

and general practitioners. *British Medical Journal*, **299**, 1382.

KERR, M. S. D. (1990) Psychiatric discharge summaries. *British Medical Journal*, **300**, 260–261.

Stinking wards

DEAR SIRS

It is ironic that the letter from Dr Azuonye (*Psychiatric Bulletin*, July 1990, **14**, 431) should appear in the same issue as an interview with Dr Alex Baker, in which he describes the formation of the Hospital Advisory Service, latterly becoming the Health Advisory Service.

This organisation monitors services for the elderly and the mentally ill in England and Wales, paying attention to the environment in which people are living as well as the professional services devoted to their care. Among many other matters to be considered is the presence of homely and comfortable hospital accommodation. The presence of large areas of vinyl flooring is more in keeping with an emphasis on reduction in domestic tasks than achieving an acceptable domestic environment.

One cannot ignore the facts of clinical reality, and while every effort should be made to reduce incontinence by an effective range of practices, aided by a suitably trained adviser, accidents will happen. It may well be that deep-pile carpeting is not the floor covering of choice, but there are many carpet-like fabrics which are amenable to cleaning, particularly if there are sufficient staff to achieve this rapidly.

The answer to Dr Azuonye's problem must be prevention of incontinence, insofar as this is possible, and the use of easy-clean, synthetic simulated wool carpets for comfort and appearance.

PHILIP SEAGER

*NHS Health Advisory Service
Sutherland House
29–37 Brighton Road
Sutton, Surrey SM2 5AN*

DEAR SIRS

Dr Azuonye recommends in his letter (*Psychiatric Bulletin*, July 1990, **14**, 431) that psychogeriatric wards must have lino floor coverings to avoid unpleasant smells. He is quite wrong.

The Scottish Hospital Advisory Service has been conducting a crusade for carpeted wards for the best part of two decades, a crusade which has been increasingly successful. We can direct Dr Azuonye to psychogeriatric and geriatric wards where carpets have been down for several years and there are no offensive odours. To achieve this requires three things.

Firstly, the carpets should be appropriate for the task: there are several satisfactory brands. Secondly,

a speedily available system of carpet cleaning and the domestic staff to use it must be at hand. Thirdly, a modern system of incontinence management has to be in use.

Given these three facilities, there is no more need to floor a psychogeriatric ward with lino than there is to do the same for a dwelling house containing an incontinent child.

A. W. DRUMMOND

Director

*Scottish Hospital Advisory Service
21 Hill Street
Edinburgh EH2 3JP*

DEAR SIRS

I was interested but shocked to read I. O. Azuonye's letter 'Stinking wards' (*Psychiatric Bulletin*, July 1990, **14**, 431).

Lino is, of course, appropriate in the kitchen, bathroom and toilet of any hospital ward. However I feel it is sterile, unhomely and unnecessary to have it in any living area such as the lounge or bedroom. Instead with a carefully planned, individualised and well staffed nursing plan I have found urine and faecal incontinence is acceptably managed on many carpeted wards for elderly mentally ill people.

I think it should be established that continuing care areas for all long-term residents be suitably carpeted.

May I finally add that I have never been fortunate enough to have worked anywhere in the NHS where there are "deep-pile carpets" – not even in the nurses' home or doctors' mess.

M. FELICITY J. YOUNG

Paediatric Unit

*The London Hospital (Mile End)
Bancroft Road, London E1*

Consent and the mentally handicapped

DEAR SIRS

Dr Race raises an extremely interesting point regarding the difficulties of obtaining consent to treatment for a 29-year-old woman with mental handicap and manic depressive psychosis, whose parents objected to treatment with lithium carbonate on the grounds that it was a "toxic drug" (*Psychiatric Bulletin*, July 1990, **14**, 429). I see two possible ways of resolving this issue. The first follows on from the judgement of the Law Lords in the case of *F v Berkshire Health Authority* (Dyer, 1989) and the second is through the provisions of the Mental Health Act 1983.

As Bicknell (1989) points out, adults with mental handicap cannot give valid consent for treatment and no-one else, including parents, can give it on their behalf. The judgement by the Law Lords in July 1989

applies to all types of treatment and not just operations (as in the case of F herself). Lord Brandon stated that: "The operation or *treatment* (my italics) will be in their (the patients') best interests if, but only if, it is carried out in order either to save their lives or to ensure improvement or prevent deterioration in their physical or *mental health*." Therefore, it could be argued that treatment of manic depressive psychosis with lithium in a woman with mental handicap is a treatment carried out in her "best interests" and that it would "ensure improvement or prevent deterioration" in her "mental health". In this case consent would not be required from either the patient or her parents.

Leaving aside the issue of mental handicap, since Dr Race's patient suffered from manic depression, which is a mental illness, she would be covered by the provisions of the Mental Health Act 1983. If it were felt that her mental illness was of a "nature or degree which makes it appropriate for her to receive medical treatment in hospital", then she could be detained under section 3. She would also need to satisfy one or more of the "health", "safety" or "protection of others" criteria.

However, if her parents objected to her receiving lithium they may also object to her being placed on section 3 and oppose the application. If the parents did this simply because they believed lithium to be a toxic drug, then the approved social worker would be able to apply to the county court, under section 29, for the appointment of an acting nearest relative on the grounds that the parents "unreasonably object to the making of an application for treatment". As a large body of medical opinion would agree that lithium is an appropriate treatment for manic depression, the parents' objection could be viewed as "unreasonable".

Either option would be likely to antagonise the parents, at least in the short term, but the best interests of the patient are our primary concern.

JOHN DUNN

The Maudsley Hospital
Denmark Hill
London SE5 8AZ

References

- BICKNELL, J. (1989) Consent and people with mental handicap. *British Medical Journal*, **299**, 1176.
DYER, C. (1989) Law lords give reasons for their decision on consent. *British Medical Journal*, **298**, 1542.

Psychiatric practice and training in British multi-ethnic society

DEAR SIRS

The preamble to the College comments on its Special Committee Report (*Psychiatric Bulletin*, July 1990,

14, 432–437) suggests that the work carried out by the Committee on distinguishing *ethnicity* (individual cultural identity) from *race* (the broader political articulation of ethnicity and the response to it) have been unavailing. Indeed the College appears to regard race simply as morphology and physiognomy in the 19th century manner; and its placing "racism" (sic) in quotation marks indicates that all that is required is careful practice and some goodwill. I am dismayed that all the hard thought of the Committee in teasing out the institutional practices of racism within psychiatry seems to have disappeared from this final statement.

On the question of terminology, I shall be happy to supply members with the glossary I prepared for the Committee (pages 73–75 of the report) and which we debated: it is of course a personal, not a canonical, document.

ROLAND LITTLEWOOD

Departments of Anthropology and Psychiatry
University College Centre for Medical Anthropology
Gower Street
London WC1E 6BT

'The Last Resort'

DEAR SIRS

I feel able to reply to Hugh Freeman's review of the television film 'The Last Resort' (*Psychiatric Bulletin*, July 1990, **14**, 416) because while I appeared in the film for a short period and I advised the producer, Mr Alan Hack, introducing some of our patients to him, I had no involvement at all in the overall presentation.

I feel that Professor Freeman has been unkind to a remarkable film. It is remarkable because a major psychiatric illness was presented with accuracy and sympathy, and a previously highly controversial treatment was introduced towards the end of the film in a calm and reasonable way. Throughout there were no emotional over-reactions and irrelevant controversies.

Professor Freeman complains that the programme was slow and therefore "many viewers may have voted with their feet . . .". It is surely impossible to present major depression in a dramatic way, with the audience glued to their seats, agog.

Professor Freeman is concerned that the viewer would not have "any idea of the number of operations done each year in Britain at present . . .". Has this any relevance to the film, which is more to do with a portrayal of the misery of chronic depression and its management?

We have received many letters from patients who have seen the film and they stress their relief that they observed somebody else so accurately experiencing their own particular distressing symptoms, which