



and lesbian service users who have difficulty obtaining private space in in-patient settings.

Recommendations by the special interest group

Principles

- (a) Same-gender relationships should be treated in the same way as heterosexual relationships for the purposes of receipt of mental health services.
- (b) Lesbian and gay patients are entitled to the same care and treatment as heterosexual patients.
- (c) Lesbian and gay staff working in NHS settings should have the same rights, and corresponding responsibilities in the conduct of their work, and protection from discrimination as all other employees.

Legal practice

The Gay and Lesbian Special Interest Group would support the introduction of 'nominated representatives' into the new Mental Health Act, if nomination was made by the patient. Allocation by a professional would only occur if:

- (a) there was no advance directive;
- (b) the patient lacked capacity;

- (c) the patient refused; or
- (d) the patient's choice was clearly harmful to his/her well-being.

Future codes of practice should include same-gender partners as de facto next of kin or nearest relative, if these terms are retained.

Clinical practice

NHS guidance on information obtained from patients should not include next of kin but should include a contact person.

NHS in-patient facilities need to accommodate the requirements of gay and lesbian patients in the same way as they accommodate the requirements of other identified patient groups with particular needs.

Research and training

- (1) Undergraduate teaching for medical students should include information on gay and lesbian sexuality and lifestyle.
- (2) NHS trusts need to provide training on gay and lesbian issues in the same way as they provide cultural-awareness training.
- (3) More research is needed on:
 - (a) gay and lesbian service users' experience of mental health services

- (b) professionals' knowledge about and attitudes to homosexuality
- (c) the practice of mental health professionals with regard to gay and lesbian patients.

Endnote

This paper is a summary of a debate attended by members of the Gay and Lesbian Special Interest Group, focusing on next of kin and nearest relative issues for gay men and lesbians, entitled *Whose Relative is it Anyway?* The purposes of the meeting were to clarify the issues regarding nearest relatives and recommend ways of improving the current status of gay and lesbian nearest relatives. It was held at the Royal College of Psychiatrists on the 28 September 2001 and was preceded by presentations on the key issues by: Angela Mason – Executive Director, Stonewall; Polly Mann – Senior Advocate, PACE; Simon Foster – Principal Solicitor, MIND; Ben Wright – Specialist Registrar in Psychotherapy.

J.T. v United Kingdom (2000) Times Law Report, 5 April.

ROYAL COLLEGE OF NURSING (1998) *Guidance for Nurses on "Next of Kin" for Lesbian and Gay Patients and Children with Lesbian or Gay Parents*. Issues in Nursing and Health 47. London: Royal College of Nursing.

Annie Bartlett, James Warner, Michael King Gay and Lesbian Special Interest Group

obituaries

Gwyn Roberts

Former Professor of Learning Disability, Queen's Medical Centre, Nottingham

Professor Gwyn Roberts was a thoughtful, caring doctor of considerable ability, which he used to improve the quality of life for people with learning difficulties. He was witty and wise, erudite, innovative and always reassuring and supportive. He was a team builder who inspired great loyalty and affection from his colleagues. He desired change for the benefit of his patients and their families but was always realistic about what could be achieved. Despite his dry humour, he was a quiet and contemplative person, in many ways understated and at times troubled by self-doubt. However, he will be remembered as a leader and an enabler who made a lasting impression in his field.

Gwyn Roberts was born in 1933 and brought up in North Wales (with Welsh as his first language). He went on to train at the Welsh National School of Medicine in Cardiff where he graduated in 1956. After qualifying he worked at Whitchurch Hospital and gained the DPM in 1961. He then worked at Great Ormond Street



Children's Hospital, researching inborn errors of metabolism. After further research and clinical experience at Oxford, he moved to Cambridge in 1965 to commission the Ida Darwin Hospital, in its day a progressive establishment for the care of children and adults with learning disabilities. Using a multi-disciplinary approach, Gwyn helped change attitudes and set new standards for these most vulnerable of people. Perhaps his greatest gift was his gentle, unpatronising manner

with patients and their families, to whom he always listened so carefully.

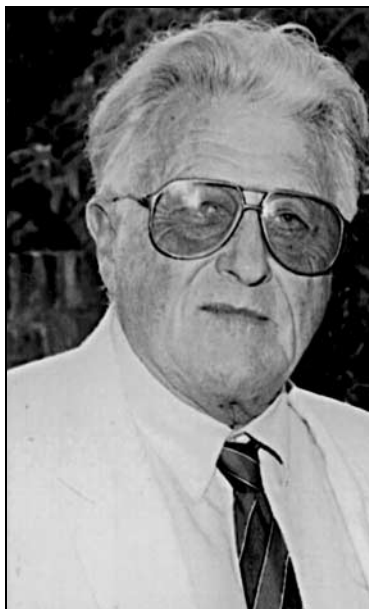
In 1971, he was a major contributor to the Government White Paper *Better Services for the Mentally Handicapped*. Subsequently, he was appointed to lead the first Government Hospital Advisory Service team, which visited hospitals across the country to improve standards of care. Locally, he identified a need for, and created, the Child Development Centre, one of the first of its kind in the country.

In 1995, Gwyn left the Ida Darwin to take up the first Chair of Learning Disabilities at the University of Nottingham. Here, he set about the complicated and overdue task of re-shaping clinical services as well as establishing his new department. He attracted high quality researchers and inspired several trainees from the area postgraduate psychiatry training scheme to specialise in learning disabilities. Beyond the department, he shared his knowledge of medical ethics and made an important contribution towards building academic chairs in other parts of the UK. He also served on numerous committees for the Royal College of Psychiatrists, of which he was a Fellow, and was medical advisor to MENCAP for many years.



Soon after his retirement he developed colonic cancer from which, after a long illness, he died on 11 January 2002. Gwyn was first and foremost a family man and he is survived by his wife Sheila (Kidd), a fellow medical student to whom he was married for 43 years. He also leaves a son, a daughter (a community paediatrician) and two grandchildren.

David Wilson



Michael Gwynne Douglas Davys

Formerly Consultant Psychiatrist, Bowden Clinic, Harrow-on-the-Hill

Dr Davys was born in 1922 in Urchfont, Wiltshire, where his father, Revd Canon S. M. D. Davys, was the vicar of St Michael's Church from 1915 to 1929. Davys was educated at Salisbury Cathedral School, then Marlborough College. In 1940, he went up to St Edmund Hall, Oxford, to read Medicine, qualifying in 1946, and continued his medical training at Guy's Hospital.

In May 1945, as one of the more senior medical students, he went to Belsen to help with the massive medical problems as concentration camps were liberated. The death rate, which had been 4% per day until 1 May, fell in 1 week to half the total and by 22 May had been reduced to 50 per day. His letter home describes 'scenes of indescribable horror, filth, squalor and disease... they have been dying of starvation and typhus at about the rate of 500–600 a day... I am very tired. We work a very hard 12-hour day. The scenes I have seen here will be vivid memories for the rest of my life'.

From 1950 to 1970, Davys served in the Royal Naval Volunteer Reserve, attached to HMS *President*. He achieved the rank of Surgeon Lieutenant Commander and was awarded the VRD, the Royal Naval Volunteer Reserve Officers' Decoration. After leaving the Navy, he returned to Guy's, qualifying as a consultant physician and psychiatrist in 1953. He remained attached to Guy's Hospital under Sir Arthur Fripp as Research Fellow in Psychiatry. He was also ward clerk and part-time resident medical officer under Dr Macdonald Critchley and Dr Meadows at the National Hospital for Nervous Diseases, Queen Square.

Upon qualifying, Davys worked mainly in the NHS as consultant psychiatrist for the East Sussex Regional Board's Child Guidance Clinic in Brighton. He had a special interest in depression in children.

In 1964, Davys left the NHS and established Bowden House, a private psychiatric clinic in Harrow-on-the-Hill, where he was Consultant Psychiatrist and Joint Medical Director until 1974. In 1966, he was elected Corresponding Fellow of the American Psychiatric Association, in recognition of meritorious contributions to psychiatry, and became an International Fellow in 2002. The US Government engaged him as a panel psychiatrist to vet visa applications, and he was also a member of the Anglo-American Medical Society.

A keen skier since the early 1960s, firstly in St Moritz and then regularly in Zermatt, he was a member of the Kandahar, Downhill Only and Ski Club of Great Britain. Indeed, he became something of a local hero in Zermatt when, in 1964, his swift action in accessing vaccine during a typhoid epidemic saved the town from disaster. He introduced many friends, entertainers and patients to the mountains, and was skiing elegantly even last February, although no longer able to repeat his ascent of the Mont Rosa on skins!

He died of complications following cardiac surgery in Brighton on 12 June 2002, aged 80. His marriage to Clarissa Merton ended in divorce in 1963. Thereafter, he lived happily with his partner, Penny Buckland, who survives him. There are no children.

Penelope Buckland

reviews

Safety in Psychiatry: The Mind's Eye

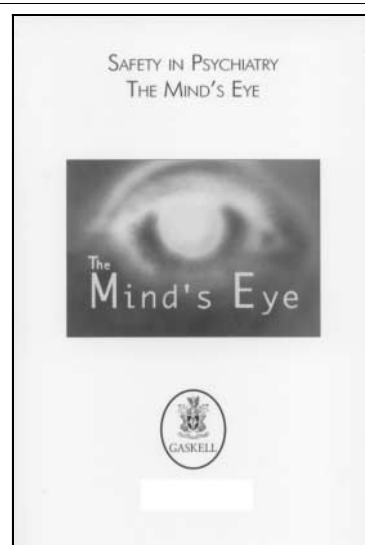
By The Royal College of Psychiatrists. London: Gaskell (Video and support materials). 2000. £88.13. ISBN: 1-901242-56-0

The Royal College of Psychiatrists has rightly been in the vanguard of promoting safety and security for its trainees. This training pack aims to introduce psychiatric trainees and other health care professionals to the vital elements of safe working practices, and does so with the aid of a set of teaching materials that are first rate in their content and highly professional in their production. The materials consist of a 16-page information booklet for the use of trainees, a 22-minute videotape and accompanying tutor notes to facilitate group learning. Although the materials could be viewed in isolation, their structure is such that they

lend themselves best to being used as part of a group teaching exercise, and it is through this that trainees will undoubtedly get the most from the pack.

The information booklet is comprehensive. The video is excellent and benefits from narration by Anthony Clare, communicator *par excellence*. The tutor notes provide a thoughtful framework for incorporating the materials into a teaching seminar lasting 60–90 minutes. This would be invaluable for anyone wishing to provide structured induction training in personal safety awareness and security measures. Psychiatric tutors wishing to do the job themselves could do much worse than adopt this training pack in their induction arrangements. Combined with appropriate training in breakaway techniques, it would provide the key elements of a safety training programme.

Inevitably, such materials cannot cover all conceivable situations or convey all that might be needed by way of knowledge of risk assessment. When used in group



teaching, however, and repeated at appropriate intervals, trainees (and perhaps their senior colleagues) would learn much of value from the pack. If