

Most disappointing though is Perkins and Moodley's wholesale acceptance of post-Thatcherite market economy jargon at the expense of scientific psychiatry. Here the 'user' is King. "Martians invading your thoughts? Whatever you say Sir". "Bodily insides rotting? Quite so Madam". For in the market, the customer is *always* right.

ANTHONY DAVID

King's College Hospital and Institute of Psychiatry
London SE5 9RS

References

- AMADOR X. F., STRAUSS, D. H., YALE, S. A. & GORMAN, J. M. (1991) Awareness of illness in schizophrenia. *Schizophrenia Bulletin*, **17**, 113–132.
- DAVID, A. S. (1990) Insight and psychosis. *British Journal of Psychiatry*, **156**, 798–808.
- KULHARA, P., CHAKRABARTI, S. & BASU, D. (1992) Insight and psychosis: I. an empirical inquiry. *Indian Journal of Social Psychiatry*, **8**, 40–44.
- TAKAI, A., UEMATSU, M., UEKI, H. *et al* (1992) Insight and its related factors in chronic schizophrenic patients: a preliminary study. *European Journal of Psychiatry*, **6**, 159–170.
- TAN, T. (1993) Assessment of insight in Singapore. *British Journal of Psychiatry*, **162**, 565–566.

The arrogance of cultural relativism

DEAR SIRS

I want to endorse the multicultural perspectives advocated by Perkins and Moodley (*Psychiatric Bulletin*, April 1993, **17**, 233–234). Psychiatric diagnosis, and especially treatment and management, depend on cultural factors. This is evident in the major changes over the last five decades: the altered status of the mental hospital; the imposition of independence and empowerment of long-standing asylum inmates; the notion of the caring community (promoted by monetarist politicians); and the ascendancy of brain-oriented treatments over mind-oriented ones (due to the might of pharmaceutical budgets).

Such cultural changes sweep across our own profession. But a wholesale cultural relativism, such as Perkins and Moodley's pluralism, has problems too. It is very much a Western attitude; and anthropology, upon which they rely, is also an idiosyncratic Western development.

Cultural relativism leaves no opportunity for judging which ideas, from which cultures, are the most useful; except to say that those most widely held are the best (a 'survival of the fittest' argument). This is one reason for the hope invested in scientific psychiatry; it offers a position seemingly outside the melting-pot of culture, based on the working of the physical world, the brain. The psychiatrist becomes convinced he is in an objective world, uninfluenced by local cultural attitudes and can adjudicate from

this 'neutral' base in the biochemistry of the synapse, etc. Unfortunately this spreads to the psychiatrist's belief in possessing 'objective' facts about the mind, as well as the brain. In fact both the minds of patients and of psychiatrists are formed and changed as creations of cultures.

As Perkins and Moodley rightly imply, the scientific arrogance of psychiatrists and the imperial arrogance of Western trade go hand in hand. With this imperial legacy it is easy for Western psychiatry to feel that we should be adjudicators for the world. We need to recognise the arrogance of believing we can stand outside culture, and adjudicate upon its creations. Our difficulty is to exist *within* our world of cultural attitudes (with our patients) while attempting to assess the distortions of it (*by ourselves and our patients*).

BOB HINSHELWOOD

Ealing Hospital
Southall, Middlesex

Encouraging in-patients' access to their notes

DEAR SIRS

I read with interest Butler & Nicholls' paper on the Access to Records Act (*Psychiatric Bulletin*, April 1993, **17**, 204–206). They report that of staff completing a questionnaire concerning the Act, 60% of them had reservations about paranoid patients seeing their psychiatric records and 49% had similar reservations about access for psychotic patients. They did not ask whether any staff had already allowed patients access to their notes but this seems unlikely. I would like to suggest that had they done so, some anxieties may have been alleviated.

In one of my former posts, as a registrar, it was the consultant's policy to encourage in-patients to read their notes, and it was the registrar's duty to facilitate this by discussing with patients issues raised. My experience of this was overwhelmingly positive. It was noticeable that no patients actually requested to see their notes but few refused when offered the opportunity. Most had a diagnosis of psychotic illness and yet, contrary to expectations, it was possible to discuss recorded symptomatology, diagnosis and treatment calmly without provoking distress, anxiety or anger. This was true even with patients who had little, if any, insight. Most of the disagreements patients had were concerning factual information that was inaccurate, for example age of a parent or occupation of a sibling. They were keen to ensure an accurate history was recorded. In one patient, a woman in her 20s with severe schizophrenia, access to her records facilitated the most frank discussion about her diagnosis than had ever been possible. The impression of the written record seemed much