



routinely will not be addressed at appraisal and revalidation.

Conclusion

Much of the divide among forensic psychiatrists regarding their role rests on the extent to which individual forensic psychiatrists understand their responsibilities towards third parties where there is concern about interplay between mental disorder and risk. Those forensic psychiatrists who would understand their duties as arising both from their responsibilities as doctors and as participants in society structures on laws, might argue that there is an ethical obligation to provide medical evidence to courts, including their professional opinion on risk. Others would confine their role to a welfare role and only involve themselves in such work where there is a realistic prospect of benefit to the patient. Such diversity in practice and underlying ethical framework raises profound issues for forensic psychiatrists.

This paper has not sought to reach a definitive conclusion on an ethical framework for psychiatrists' participation in court work (and increasingly in other structures within the criminal justice system and public protection systems). Instead the breadth and diversity of opinion is highlighted together with underlying beliefs and ethical frameworks. Specialist registrars in training who commented on these ethical issues concluded that defendants are most likely to be fairly treated by psychiatrists who are painfully aware of the tension inherent in trying to reconcile conflicting ethical imperatives. It follows that the training of tomorrow's forensic psychiatrists must incorporate training on ethics to ensure that practitioners have a particular awareness of the profound ethical dilemmas that are integral to forensic work.

Whatever position individual forensic psychiatrists take on their role within courts, there does appear to be a certain amount of common ground. Forensic psychiatrists in the College consider themselves first and foremost as doctors and would not accept the forensicist position adopted in the USA. There is acceptance that defendants in court will see the psychiatrist primarily as a doctor and expect that psychiatrists act within some framework of medical ethics. There is wide agreement that psychiatrists should only provide evidence to court where there is mental disorder, although the boundaries of mental disorder are by no means clear. There is wide acceptance of the need, as far as possible, to separate out court appraisal and treatment roles. There is an emerging consensus that only clinical risk assessment can be considered as ethically acceptable. The other side of the argument, that is whether it is ethically acceptable to provide a clinical risk

assessment without incorporating actuarial risk assessment merits further debate.

Further considerations

The seminar did not consider international codes and practices. These need to be considered as work proceeds. Some doctors regard medicine as owing allegiances to standards and codes that transcend national legislation. Indeed there is a move within the international community for this to happen on a much broader front than within medicine.

Further work needs to be done on:

- What are the duties of psychiatrists towards third parties in relation to the prevention of harm to third parties where there is some association between risk and mental disorder?
- Consideration of who owns medical information in the sense of whether there is a legitimate call on medical expertise in the courts by the state.
- Guidance on consent to court reports and, hence, consent to complete or partial disclosure of findings.
- Consideration of whether risk assessment can be considered to be a medical investigation and as such, requiring the same rigour in obtaining full consent as other medical investigations that may carry significant risks of harm to the patient. It is questionable whether defendants in court understand that risk assessment may be used for decision-making in court outside of the medical context.
- Incorporating international codes and practices into a College ethical framework.
- Addressing awareness of ethical dilemmas and competency in court work into the training of specialist registrars.
- Examining how competency in court work can be incorporated into continuing professional development, appraisal and revalidation.

R. v. Wilkinson [1983] 5 CR AppR(s) 105.

ROYAL COLLEGE OF PSYCHIATRISTS (2004) *Good Psychiatric Practice* (2nd edn) (Council Report CR125). London: Royal College of Psychiatrists.

STONE, A. A. (1984) The ethical boundaries of forensic psychiatry – a view from the ivory tower. *Bulletin of the American Academy of Psychiatry and the Law*.

Annual elections – Council and the Court of Electors

Notice to Members and Fellows

Members are reminded of their rights in connection with the forthcoming elections for the vacancies on the Court of Electors and Council. There are 5 vacancies on the Court of Electors. There are

vacancies for 2 Fellows and 3 Members on Council.

The nominating meeting of the Council will be held on 24 January 2005 and the last date for receiving nominations from the membership will be Wednesday 23 February 2005. Nomination forms are available from Andrea Woolf: e-mail: awoolf@rcpsych.ac.uk

The relevant Bye-laws and Regulations are printed below. Please note that constitutional changes are currently under consideration, and that the terms of office listed below may be altered.

Bye-law XXI – the Court of Electors

2. The Court of Electors shall be composed of:
 - (a) The President, Dean and Registrar, each of whom shall be an ex-officio member of the Court of Electors; and
 - (b) Fifteen Electors who shall be chosen in the manner hereinafter prescribed from amongst the Fellows.
4. At the first meeting of the Council in alternate years after the name of the President for the next ensuing College year has become known, the Council shall nominate a sufficient number of candidates for appointment as Electors to ensure an election, which will be held by a postal ballot of all Members of the College in the manner prescribed by the Regulations. Additional nominations may be lodged with the Registrar between the beginning of the then current calendar year and the end of four clear weeks after the meeting of the Council above referred to. No such nominations shall be valid unless it be supported in writing by twelve Members of the College and accompanied by the nominee's written consent to serve if elected.

Regulation XIX – the Council

2. Elections shall be held in alternate years to ensure that there are not less than six elected Members of Council and no more than six elected Fellows of the Council subject to the overall condition that no elected Member or Fellow shall serve on Council for more than six years in that capacity without a break of at least one year. At its first meeting in each alternate College year after the name of the President for the next ensuing College year has become known, the Council shall nominate the necessary number of Members and Fellows of the College to ensure that there are no more than six elected Fellows and not less than six elected Members serving on Council. Any nominee who is proposed and seconded and gives his or her consent in writing to



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serve, shall be validly nominated. Any twelve Members of the College may make nominations in writing at any time between the first day of January in each alternate year and the date which is four clear weeks after the meeting of the Council at which nominations were made. Nominations other than those made by the Council shall be lodged with the Registrar and accompanied by the written consent of the candidate to serve if elected. Should there be more nominations than vacancies, an election shall be held by ballot of the Members of the College. The ballot paper shall not indicate the method of nomination or the names of those nominating. If the number of nominees does not exceed the number of vacancies, these nominees shall be declared elected at the first meeting, whether of the Council or of the Executive and Finance Committee, after the expiry of the period of four clear weeks in this paragraph referred to.

Annual elections – Honorary Officers

Notice to Members and Fellows

Fellows and Members of the College are reminded of their rights in connection with the forthcoming elections for the offices of Dean, Registrar, Treasurer, Editor and Librarian.

All Honorary Officers are eligible for re-election, although the Registrar, Dr Andrew Fairbairn, does not wish to be re-elected.

The nominating of the Council will be held on 24 January 2005 and the last date for receiving nominations will be Wednesday 23 February 2005. The Registrar's job description and nomination forms are available from Andrea Woolf: e-mail: awoolf@cpsych.ac.uk.

The relevant Bye-laws and Regulations are printed below. Please note that constitutional changes are currently under consideration, and that the term of office of the Registrar may be altered.

Bye-law XXI – the other Honorary Officers

1. The Council shall, in accordance with the Regulations, make its nominations for the offices of Dean, Registrar, Treasurer, Editor and Librarian at the first meeting after the name of the President for the next ensuing College year has become known. Written nominations for the above Honorary Offices, accompanied in each case by the nominee's written consent to stand for election, may also be lodged with the Registrar at such time as may be prescribed by the Regulations, provided that each such nomination is supported in writing by not less than twelve Members of the College who are not members of the Council.
2. The Dean, Registrar, Treasurer, Editor and Librarian shall be elected from amongst the Fellows, by the Members of the College, in each case in accordance with the procedure prescribed by the Regulations.

Bye-law XIV – the Registrar and Deputy Registrars

3. The Registrar shall hold office as such for a term of not more than five consecutive College years.

Regulation XXII – election of the other Honorary Officers

1. The method of electing the Honorary Officers other than the President, the Vice-Presidents, Associate-Deans and Deputy Registrars shall be the same as that for electing the President*, save that nominations from Members of the College who are not members of the Council shall be lodged with the Registrar between the first day of June in any calendar year and the date which is four clear weeks after that meeting of the Council which is the first held after the name of the President for the next ensuing College year has become known.

**i.e. Written nominations, accompanied in each case by the nominee's written consent to stand for election, may be lodged with the Registrar, provided that each such nomination is supported in writing by not less than twelve Members of the College who are not members of the Council. An election by ballot shall be held in accordance with the provisions of the Regulations.*

obituaries

Kirpal Singh

Formerly Director of Psychological Research, Ministry of Defence, Government of India

Colonel Kirpal Singh died on 29 August 2004 at the Army Base Hospital, New Delhi, so ending a glorious chapter in the annals of mental health in India.

Born in 1911, Kirpal Singh obtained his Licentiate from the Amritsar Medical School and worked in Kenya for over five years, after which enrolling in the Madras Medical College to obtain the MBBS. He joined the Army during the Second World War and was subsequently selected for in-service training in psychiatry, which he completed in 1944. Then he was posted as the psychiatrist to the Military Hospital, Lahore where he presented his first scientific paper in 1945 at the Conference of Army Psychiatrists, held at Rangoon in 1945. Later, he became the first Indian to be elected a Corresponding Fellow of the

Royal Medico-Psychological Association. Subsequently, he trained in mental health at the Harvard School of Public Health.

Kirpal Singh was one of the founder members when the Indian Psychiatric Society (IPS) was founded in 1947, and served as its President twice, in 1957 and 1968. He was the first recipient of the Sandoz Award in 1967 and delivered the DLN Murthy Rao Oration in 1983. An award named after him was instituted by the IPS in 1982. He was a Fellow of the Royal College of Psychiatrists, UK, the Royal Australian and New Zealand College of Psychiatrists and of the National Academy of Medical Sciences. He retired from the Army as Director of Psychological Research nearly four decades ago, but continued to maintain an active interest in clinical practice, as well as other professional matters. Despite his age and indifferent health, he travelled to Pune for the first Military Psychiatry CME, held in 1997. Probably the last formal event he attended was the annual conference of the Delhi Psychiatric Society in December 2003.

Possessed of phenomenal courage and will power, Kirpal Singh never mentioned the pain he suffered towards the last few years of his life. During his regular weekly visits to the Army Base Hospital Department of Psychiatry, he always brought along the latest issues of the British and American journals of psychiatry and encouraged the younger psychiatrists to write scientific papers. His death marks the passing of an era. For me, it is a great personal loss. For nearly four decades he had been my mentor and role-model, as he was to generations of military psychiatrists. Almost to the end, even after I had retired from the army, he would telephone every other week to find out about what was happening on the mental health scene and, lately, to enquire about the book, *Mental Health: An Indian Perspective (1946–2003)*, to which he had contributed a chapter. That we could not formally present him with a copy of the book, which is awaiting release, will always remain a source of deep regret.

D. S. Goel (Col.)