cirrhosis. Those who are dependent will be expected to agree to maintain abstinence after the transplant. Any alcohol use thereafter must be taken as a very serious clinical sign and evidence of a high risk to the long-term viability of the graft, although the evidence for this is not as clear as might be expected. Factors which have to be carefully considered during pre-operative assessment include the patient's recognition that an alcohol problem exists, and his or her willingness to make fundamental change in life style. A period of abstinence of a minimum of six months prior to operation is often a prerequisite. Evidence of stability characterised by maintaining a job for the past three years and a stable residence within a stable relationship are positive prognostic factors. The authors also rate patients' suitability in terms of their capacity to identify in the future satisfying substitute activities other than drinking, a source of improved hope of self-esteem, clear evidence that the negative consequences of drinking are understood by the patient, and the presence of a 'safety valve' person. Rating scales dependent on the above criteria have enabled psychiatrists to reach reasonably good judgements about suitability.

The authors recognise that these decisions can seem judgemental and that ethical considerations are very significant. A final chapter focuses on the ethics surrounding choice and rehearses the arguments around whether society is justified in denying scarce and finite resource to individuals who have what some regard as a self induced illness. It may be argued that many severe illnesses are in part attributable to patients' conduct, for example lung cancer and smoking or overeating and heart disease. It seems likely that the stigma which often attaches to alcoholics is an additional but scarcely justified burden which they sometimes bear in the decision-making process. As they point out, ". . . the operative difference in many people's thinking is that alcohol consumption has been traditionally regarded as a vice whereas smoking, overeating, sedentary life style and so on have not. If this were so, however, the argument relies more heavily on shallow moralizing than on a genuine ethical difference."

This is an interesting and succinct monography which will be of particular value to those whose work regularly brings them into contact with decisions about transplantation. It is a field of great importance to liaison psychiatrists working closely with physicians and surgeons and it is also one that challenges our thinking about the allocation of scarce resources.

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The Learning of Communication Skills and Psychotherapy. By doctors training in psychiatry and working in South West Thames RHA: Educational Goals Contents and Processes. 1993. Department of Mental Health Sciences, St George's Hospital Medical School, Tooting, London SW17 0RE. Pp 54. £4.00 (Cheques should be made payable to St George's Hospital Special Trustees)

This is an unusual publication published privately by St George's and clearly of particular relevance to local trainees. Nevertheless it is an interesting document showing why St George's have been at the forefront of psychotherapy training for registrars. This is of particular relevance following the recent publication of the revised guidelines produced jointly by the general psychiatry and psychotherapy sections of the College (*Psychiatric Bulletin*, 1993, **17**, 695–698).

The booklet covers goals and objectives for basic communication skills, dynamic psychotherapies, and behavioural therapies. There are appendices on the educational contents and processes for each of these and particular reference to senior registrar training.

There are two main reasons for local tutors to obtain this booklet: there is a section giving the logistics of providing training and associated lectures, and also a prescient account of skills and competencies required.

Psychotherapists have been concerned by a recent attempt by the Department of Employment to express psychotherapy in terms of component skills. There is, of course, a risk of crass reductionism inherent in such an attempt. However, the St George's staff have succeeded in keeping a clinical feel to their descriptions. Moreover the descriptions are fully up to date in following the GMC terminology of the "knowledge, attitudes and skills" triad.

The rate of change is so rapid that some sections are already outdated (not least the shift from training being desirable to the current situation where it is mandatory). For this reason it is probably best used by a tutor in drawing up teaching programmes rather than as a self-teaching text.

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Report of the Health Service Commissioner: failure to provide long-term NHS care for a brain-damaged patient. London: HMSO. Pp 9. £3.40.

The provision of health services for those people who require comprehensive nursing care but do not need full hospital facilities is a contentious

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issue. There has been a progressive reduction of long-stay beds in health service facilities. This change in service provision has been a natural consequence of the Care in the Community Report and continuing nursing care services are now often provided within a community setting. The point at which social service provision takes over from health is not clearly stated and anomalies can arise. This HMSO publication describes the case of a man who fell between health service and social service stools.

In December 1989 a 53-year-old man suffered a serious cerebral haemorrhage and was admitted to a neurosurgical ward in the General Infirmary at Leeds. After acute treatment measures he was found to have major residual impairment and required help and supervision for all self-help skills. He remained on an acute medical ward for a further 22 months, although the need for medical care after the first few weeks was minimal. No suitable facility could be found within the NHS and in September 1991 the patient was discharged to a nursing home at a cost of over £15,000 a year.

The case was referred to the Health Service Commissioner for England who found that the failure to make available long-term care for the patient within the NHS was unreasonable and constituted a failure in the service provided by the health authority. The Commissioner was also concerned that no indication had been given to the patient's wife about who should pay the nursing home fees before discharge from hospital.

As a result of this judgement those health services responsible apologised for the shortcomings identified and agreed to pay the patient's wife for the past and future nursing home costs already incurred.

Similar cases have been reported previously to the Health Service Commissioner. This is not surprising to those working in this field. Although very adequate provision is available within the NHS for the acute treatment of those who sustain head injury from whatever cause, facilities within the NHS for the continuing care of such individuals has always been meagre. Long-term beds for patients over the age of 65 are still available and those who sustain brain damage before the age of 18 are provided for by the learning disability services. Suitable care for those between these poles of the age spectrum is often not available as I was made painfully aware when I worked in a neurology rehabilitation unit with boxers, jockeys and others who had sustained repeated head injuries and were unable to live independently. This is despite the fact that the National Health Service Act of 1977 states that "it is the Secretary of State's duty to provide such facilities for . . . the after-care of persons who have suffered from illness . . . as part of the Health Service . . ." Furthermore in correspondence between the Health Commission and the Chief Executive of the NHS Management Executive the latter wrote in 1991 "if in a doctor's professional judgement a patient needs NHS care, then there is a duty upon the Health Service to provide it without charge." Although in the same correspondence the Chief Executive stated that "consideration of clinical priority may mean that a particular patient may never be provided with in-patient nursing care." The area health authority concerned in this case agreed with the Health Service Commissioner's judgement and refunded costs.

Treatment and care of those suffering from the after effects of a severe brain injury require the services of doctors, physiotherapists, speech therapists and psychologists. It is cost-effective to provide such treatment facilities on hospital sites. The need for such units has been apparent for some time and with the pressure of purchasers in the new NHS reorganisation, NHS trusts are now providing facilities for the treatment of these patients to supplement those that already exist in the private sector. The judgement of the Health Commissioner will support the development of these units and is to be welcomed.

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Philosophy, Psychiatry and Psychology

This new journal was launched with its first number appearing in June of this year. While published by the Johns Hopkins University Press, its founding Editor is Bill Fulford whom members of the Royal College of Psychiatrists will know as the leading light behind the Philosophy, Ethics and Psychiatry Special Interest Group.

Volume 1 Number 1 is a heady introduction to the topic. The three main streams of psychiatry are represented, those with an interest in biological psychiatry and phenomenology will enjoy an article 'Self-consciousness, Mental Agency, and the Clinical Psychopathology of Thought Insertion', those whose interests lie more in the psychotherapeutic field will be attached to 'Affect, Agency, and Engagement: Conceptions of the Person in Philosophy, Neuropsychiatry, and Psychotherapy' and the social dimension is not ignored with 'How Should We Measure Need? Concept and Practice in the Development of a Standardized Assessment Schedule'.

The neophyte to philosophy may find himself agreeing with what he reads and therefore commentaries on these three papers are very welcome putting forward differing points of view from those of the original authors.

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