



instance. My somewhat heretical view is that this is costly and inefficient. Statistics of bed numbers are notoriously unreliable. In the absence of any independent audit to establish that each state is providing honest and accurate figures, and that we are talking about units with the same operating characteristics, it is impossible to establish validity. The 'throughput' issue is critical if comparing service delivery. 'Continuing care' units in the UK provide much of the permanent care seen in nursing homes in Australia. I understand the units in Victoria are essentially continuing care facilities despite the intentions, as are the confused and disturbed elderly (CADE) units in New South Wales. Services in

Western Australia have always followed a firm policy of discharge only when difficult behaviours are abated. Western Australia Health Department attempts to shift a minority of long-term but behaviourally challenging patients into the private sector are misguided and so far unsuccessful. Every psychiatric patient, whether long term or acute, needs professional multi-disciplinary care until the reasons for that specialist care are no longer present. Poorly resourced 'continuing care' in either country is simply an excuse for rebuilding the 'back wards' of mental hospitals.

I must also gently disagree with the implication that making long-term care facilities domestic was intended to

'demedicalise' care. The drive for more domestic character was part of a deliberate process using environmental design to help modify and manage behaviours with for example, less use of medication. It was pioneered in Western Australia by Lefroy and also in the state psychogeriatric services well before the Victorian psychogeriatric nursing homes. The CADE units in New South Wales are also similarly influenced by design and behavioural management concepts, unfortunately often ignored in later developments in many states, including Western Australia.

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## the college

### Electoral registration – draft statement

Concerns have been raised by College Members regarding the lack of anonymity for people in vulnerable positions, particularly those working in forensic psychiatry services, because of the printing of names and addresses on the electoral register. This problem has become increasingly important in the light of internet databases of personal data that often use the electoral register as the basis for their information.

The College has learnt that some local authorities run electoral registers whereby names can be included at the end of the relevant ward list but without an address. However, there is no national guidance on this and the Department of Transport, Local Government and the Regions are continuing 'to review the possibility of anonymous registration, with a view to legislating in due course, if necessary' (personal communication, 2001).

The College would like to encourage its Members to contact their local electoral registration officer and ask if it is possible for names to be included on the register without an address and also to write to their local member of Parliament asking him/her to contact Right Honourable Nick Raynsford, Minister for Local Government and the Regions, asking that the Government legislate so local authorities have to allow for anonymous registration.

### Psychiatrists' professional opinions to the media – revised guidelines

The College encourages psychiatrists to provide the media with expert and up-to-date information. The External Affairs Department retains a list of experts who are happy to deal with media inquiries.

Certain precautions need to be taken, especially when there is great pressure by the media for psychiatric opinions about individuals whose behaviour – often criminal or violent – has caused public concern. In these situations, it is essential that psychiatrists should (a) understand that they are absolutely entitled to make no comment; and (b) confine themselves to general statements about the behaviour or illness under discussion for the purpose of public education but avoid opinions about individuals. Psychiatrists should be particularly careful when the reporter is not known to them, or works for a tabloid known for sensational reporting – where the 'reporting' is often the sub-editing of the reporter's original material.

The American Psychiatric Association has issued ethical guidelines in this matter, as follows:

'On occasion psychiatrists are asked for an opinion about an individual who is in the light of public attention, or who has disclosed information about him/herself through public media. In such circumstances, a psychiatrist may share with the public his/her expertise about psychiatric issues in general. It is unethical for a psychiatrist to offer a professional opinion unless he/she has conducted an examination and has been granted proper authorisation for such a statement.' American Psychiatric Association, 2001; p. 11.

The College agrees with this principle. Speculation about persons a psychiatrist has never met could be damaging, both to the professional and to the profession as a whole.

The External Affairs Department is always willing to advise psychiatrists in their dealings with the media.

AMERICAN PSYCHIATRIC ASSOCIATION (2001) *The Principles of Medical Ethics*. Washington, DC: APA.

### Nominees elected to the Fellowship and Membership under Bye Law III 2 (ii) Categories (a) (b) and (c)

At the meeting of the Court of Electors held on 26 February 2002, the following nominees were approved.

#### The Fellowship

Dr Saad Kamal Ahmed  
 Dr Christopher Robin Aldridge  
 Dr Ian Muir Anderson  
 Dr Robin Pierce Arnold  
 Dr David Stewart Baldwin  
 Dr Lynne Margaret Behennah  
 Dr Charles Joseph Kennedy Bouch  
 Dr Dallas John Brodie  
 Professor Traolach S. Brugha  
 Dr Richard Paul Caplan  
 Dr Janet Carrick  
 Dr Cathal Eustace Cassidy  
 Dr Paul Caviston  
 Dr Shashank Chattree  
 Dr Denise Cope  
 Dr Alison Corfield  
 Dr Janice Anne Culling  
 Dr Margaret M. A. Duane  
 Dr Christine M. Edwards  
 Dr Ali El-Hadi  
 Dr Sandra Irene Rosemonde Evans  
 Dr James Gallagher  
 Dr Simon John Groves  
 Dr Linda Ann Hardwick  
 Professor Paul Jeffrey Harrison  
 Dr Matthew Hodes  
 Dr Stephen Ronald Humphries  
 Dr David Hunsley  
 Dr Robert Hunter  
 Dr Anthony Jaffa  
 Dr Dorcas Kingham  
 Dr Annie Yin-Har Lau  
 Dr Rose-Marie Gudrun Lusznat  
 Dr George Mathew  
 Dr Joseph Patrick McKane  
 Dr Gyan Mehta  
 Dr Judith Frances Milne