Correspondence

The Approval Exercise—constipated chaos?

DEAR SIRS

The Collegiate Trainees Committee was dismayed to see Dr Launer's criticism of the College's Approval Exercise (*Bulletin*, April 1984, **8**, 74–75) and welcomed Professor Rawnsley's reply (*Bulletin*, July 1984, **8**, 139).

The CTC believes, however, that Dr Launer's letter contains a confusion that requires further comment. He claims that 'there is no proven correlation between the College rules for accreditation and a good working unit' but, in the Committee's view, such a correlation should not be sought as this would attempt too close a link between two separate issues, those of education and service provision. The Approval Exercise is concerned with educational standards, and in the CTC's view it would be unacceptable for the hands of the Approval Exercise to be tied by considerations of service provision.

Nevertheless, the Committee is aware that education and service provision, whilst separate, carry implications for each other. It would seem that the Approval Exercise has brought about improvements in the training of consultant psychiatrists[1] and it is hoped that this translates into better clinical practice. In addition, the CTC is aware that those centres unable to provide training of adequate range or quality may lose their trainees with repercussions for the provision of service.

The CTC believes that changes in style in the provision of psychiatric services are inevitable if psychiatry is to achieve both an improved consultant: population ratio and a realistic career structure. The Approval Exercise works and should continue. The problems of service provision have not been addressed and the CTC believes are more appropriately the subject for further debate within the College.

JULIE HOLLYMAN
Chairman

Collegiate Trainees Committee

REFERENCE

[1]BROOK, P. (1980) Is psychiatric training improving? *British Medical Journal*, **281**, 787–88.

DEAR SIRS.

Professor Rawnsley (*Bulletin*, July 1984, **8**, 139), in reply to my letter (*Bulletin*, April 1984, **8**, 74–75), feels that the Approval Exercise is an 'excellent aperient' which is 'constructively productive'. He pays tribute to the Conveners, visiting members and Dean who carry this heavy burden.

My point was that the Approval Exercise (aperient or otherwise) is being dispensed without any clinical trials to prove its efficacy, and with no consent from the 'patients'. I wonder what the Committee on the Safety and Medicines and the Mental Health Act Commission would make of that!

Furthermore, although I am sure that the dispensers are industrious and loyal, it would seem that the product is not only of uncertain value, but it could have serious (if not irreversible) side-effects, especially in the North West.

Perhaps Professor Rawnsley should visit our region, the pioneers of DGH psychiatry, and see our side-effects for himself.

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(This correspondence is now closed—Eds.)

Mental Health Review Tribunals

DEAR SIRS

We write with reference to the article, 'Tribunal Nouveau 1983: A First Taste of the Mental Health Act' (*Bulletin*, February 1984, **8**, 23–24), written by one of us (AF) concerning the case of a psychotic woman who won her appeal against detention under Section 2 of the 1983 Mental Health Act. We thought our colleagues may wish to know the outcome of the case. The patient was found dead in her home on 29 February 1984. The subsequent coroner's report recorded the cause of death as 'myocardial ischaemia'. Although the cause of death was not psychiatrically related, the manner of her discharge from hospital made any sort of supervision—medical, psychiatric or social work—impossible.

Prior to her reception at the psychiatric unit under Section 2 she had been admitted to the medical wards for treatment of congestive cardiac failure. Arguably, her refusal to accept medication, even that prescribed for her heart condition, could have been due to her psychiatric illness. Adequate assessment followed by treatment for her psychotic state and continued supervision in the community might have prevented her death.

Dr Reeves suggests (*Bulletin*, May 1984, **8**, 95) that we should have used Section 3 of the Act. This illustrates the dilemma described in the original article. With the benefit of hindsight, it may have been more appropriate to have applied for Section 3. At the time, however, this course of action seemed unduly Draconian, and the patient was admitted from a medical ward to the psychiatric unit for assessment, not treatment, in the first instance. Despite her well-organized, widespread delusional beliefs and the previous history of self-neglect, our patient had an intact personality and was extremely vocal and verbally articulate in her complaints. She was certainly able to persuade the Mental Health Tribunal that the Section 2 should be discharged. She had never received psychiatric treatment and the clinical team were optimistic that a short duration compulsory order would be sufficient, with the option to apply