

Protection to appoint a receiver. Relatives are therefore encouraged to have a donor sign an EPA during 'a period of lucidity'. It is my experience that those who are psychiatrically untrained have difficulties with this—often believing, for example, that someone who is talking clearly about the past is having a 'lucid' period, while they may have no knowledge of their current business affairs;

- (3) abuse of the EPA by the appointee for their own gain.

In my view we should be lobbying for a change in the law to ensure that a medical opinion is compulsory prior to the signing of a EPA. With this in mind, I would be pleased to hear from those experiencing the same concerns.

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Child victims of domestic cruelty

DEAR SIRs

The letter by Dr J. E. Oliver (*Bulletin*, April 1988) deserves support, not only for its cogent analysis of the mistakes made in the handling of child abuse by professionals and social agencies, but also because his views are based on realistic clinical work with highly disturbed families. Dr Oliver's letter highlights two flawed principles, overtly or covertly, influencing professional workers.

The first principle maintains that in all circumstances a child's own home is better than any other home; i.e. that separation of a child from its mother leads to calamitous consequences for a child's emotional health. Thus Maria Colwell¹ and Jasmine Beckford² were returned to the care of their parents and killed by them. This principle is flawed in that it confuses the situation of separation with the process of deprivation³. Non separation, that is being with a destructive parent, can lead to damaged emotional health and sometimes death; the damage is due to the process of deprivation in a situation of non separation. It follows that separation leading to non deprivatory care in a happy foster home can promote emotional health and save life.

The second principle maintains that children are not citizens in their own right, but are chattels of the parents, as wives were chattels of their husbands not very long ago. The answer is seen in the Godfrey report⁴ which said "Men and women now stand more or less equal before the law" and went on to recommend "In all proceedings relating to the welfare of a child the law should provide that the child be

made a party to the proceedings and be entitled to separate and equal representation . . .". This is in accord with Foster & Freed's "A Bill of Rights for Children"⁵ and the United Nations General Assembly's "Declaration on the Rights of the Child". Thus men, women and children will stand equal before the law.

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References

- ¹Report of the Committee of Inquiry into the Care and Supervision Provided in Relation to Maria Colwell (1974).
- ²*A Child in Trust: The Report of the Panel of Inquiry into the circumstances surrounding the death of Jasmine Beckford* (1985). London: Borough of Brent.
- ³HOWELLS, J. G. (1974) *Remember Maria*. London: Butterworths.
- ⁴*Parental Rights and Duties and Custody Suits. A Report by JUSTICE. Chairman: G. Godfrey* (1975). London: Stevens.
- ⁵FOSTER, H. & FREED, D. (1972) A Bill of Rights for Children. *Family Law Quarterly*, VI, 345.

Psychiatry in South Africa

DEAR SIRs

I write in the context of Dr R. E. Hemphill's letter from South Africa (*Bulletin*, April 1988). I was present at the quarterly business meeting of 28 January 1987 when a resolution for sanctions against South Africa was passed. It is unfortunate that the Chairman did not count abstentions and these were not recorded or later publicised. There was at least one, myself.

Having worked as a psychiatrist in both New Zealand and Australia, I knew at first hand of the respect invested in the College by members and other colleagues overseas and surmised that its influence in South Africa would be equivalent, probably greater. I visited South Africa for five weeks during 1982 on holiday, but had the opportunity to visit academic departments of psychiatry in Johannesburg and Durban, visiting several hospitals and meeting two professors. I took careful note of what they had to tell me about medicine and psychiatry in South Africa, recent changes, prospects for the future and so on. I realised that a most powerful and commendable humanitarian spirit could be found there struggling against the political odds.

When the resolution was put to the 28 January meeting, like Dr Hemphill, I found myself seriously doubting whether it was appropriate for the College to be discussing these essentially political matters at all. We are each free to make whatever protestations

we wish as private individuals through other channels. It seemed certain that our professional colleagues in South Africa would suffer if the resolution were passed. As I recall, there was at the time considerable hasty and high-flown rhetoric both in favour of and against the resolution. I suspect, however, that those in favour had come better prepared with their arguments. I abstained because I felt I simply wanted more time to consider the issues knowing, as I have said, how influential such a College resolution might be.

I am now prepared to say that I would vote against the resolution and am in favour of it being rescinded. My conviction is that as psychiatrists and Members of the College, we are wise to be extremely clear-thinking with regard to our aims and motives when leaving the clinical and entering the political arena. Unless this is the case, and unless we are clear about the effects of our intervention, and unless those effects are uniformly beneficial, then we run the risk of exhausting ourselves and exasperating each other, diverting energy carelessly away from the most important everyday work we have embarked upon, to relieve the distress of those suffering from mental disorder at home.

In this endeavour we are often called upon to show considerable degrees of tolerance, understanding, patience and perseverance. These qualities have been known to have effect in political situations too where confrontation might only have prolonged and possibly intensified the misery. Why should we not set this kind of example for the world? Let wisdom guide.

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DEAR SIRs

I have read with fascination the correspondence from Dr S. Baumann (*Bulletin*, February 1988) and Professor Simpson (*Bulletin*, April 1988) and the replies from Dr Birley.

Dr Birley implies that it is incompatible to be from an "apartheid university" and to be standing out against political oppression. Firstly I am not at all sure what his phrase means. All universities in South Africa have to operate within the constraints of apartheid legislation which apart from being manifestly unjust is also very detailed. Nevertheless several universities in South Africa have a fine record of resisting apartheid with all the means available to them.

Secondly thousands of staff and students at these universities have over the years risked their liberty to fight apartheid. Many have been banned, jailed, or driven into exile; among them the President of one of the Royal Colleges. Their integrity and courage

would stand out wherever they worked, and that includes Britain. We have much to learn from them and they deserve our support.

Let me give an example. A non-medical academic friend of mine recently received a British Council award to visit a British university. On arrival she was informed that she was not welcome because she came from South Africa. She had only recently been released from a harrowing period of detention without trial. When this came to light there were hasty apologies and retractions.

Perhaps the moral is that few people in Britain have a sufficiently detailed knowledge of South Africa to know how to help anti-apartheid South Africans. May I suggest that the College approach democratic South African organisations to ask them how they wish to be helped? Unsolicited assistance can appear patronising, even when well intended. On this occasion it has also been inept.

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Psychological aspects of nuclear war

DEAR SIRs

Hugh Middleton (*Bulletin*, May 1988, 12, 203) draws attention to the book by Dr James Thompson, *Psychological Aspects of Nuclear War* published as a statement by this Society. He suggests that the College should 'guide public opinion' by setting up a body to review relevant research, agree policy and make opinions known.

We published the book in 1985 and there may well be new research to consider, but as a start point I would urge all interested parties to read Thompson's book (£7.95).

By the way it is The British Psychological Society, not Association.

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Hospital hostels and the Griffiths Report

DEAR SIRs

I recently attended one of the interesting conferences on 'Residential Needs for Severely Disabled Psychiatric Patients: The Case for Hospital Hostels' currently being held around the country. The meeting at which I was present, however, had difficulty in defining just what a 'hospital hostel' was. I would like,