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# Correspondence

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## The culture of enquiry

Sir: The group of senior Registrars writing in the *Bulletin* (January, 1997, 21, 57) about independent enquiries demonstrate a laudable wish to learn from enquiries into psychiatric catastrophes. Perhaps I could let the membership know how the College currently deals with such enquiries.

The first point is that at any one time there are between 30 and 40 such enquiries taking place. The vast majority of these say exactly the same things as all the others which have taken place. The Zito Trust recently published a review, 'Learning the Lessons: Mental Health Enquiry Reports 1969–1994', published January 1994, of all these enquiries which very helpfully brought together the recommendations and demonstrated how repetitive they were.

However, it is clearly necessary for the most serious enquiries to be looked at carefully by the College. It is not only the Clunis enquiry to which we have reacted. The Ashworth enquiry was also responded to vigorously and is the subject of a Council Report. I might at this point suggest that it would help trainees if all psychiatric libraries had a full set of Council Reports, and a regular order for all new Council Reports. This would help trainees to keep in touch with the thinking of Council on important topics.

All of the more serious independent enquiries are referred to Public Policy Committee for discussion and, where appropriate, action is taken either through the policy or the educational structures of the College. An example of this is the request in the Clunis enquiry report that the College should produce simple guidelines on Risk Assessment. Not only have we recently published a small pocket book (CR53), which you should all have received, but we are in the process of developing our first clinical practice guidelines on the management of violence in clinical settings.

Thus, although it may not be immediately obvious, the College is aware of independent enquiries and is, sometimes with difficulty, extracting the important points and acting upon them.

Finally, there is now widespread discontent with the system of independent enquiries as it currently exists. The College is making vigorous representations to the Department of Health to change the system without losing the essential

watchdog function, which some sort of enquiry can serve.

PROFESSOR C. THOMPSON, Registrar

## Doctors and occupational health services

Sir: Your recent editorial on ill doctors discussed helping mechanisms (*Psychiatric Bulletin*, October 1996, 20, 577–579). I was disappointed to see occupational health (OH) services characterised as 'not . . . reliable or useful'. I am unaware of any evidence that would support such a sweeping generalisation.

I was somewhat reassured that Professor Kessel characterised doubts about the confidentiality of occupational health services as 'unfair'. Again there is no evidence to suggest that this is a problem in OH departments and in the study of doctors' health and need for services, published by the Nuffield Provincial Hospitals Trusts, only a small minority of doctors expressed such concerns, even when asked directly.

The Faculty of Occupational Medicine, uniquely among Royal Colleges and Faculties, publishes specific ethical guidance to its members on the sometimes difficult question of confidentiality and employers. This ethical point is a specific part of specialist training for occupational physicians. Breaches of confidentiality are more likely to arise by accident and it is other clinicians whose training has not included specific aspects who give rise to concern.

The Faculty seeks the support of all clinicians in seeking to ensure that there is a specialist OH service available to all who work in the National Health Service. The Department of Health policy is that all NHS employees should have access to a specialist occupational health service though they decline to provide specific funds to achieve this aim. Nevertheless, over 80 consultant occupational physicians do work in the NHS and the numbers are increasing.

I believe that sick doctors could be helped enormously by access to properly staffed occupational health services where the important relationships between work and health can be dealt with appropriately and in a caring