Steadman's letter (*Psychiatric Bulletin*, 1993, **17**, 774). It is a perfect example of the problem I am writing about. It illustrates the use of a medical diagnosis for political purposes. Dr Steadman accurately describes a common situation, but without seeming to realise the significance of what he is saying. His vignette is tantamount to arguing that a patient who would otherwise be suitable for in-patient care should be deemed unsuitable and have his or her admission vetoed if the label of personality disorder has been applied to the patient in the past. What possible medical (or indeed moral) justification can there be for such discrimination? No wonder some psychiatrists are reluctant to write the powerful negative term 'personality disorder' in the patient's notes. This reluctance, which is not always present, is the only comfort I can draw from this depressing letter.

JOHN GUNN, *Institute of Psychiatry, Denmark Hill, London SE5 8AF*

Sir: Dr Steadman (*Psychiatric Bulletin*, 1993, **17**, 774) wonders whether the 'diagnosis' of 'personality disorder' is being omitted, and speculates as to why. I would suggest that the main reason is that this term is at best unhelpful and at worst a medicalised term of abuse.

Freeman (1988) argues that it "tells you nothing about the patient, communicates nothing of certainty to a colleague and predicts little about the past, present or future of the individuals". Any maladaptive character traits should be described and, if there are enough to qualify as a specific syndrome, then that specific diagnosis should be used. Otherwise the term is as accurate as 'mood disorder'.

Saying someone has a 'personality disorder' would indicate that this person has annoyed you. A spurious medical label does not make it acceptable in medical records. Such derogatory labels stick and, as Freeman points out, make patients "less likely to receive adequate treatment, or is used as a reason for not offering treatment at all". This term deserves the same fate as earlier terms of psychiatric abuse like 'hysterical' or 'latent homosexual'.

Most of us would turn away angry drink patients from Casualty after a full assessment but I hope many would not let the term 'personality disorder' colour our management.

FREEMAN, C.P. (1988) Personality disorder. In *Companion to Psychiatric Studies* (4th edition) (eds. R.E. Kendell & A.K. Zeally). Edinburgh: Churchill Livingstone, p. 407.

CARMELO AQUILINA, *Chase Farm Hospital, Enfield, Middlesex EN2 8JL*

Sir: In response to 'Personality disorder, a declining diagnosis' (*Psychiatric Bulletin*, 1993, **17**, 774), I also have noticed a decline in the diagnosis of 'personality disorder' which used to be found so readily in psychiatric medical notes. In contrast to Dr Steadman, I am greatly relieved that this label has become less popular. The stigma of a diagnosis of personality disorder often precludes proper assessment of mental state and suicide risk and produces feelings of hostility to the patient by nursing and medical staff. Thank goodness for the Data Protection Act; we should not be making a diagnosis that cannot be discussed in an open manner with the patient.

FRANCES FOSTER, *Merseyside Regional Registrar Rotation*

Sir: Thank you for allowing me to respond to the correspondence (Professor Gunn, Dr Aquilina, and Dr Foster) regarding my letter 'Personality disorder, a declining diagnosis?' (*Psychiatric Bulletin*, 1993, **17**, 774).

To expand on my original letter, the 'anger' described contained elements of psychotic symptomatology, which is why I had initially considered admission. These elements had been fully evaluated at the day hospital and had eventually been attributed to forming part of the personality disorder rather than as components of a psychotic illness.

I maintain that the category of personality disorder is an important one, and we should be concerned about its declining use. The quote from Freeman (1988) that "it tells you nothing about the patient" is surely an exaggeration?

FREEMAN, C.P. (1988) Personality disorder. In *Companion to Psychiatric Studies* (4th edition) (eds. R.E. Kendell & A.K. Zeally). Edinburgh: Churchill Livingstone, p 407.

PHILIP STEADMAN, *Sutton Hospital, Sutton, Surrey SM2 5NF*

Sir: I was surprised to read, in 'Personality disorder; a declining diagnosis? (*Psychiatric Bulletin*, 1993, **17**, 774), that multidisciplinary colleagues tend to leave out 'personality disorder' as a diagnosis. This suggests a fear of incurring the wrath of that individual "in case he/she sees his/her notes".

My experience, has been along the same lines. As clinicians we need to look at where it exists and explore the reasons why. With the Data Protection Act, it seems that some health professionals are hesitant when it comes to a diagnosis. From speaking to senior nursing colleagues there appears to be a movement away from accepted psychiatric diagnoses, which seem viewed in some cases as derogatory labels. If so I wonder if we are moving to a time when, as members of a multidisciplinary team, we will be speaking in tongues in the absence of an interpreter.

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