

rather than section 4, which with the appropriate safeguards is a better means of admission in crises. If section 4 is perceived as a means of potential misuse for admission, it may be sparingly used or not at all. Perhaps its place in the legal provision of the Mental Health Act should be reviewed. Otherwise it may have a similar fate to a guardianship order (section 7), which is rarely used even in appropriate circumstances by the social services as it is perceived as of little benefit to the patient.

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The myth of full insight

Sir: All the discussion generated by David (1990) and David *et al* (1992) omits the fact that partial or complete lack of insight is not restricted to psychiatric patients. I am in no doubt that most of the problems I have experienced in my lifetime relate to the partial nature of my insight. I also

believe that, to varying degrees, *every human being lacks insight* thanks to the fundamental irrationality of our cognition (Sutherland, 1992), our lack of knowledge of the true nature of reality and the impossibility of knowing the future.

Because of the low level of evolutionary pressure to develop rationality (Sutherland, *op cit.*), partial or complete lack of insight is a fundamental quality of the human mind. It may also be that the possession of full insight would make life unbearable. Perhaps we should give the assessment of insight the least priority in our work with patients.

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