Netherlands where ECT was used. In a retrospective study of its efficacy, Blansjaar and Nolen found that over the period 1981–1984, 35 non-geriatric patients had received a total of 38 courses of ECT. With the exception of four cases, the patients had severe, therapy-resistant, depression according to DSM III criteria. The mean duration of illness had been about two years. ECT proved to be effective in about 53% of cases, significantly more so in the sub-group with melancholia ('vital' depression). The effectiveness in retarded patients was particularly striking. Surprisingly, its efficacy failed to differentiate between the psychotic and non-psychotic subgroups and a significant negative correlation was found with the duration of illness.

The authors suggest that the response rate was so much lower than is usually quoted in the literature (70–80%) due to the stricter Dutch criteria and the fact that cases which did come up for ECT had already proved resistant to other forms of therapy. In addition to the suffering entailed by severe depression, the negative correlation with illness duration would argue against delaying the use of ECT in treatment-resistant cases.

Nevertheless, it remains to be seen what impact this study and the recent legislation will have on the vociferous opinions—'like a Hiroshima in your head', according to one patient—that are expressed on this subject between the windmills!

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Draft Code of Practice – A critique

DEAR SIRS

It was with some dismay that I recently read the Draft Code of Practice (having acquired a photocopy of same through the good offices of my secretary – for such copies are rare!) While it purports to constitute a code of practice, it in fact details in a very restrictive manner the way in which psychiatrists (inappropriately referred to in this document as rmo – small lettering!) should conduct their clinical duties, making stipulations that are often inappropriate and impractical, and indeed require individuals (e.g. nearest relatives) to make clinical judgements for which they may have no experience or training. The restrictions placed on the practice of psychiatry almost certainly disadvantages the patients by making an otherwise efficient system of care inaccessible. Moreover, it may subject a bewildered patient to a barrage of large multidisciplinary case conferences where the patient feels that their confidentiality and ability to reasonably exercise a veto on who attends is significantly compromised. In so far as it may be incumbent upon any Code of Practice to be based on fact rather than opinion, to allow a degree of latitude in the exercise of clinical judgement, avoid ambiguity and contradiction, be of such a size as to be carried upon one's person, be capable of being committed to memory, and not to contravene the rights of service users, it does seem that this draft code has been an abysmal failure.

Indeed, in as much as Section 118 of the Mental Health Act 1983 implements or sustains any Code of Practice which contravenes the human rights of individuals (future patients) in this way, should it not be taken to task in the European Court?

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DEAR SIRS

At the recent Royal College Quarterly Meeting in Manchester one of the speakers, a Mental Health Commissioner, who described himself as 'not a barrister but a QC' alleged that the College Registrar was ignorant about the Draft Code of Practice in the presence of the latter after the lecture. In the same breath the QC was dismayed to find that when College members ask his advice on the Code they often do not accept his replies.

Many of us in Health Service practice are extremely used to our advice either not being sought or disregarded even when we treat people with courtesy. Maybe this is the most significant reason yet why we as trained professionals who are well experienced in these matters should form the majority not the minority of members of the Mental Health Commission and the drafters of any Code of Practice.

One fact emerged clearly from the proceedings. It seems that after 14 or so Government enquiries into mental hospitals the DHSS has commissioned a band of ambitious lawyers to write us a new textbook of psychiatry (the *Code of Practice*). There were a few token psychiatrists involved in the draft but, in general, although it is written in an authoritative, unsubstantiated manner, it is guaranteed to succeed as it is backed by law and thus whether we are lucky enough to get a copy or not we are legally bound by its contents.

It is just as well that the Code is published by HMSO as no commercial publisher would be naive enough to risk such a venture.

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