

In fact the College protested at the failure to consult before the guidelines were issued. The President convened a meeting with Department of Health officials and I chaired two subsequent small working parties which officials also attended. A number of concerns were expressed on behalf of the College during those discussions. So serious were the issues raised and in our view not resolved that every Member and Fellow of the College received a communication from the College which laid out 17 selected worrying questions and the Department of Health's answers to them. The aim was to ensure that psychiatrists were alerted to the implications of the supervision register and also provided with information to help each practitioner decide what his or her response would be. Unless the College had issued specific guidelines to its Members and Fellows, a serious step requiring extensive consultations which time limits did not allow, I do not know what other sensible action the College could have taken. One cannot assume that encouraging media attention to our concerns would have had a helpful outcome. I am willing to bet that Department of Health officials did not experience our response as "passive"!

J. A. C. MACKETH, *Chairman, Forensic Section, Royal College of Psychiatrists*

Abortion and psychiatry in Ireland

Sir: Until recently, abortion was illegal in the Republic of Ireland and there was no necessity for the Irish Medical Council to address the issue. Then the anti-abortion lobby, exercised by the imminence of liberal EU legislation, persuaded the Irish government to hold a referendum purporting to 'copper-fasten' the constitutional ban on the procedure. A phrase was added to the constitution: by specifying "*the equal rights to life of the mother and the unborn*".

Ironically, instead of serving its intended purpose the constitutional change backfired. The Supreme Court ruled that a raped 14-year-old pregnant girl (the X case) was free to travel abroad for an abortion on the evidence of a psychologist that she was at risk of suicide. In its judgment, the Court was critical of the Dail (Irish Parliament) for failing to bring in implementing legislation following the

constitutional change. That is, legislation was required covering freedom of information to Irish citizens and freedom of movement so that they might avail themselves of services legally available elsewhere in the EU. All of this stimulated the Irish Medical Council to give consideration to issuing, for the first time, ethical guidelines to Irish doctors on the matter. A one-third minority of the Medical Council refused to agree to a blanket ban on abortion amid a blaze of publicity. The Council finally issued a Delphic statement in their new addition of the Ethical Guide as follows.

"While the necessity for abortion to preserve the life or health of the sick mother remains to be proved, it is unethical always to withhold treatment beneficial to a pregnant woman, by reason of her pregnancy".

Requests from government for clarification of this statement were met with silence. Leaked news of pending new legislation to permit information and referral letters from Irish doctors to abortion clinics abroad has now spurred the right wing to fresh efforts to introduce yet another referendum on earlier 'copper-fastening' lines. By now, however, the extent of public support for this venture has become uncertain. Recent years have seen remarkable changes in attitudes and legislation in a liberal direction in the Republic of Ireland, beginning perhaps with the shock election of a crusading liberal constitutional lawyer to the Presidency by a huge majority. Suicide and homosexuality have been quietly decriminalised without a whisper of political opposition and contraceptive devices are, overnight as it were, freely and legally available everywhere. A vigorous campaign of explicit sexual education in the face of the spreading AIDS epidemic has a high profile on radio and television. Within a recent seven day period the government fell on the issue of a seven month delay in extraditing a paedophile priest to Northern Ireland and public disquiet on issues of child abuse have reached feverish heights. With one or two exceptions, Irish psychiatrists are keeping a prudent silence on these issues. But things perhaps will never be the same again since it seems unlikely that legislators will succeed in solving their dilemma of balancing freedom of information and movement against outright abortion referral.

In any case it is likely to be some considerable time before Irish obstetricians will be found who are willing to carry out abortion procedures. Whatever the outcome of these uncertainties, there is no immediate prospect of Irish psychiatrists finding themselves embroiled in the assessment of women seeking abortion except in selected cases before the courts: and as long as the option of seeking abortion abroad, presently utilised by at least 4,000 women annually, continues to be available.

T. J. FAHY, *Clinical Science Institute, University College Galway, Ireland*

Editorial note. The author recently concluded a ten year spell of membership of the Irish Medical Council.

Working together for victims and perpetrators of emotional, physical and sexual abuse

Sir: Thanks to the College for organising this inter-sectional conference which enabled participants to gain a broader appreciation of this multifaceted topic. Despite time being allocated equally to the four College sections, the main focus of discussion tended to be children and sexual abuse at the expense of acknowledging the tremendous impact of emotional, physical and financial abuse on vulnerable adults. This possibly mirrors media, public interest and awareness.

Child psychiatrists have pioneered the way of enabling children's evidence to be heard, but it appears that now they wonder if the disadvantages outweigh the benefits. Concern was expressed that legal requirements took precedence over treatment needs, and that the legal process further traumatised victims. This, together with the tensions experienced in balancing duties towards both victims and perpetrators, led to some calls for 'decriminalisation' of abuse.

While understanding the reasons behind these views, I feel they represent a denial of the facts and a betrayal of the right of children and vulnerable adults to the same legal protection as anyone else. It would be preferable to identify specific problems in the legal process, and to seek solutions to these enabling the system more adequately to

function, thus benefiting both perpetrators, victims and their families. The British legal system has a long conservative tradition and modifications are not easily incorporated, but as Spencer (1988) said, "Tradition can be good or bad and if a tradition blocks a sensible, humane and necessary reform it is the tradition which should be reconsidered, not the proposed reform".

Community care requires that all community facilities are accessible, including the law. There are signs that we are not alone in our concern. The Home Office have commissioned research into witnesses with learning disabilities, and the Bar Council has proposals for a network of barristers experienced with the learning disabled. In her conference address, The Right Hon Lady Justice Butler Sloss emphasised the need for dialogue between psychiatrists and lawyers.

Could the College share our concerns with our legal colleagues and develop a joint view of the best way forward?

SPENCER, J. (1988) Child witnesses, a case for legal reform. In *Division of Criminological and Legal Psychology*. 13.

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Suicide in farmers

Sir: Mid-Wales Coroner, Mr John Hollis referred to "almost epidemic proportions" of suicides among farmers after returning three such verdicts the same day at inquests in Brecon (*The County Times & Express & Gazette*, 1994)

While a trainee in Shropshire I saw two similar cases who had survived attempted suicide by the use of shotguns. Their non-fatal injuries were the result of difficulty encountered in firing such guns into the mouth. To accommodate the length of the barrel, it is often necessary to lean to one side to activate the trigger. The discharge is thus directed laterally, exiting through non-vital extra-cranial tissue in the zygomaxillary region and missing the adjacent temporal lobe; (an injury well described in specialised surgical texts). Following emergency surgery, psychiatric in-patient management achieved full recovery from severe depressive episodes in both cases.