—— (1978c) Defective interhemispheric transfer in schizophrenia: evidence and relationships with symptoms. Paper presented to the International Conference on Hemisphere Asymmetries of Function and Psychopathology at Charing Cross Hospital.

—— GLASS, A. & O'CALLAGHAN, M. A. J. (In press) Abnormal hemisphere interaction in schizophrenia. In *Hemisphere Asymmetries and Psychopathology* (eds. J. H. Gruzelier and P. Flor-Henry. Elsevier.

TERMINAL CARE

DEAR SIR,

Avril Stedeford's account of her work as liaison psychiatrist during the first 3 years of operation of the terminal care unit at Michael Sobell House in Oxford shows how much can be achieved in such a setting and should encourage other psychiatrists to offer liaison help to units of this kind (*Journal*, July 1979, **135**, 1–14).

At least 22 terminal care units have been opened in recent years and many more are planned. Unfortunately very few of them have regular support from a psychiatrist with the benefits which this brings to patients, families and to staff. Is this the organizers' fault or ours? I suspect that some of the blame must lie with the psychiatrists themselves who are apprehensive at the thought of carrying the burden of responsibility for the distress of large numbers of dying people and are reluctant to enter a field which seems remote from their own. These were certainly my own feelings when I first agreed to act as consultant psychiatrist to St Christopher's Hospice 13 years ago and it may reassure readers to learn that my fears were not realized.

I agree with Stedeford's finding that about ⅔ of patients referred to the psychiatrist benefit from the help they receive. Like her my referral rate was usually about 14 per cent but the proportion has dropped considerably in recent years at the same time as the number of referrals of family members has risen. This, I believe, results from a consistent policy of education and support for the staff. All members of staff are trained to regard psychological aspects of care as their responsibility. Detailed information about patients referred for consultation is fed back to the ward team and management discussed with them at regular ward meetings.

With the development of active home care teams and bereavement services the family (which includes the patient) have come to be seen as the unit of care. As a result I now spend as much time supporting families and liaising with staff and volunteers as I do in providing direct service to patients.

The Hospice movement has generated idealistic fervour on a par with the 'Moral Treatment' of lunatics which took place in the 19th century and much of its undoubted success results from the enthusiasm and dedication of its pioneers. But the lesson of history must make us dread the kind of hell hole which a Hospice could become if staffing levels are permitted to drop and staff morale declines. Psychiatrists are one component in a system of staff and family support which should ensure that morale is maintained. This system also includes the hospice chaplain and other senior staff members. It is a measure of the success of this network at St Christopher's Hospice that 78 per cent of a sample of spouses of patients who died in the Hospice agreed with the statement "The hospital is like a family", compared with only 11 per cent of a matched group of spouses of patients who had died in other hospitals ($p < 0.001$, Parkes, in press).

C. MURRAY PARKES

Senior Lecturer in Psychiatry,
The London Hospital Medical College,
Turner Street,
London E1 2AD

Reference

PARKES, C. M. (1979) Terminal care: evaluation of in-patient service at St. Christopher's Hospice. *Postgraduate Medical Journal*. (In press).

https://doi.org/10.1192/bjp.135.3.288 Published online by Cambridge University Press