

take responsibility for the patient. The College had gained very little, and its members were faced with Government proposals which were anathema to them.

Towards the end of its period in office, the Labour Party depended on a pact with the Liberals, and amending legislation was not put to the House.

When the Conservatives came to power in May 1979 the College was given breathing space and a chance to form an attachment to medicine's ally of old. Would it not be right to see multidisciplinary panels as liberal quangos? Control was the new order of the day in one form or another, and what better time to resurrect the Mental Welfare Commissions proposals? The battle to preserve clinical independence was clearly lost, and psychiatrists now had to face the likelihood of legislation to determine where and when they must seek a second opinion, and from whom.

To influence amending legislation in a major way, policies must be approved at the stage where Government departments issue instructions to counsel. This must be months before the Bill drafters begin work, when decisions are made regarding the content of the following year's legislation in the Queen's Speech. To abandon the concept of multidisciplinary panels and accept the Mental Welfare Commissions proposal would be such a major change, and if mental health legislation is to be contained in the next parliamentary session instructions to counsel, which have already been issued, should have Mental Welfare Commissions as a central concept.

The College has proposed that a Mental Health Commission (replacing 'Welfare') would have two important functions with regard to consent to treatment: the MHC would advise for which treatments and under which circumstances second opinions should be obtained, and arrange for such

opinions to be provided; MHCs would arrange for second opinions to be provided in cases which may be required by legislation. In addition, at the request of the RMO, the MHCs would advise on the care and treatment of patients. The Mental Health Commissions would supplement such bodies as the Court of Protection, the National Development Team, Mental Health Review Tribunals, and the Health Advisory Service—it would not usurp their role. The College envisages that a number of MHCs will be required for England and Wales and that each could serve more than one NHS region. They would include the Special Hospitals. Membership should comprise psychiatrists and members of other health care professions, as well as lay members. The chairman should be an experienced and senior lawyer. Members should be appointed by the Lord Chancellor, and psychiatric members should be selected from nominations made by the Royal College of Psychiatrists. Membership would be for periods of five years. A permanent secretariat would be needed and central co-ordinating machinery would be necessary. MHCs would be concerned with a multi-dimensional problem: one axis would be type of treatment, their concern being the hazardous and irreversible (as defined by legislation and the MHC); the second axis would be the patients' legal status; the third, their status regarding consent. In addition to these powers, duties and responsibilities the MHCs would cover all the other unsavoury areas exposed by the civil rights movement and particularly: reviewing the use of compulsory powers; the care and treatment given to individual patients; protective and advisory roles in relation to patients' rights; monitoring compulsory admission documents; visiting detained patients. If the MHC were to serve these functions properly consent to treatment would not be an issue.

Forthcoming Events

The **Second Symposium of Personal Meanings**, which will be directed at the examination and discussion of issues within the themes of 'Intensive versus extensive designs'; 'Comprehension of ordinary language and structuring understanding'; and 'Values in psychological treatment', will be held at Guy's Hospital on 19 and 20 February 1982. Information: Secretary, Personal Meanings Symposium, Department of Psychiatry, Guy's Hospital Medical School, London Bridge, London SE1 9RT.

The Association of University Teachers of Psychiatry in conjunction with the University of Oxford Department of Psychiatry, is planning a **conference on the teaching of dynamic psychotherapy** which will be held from 17 to 19

March 1982 at University College, Oxford. Information: Dr Sidney Bloch, Organizing Committee, Department of Psychotherapy, Warneford Hospital, Oxford OX3 7JX.

The Psychotherapy Section of the Academic Department of Psychiatry, St George's Hospital Medical School, is offering an **MSc course in clinical psychotherapy (London University)** to start in October 1982. The course will last for three years on a one-day per week basis. All interested medical practitioners should apply to Mrs Court, Psychotherapy Section, Academic Department of Psychiatry, St George's Hospital Medical School, Cranmer Terrace, London SW17 0RE.