

But – and this again is what I take to be current Government health policy along the lines of Health Authorities buying in services – there would be an ingenious differential payment for different categories. Without going into tedious cost benefit analysis, in broad principle the more preferred patients would cost the psychiatrist more – and the profit from this would be used to compensate the psychiatrist taking the less preferred patient, long-stay or whatever, a sort of merit award.

The operation, I must stress, would of course be entirely non profit making as far as the Central Agency would be concerned – setting aside a small sum for administrative expenses and the unit managers of the Agency.

The idea, I admit has its deficiencies. It is unfortunate that it does not cater for the needs of those psychiatrists who are drawn towards committee work and consensus management: but they could always become elected or co-opted members of the Agency. Think about it.

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### *Mental Health Review Tribunals*

DEAR SIRS

I have become increasingly embarrassed and saddened, as a member of the South Western Mental Health Review Tribunal, at the somewhat cavalier attitude of some of our psychiatric colleagues towards attendance at, in particular, Section 2 hearings which, of necessity, have to be arranged at short notice. This presents a major logistical exercise for a tiny, but very conscientious, Tribunal office staff, in finding legal, medical and lay members all available at the same time and the same day, often after a

journey of many miles. Having done this, I feel it is neither courteous nor helpful for the RMO to refuse to attend at the appointed time because he has a previous out-patient appointment or to complain if there is any unforeseen delay in proceeding on the day of the hearing.

I believe that the majority of Tribunal members, legal, lay and medical, may well share the widespread doubts of many colleagues about the justification for Section 2 appeals, but, the fact is that the 1983 Act still requires them, and that however inconvenient they are a burden we all have to share.

Although Tribunals are usually conducted in a relatively informal manner, they remain a statutory, legal forum, which deserves, I suggest, the respect of at least a tie, if not a jacket, from medical (and other staff!) appearing before it.

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### *Royal Prerogative?*

DEAR SIRS

I am a consultant psychiatrist working in mental handicap. As part of the assessment of the degree of handicap of the patients that I am asked to see, I administer a short test. One of the questions involved concerns the sex and name of the monarch.

Of the last five patients to whom I have given this questionnaire, four accurately stated that there was a queen on the throne. However, three of these were confused about the identity of the person, confidently stating that her name was Mrs Thatcher. *Sic transit gloria reginae.*

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