
Editorial

Courting controversy

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I want *Advances in Psychiatric Treatment* (APT) to be intellectually stimulating as well as informative. It is, of course, the continuing professional development (CPD) journal of the College and, as far as CPD is concerned, is the official journal. However, that does not mean it necessarily expresses an official position, even if such existed. Opinions given are those of the authors and are accepted by the Editor for publication – neither is writing officially on the behalf of the Royal College of Psychiatrists. APT seeks to teach consultants and other psychiatrists by using their colleagues and peers to write, putting into print their views and what they find helpful for their patients. This will necessarily produce controversy on occasions and I make no apology for this.

Repressed or recovered memory of abuse is currently one of the most controversial topics in psychiatry, but also crucially important for many practising psychiatrists in all sub-specialities. I am convinced that psychiatrists need to have thought about this topic and to have information that will help them in their own practice with their own patients: some psychiatrists will come across putative victims of abuse whose memory for that long-forgotten atrocity has recently been rekindled; others will encounter those who equally feel victimised, who have had claims made against them that they were perpetrators of abuse decades ago; and some psychiatrists see both groups of people as patients. In our recent issue on cycles of abuse we discussed victims and perpetrators of abuse from many different psychiatric perspectives. Now in this issue we want to introduce this related but different theme. Merskey expresses his trenchant views with his usual clarity and eloquence. Whewhell represents a different position in his commentary. In a subsequent issue, we are planning further discussion of this important topic from a different perspective. This is not currently an area of psychiatry where practice can be wholly evidence-based, and so the best we believe that we can do is to open the topic to informed debate by asking authors of the highest caliber to express their experience and opinion. It will then be for the reader to distill the essence of

collective wisdom and condense it into the whisky of good clinical practice.

There is another area of controversy in this issue. Zigmond discusses what we can learn from inquiries. Obviously, the information coming out of an inquiry is highly sensitive and consultant psychiatrists and other staff feel threatened, whatever their involvement. There is no area of current psychiatric practice where people so readily and justifiably feel tainted by association. All the articles in APT are peer reviewed and Zigmond acceded very graciously to the advice of his assessor by obscuring the identity of his examples. At the same time he believed that his earlier draft was both more readable and perhaps more informative to a readership of consultant psychiatrists. At present APT is guided by current editorial practice for psychiatric journals in which strenuous attempts are made so that nobody, not even the protagonists, can recognise themselves or others in the case examples of published articles.

There may be a burning issue locally within your own psychiatric service that has recently become even more controversial. We would like to know about this and APT would endeavour to have this topic written about by an acknowledged expert. The more detail we have, the more specific areas of controversy we can address. Sometimes it will be best to get both, or even more than two, points of view expressed. We do not want in this journal to provide off-the-peg, closed solutions, but to give points of view and the experience of practitioners of what they in their own local arrangements have found best in particular circumstances. What has become problematic and conflictual in your local service will probably also have become so in others. We want to keep in touch with everyday problems and we believe that we can do so, but it depends on you to let us know what your key issues are. I would be grateful for readers' comments on controversy. How controversial do you want APT to become? We regularly publish case histories in which the details have been altered. I am not sure whether the right balance is being achieved between vivid narrative and respecting confidentiality. Do you have an opinion?