

References

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- JELLEY, M. (1990) Common Law and the 'Code of Practice' – a commentary. *Psychiatric Bulletin*, **14**, 449–451.
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Adequate provision of study leave

DEAR SIRs

I commend Dr Lucas and the CTC (*Psychiatric Bulletin*, August 1990, **14**, 501) for drawing the College's attention to the problems of trainees in obtaining study leave. This, however, is not just a matter for the College. Dr Lucas neglects to mention the Regional Study Leave Committees to whom juniors can appeal if their leave applications are rejected by district committees.

The regional committee will assess the application on the basis of regional guidelines and can direct districts to grant leave that has previously been refused. Appeals will usually be considered retrospectively.

As a junior representative on the SE Thames Regional Study Leave Committee it is my impression that the appeals procedure is underused not just by trainee psychiatrists but by all specialities and should be more widely publicised. That committee does not regard exceeding an arbitrary financial limit adequate grounds for refusing study leave that is otherwise appropriate. This is an important mechanism by which juniors can counteract the disturbing trend to cash limit, to which Dr Lucas refers.

I would echo Dr Lucas' call for the College to stress that adequate provision of study leave should be an essential prerequisite if a post is to be approved for training. This will be even more important in the reformed NHS where there will be increasing pressure on study leave budgets and where the role of the Regional Study Leave Committee is uncertain.

I was concerned to read, for example, in the *Guy's Lewisham and Mental Illness Services Application for NHS Trust Status*, in the section titled Junior Staffing Issues (p. 5(6)):

"We will uphold the Whitley Council terms and conditions of service for pay, leave allowance and other main conditions, though we may need to agree ceilings for certain entitlements, such as funds for study leave. . . ."

This ominous statement suggests that in this Trust study leave for juniors is not a "main condition" and may be an area for economy. If leave allowances are to be capped in the new NHS it is essential that the College ensures that they are capped at a level which

allows adequate training opportunities for all trainee psychiatrists.

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Promoting the personal

DEAR SIRs

I welcome the trend in August's *Journal* and *Bulletin* towards articles and reviews that centre on the 'person' of the patient – using the word in a more ordinary way than the 'Californian' or even 'psychotherapeutic' sense!

Two doctors described their own experience of being psychiatric patients – Campbell's *Not Always on the Level*, reviewed by Hugh Freeman, *Journal*, August 1990, **14**, 316–317; and Anon's 'View from the bottom', *Psychiatric Bulletin*, August 1990, **14**, 452–454. (Why do we have to have personal experience of our own medicine before we discover such an essential aspect of our work, even though we always insist such awareness is part of our "normal clinical practice" (Thompson, see below)? It couldn't be that there is a basic fault in modern medical and psychiatric training, could it?)

Two articles showed how the person's viewpoint can inform our work better – *Working with the Person with Schizophrenia: The Treatment Alliance*, by Selzer, Sullivan, Carsky and Terkelsen, New York: New York University Press, 1989, reviewed by Chris Thompson, *Journal*, August 1990, **157**, 309–310; and 'Writing to the patient', *Psychiatric Bulletin*, **14**, 467–469.

This is rich and instructive literature. Since we believe it is about "our normal practice", there should be lots more waiting to be published. Yet such articles are rare in your pages. Audit should eventually help highlight this aspect of our work. And the modern moves to market everything may force us to think of what the "customer wants – though our "customers" are the least likely to find their voice. But are there further ways that you and the College can specifically encourage more work and authors like these? Please.

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Catch-22 and community treatment orders

DEAR SIRs

In his case report (*Psychiatric Bulletin*, July 1990, **14**, 402) Dr Gareth Jones describes the adverse effects of the recent ambulance dispute upon an elderly schizophrenic. He states that: