

often postpone presentation or otherwise delay the diagnostic process (Kunkel *et al*, 1997). Yet, for some screening programmes, including mammography for breast cancer, highly proactive encouragement may not be appropriate, because the benefit of detecting cancers early and at a more treatable stage needs to be weighed against the risk of false-positive results.

Although in many patients the anxiety related to false-positive cancer screens seems transient (McGovern *et al*, 2004), others may experience severe and persistent distress, despite reassurance (Barton *et al*, 2004). In contrast to the case in many women with significant learning disabilities, most women with severe mental illness have the capacity to consent unless acutely unwell. However, even if capacity to consent is retained, residual symptoms, including bluntness of affect and pervasive anxiety, as two possible extremes of emotional disturbance, may lead to different decisions over whether to attend screening. Most probably, for patients with severe mental illness, cancer screening can be facilitated only if the interface between primary and secondary care works well. Keyworkers could facilitate screening by ensuring that their patients understand the benefits and risks of screening, and that invitation letters are not missed, or by arranging postponement of screening invitations for patients who are acutely unwell until their capacity to consent is restored. Once patients have attended screening it is important to ensure that abnormal results are followed up. To promote cancer prevention appropriately and effectively, psychiatrists and mental health teams would benefit from some specific training in this area.

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International recruitment: individual choice or ethical dilemma?

Sir: I am writing in response to the point of view put forward by Dr Amit Malik concerning international recruitment in the January 2006 issue of *International Psychiatry* (pp. 22–23). The article highlights a number of issues; however, I would like to point out the differences between those recruited as consultants and those who come as trainees.

In relation to consultants, national governments need to put in place a structure which respects and values health professionals. They do not need extravagant salaries and generous incentives, but rather adequate remuneration, job satisfaction, support networks and good opportunities for their families. All these have been looked into by the Department of Health in the UK. Can you blame any health professional for wanting to move for such reasons? I believe we must look into these issues, for happy health professionals are able to give a better service to the people they serve.

With regard to trainees, I believe a number come to the UK for the issues highlighted by Dr Malik. However, having attained the higher qualifications they do not return to their home countries for many of the reasons highlighted above. The UK has always welcomed people who have more to offer to its citizens and in return has provided them with adequate remuneration and support. However, we need to analyse what implications the recent change in visa regulations (brought in without any consultation) will have for those trainees here and those who are planning to come.

Some of the issues which may have persuaded the Department of Health could be the unemployed local graduates and restructuring of the National Health Service (NHS). We already have the largest number of medical students in training and more countries are set to join the European Union (EU). We have had a major influx from Poland already. Romania and Bulgaria are set to join the EU on 1 January 2007. We have major restructuring of the NHS and expect a reduction in the number of consultants. This can already be seen in Scotland, where there is a freeze in the number of consultant posts.

With the current reforms in place, I do not believe the ethical dilemma will exist for much longer. The time to discuss this further, with respect to the UK, has passed. With respect, I think there is more to discuss in world forums – for example, war, poverty, hunger, water supply and fairer world trade.

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For the changes in visa regulations see http://www.ind.homeoffice.gov.uk/ind/en/home/laws__policy/immigration_rules/explanatory_memorandum10.html