and only offers a limited list for oral equivalence adds to the confusion. There is a need for a broader consensus in this area in order that clinicians are better informed as to appropriate prescribing.

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Patient advocacy

Sir: Klijnsma (*Psychiatric Bulletin*, 1993, **17**, 230–231) has described the Dutch model of patient advocacy. We report a case in which potential problems of the advocacy are raised.

N is 55. He has chronic schizophrenia, partially improved by anti-psychotic medication. An attempt to reduce medication in 1993 caused psychotic exacerbation and disturbed, aggressive behaviour. N lacks insight, denying he is ill. He has functional blindness, attributed to the medication which he strongly resists. He is on section 3 of the Mental Health Act and in the past 12 months had this upheld by the hospital managers and a mental health review tribunal. A second opinion doctor supported his current treatment.

When N requested to stop treatment, a nurse arranged for an NSF (National Schizophrenia Fellowship) advocate to meet him. It was suggested that another responsible medical officer (RMO) take over his care, and the advocate helped N to write to hospital management requesting this. It was pointed out by nursing staff (although interestingly never by N or the advocate) that a right to this is contained within the government White Paper *Health of the Nation*. N believed that alternative psychiatrists would take him off his anti-psychotics.

The clinical team had a series of meetings with N, involving the advocate, to try to resolve his agitation and confusion over his current treatment. Consultation confirmed that no other RMO was willing to take over N's care; all those approached supporting a continuation of his depot medication.

During a joint meeting with the advocate, N made allegations that his consultant had murdered patients, and he witnessed horses being killed on the ward. He claimed to have psychiatric training and dismissed his treatment, saying it was an attempt to murder him. The advocate had three meetings with N acknowledged that this was a 'nightmare case', and withdrew.

This advocate was sensitive to the dangers of unrealistic acceptance of N's accusations. The disruption to his care was minimal. The careful long-term relationship built between such a patient and his mental health professionals may be jeopardised in this situation. Had this advocate followed the model of 'true advocacy', in which the patient's right to make his decisions prevails, the advocate would have supported the patient's complaints against his clinical team. However, where (as occurs in schizophrenia) these concerns relate to paranoid delusions involving staff, becoming involved may reinforce their validity for the psychotic patient.

There is no uniform, structured approach to patient advocacy in the UK. The Dutch system appears to have limitations. The authors suggest that mental health professionals need to work with advocates in complex cases, to protect the patient's right to receive proper treatment, and have his/her concerns properly considered.

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The contribution of medical representatives to consultant psychiatrists' understanding and use of psychotropic medication

Sir: I have recently carried out a small study to try to determine whether the work of medical representatives ('drug reps') contributes in a significant way to consultant psychiatrists' understanding and use of psychotropic drugs.

In March and April 1994, I sent out a 15-item questionnaire, to be filled in anonymously, to a total of 60 consultant psychiatrists at hospitals in, and close to, London; 33 consultants (55%) had returned the questionnaires by the end of April. It is self-evident that the sample is unlikely to be representative of the national picture.

The responders segregate into three categories: consultants who agree to see drug reps and who also accept gifts from them (n=16); consultants who agree to see drug reps, but refuse gifts from them (n=6); and consultants who totally refuse to see drug reps (n=11).

As sources of information about psychotropic drugs, drug reps are considered extremely important by none, very important by 9% fairly important by 36%, and not important at all by some 51% of responders.

Sixty-seven per cent of responders do meet reps from time to time, while 33% totally refuse to see them. Of those who do see them, 13% positively encourage their visits and 23% are happy for them to drop in whenever they happen to be around. Seventy-seven per cent of those who see them require them to make specific appointments.

https://doi.org/10.1192/pb.18.12.779 Published online by Cambridge University Press