps in assisting the suicide of another, such as by telling someone the amount of a drug required to secure death and leaving this within their reach. The Suicide Act 1961 does not extend to Scotland, although any individual taking similarly unambiguous steps to assist another in suicide might face 'art and part' liability in the aiding and abetting of a suicide, possibly resulting in a charge of culpable homicide. Neither does it apply to other countries, and it must be borne in mind that assistance in suicide is not a crime everywhere. Therefore, there can exist no competent application of the