

applies to all types of treatment and not just operations (as in the case of F herself). Lord Brandon stated that: "The operation or *treatment* (my italics) will be in their (the patients') best interests if, but only if, it is carried out in order either to save their lives or to ensure improvement or prevent deterioration in their physical or *mental health*." Therefore, it could be argued that treatment of manic depressive psychosis with lithium in a woman with mental handicap is a treatment carried out in her "best interests" and that it would "ensure improvement or prevent deterioration" in her "mental health". In this case consent would not be required from either the patient or her parents.

Leaving aside the issue of mental handicap, since Dr Race's patient suffered from manic depression, which is a mental illness, she would be covered by the provisions of the Mental Health Act 1983. If it were felt that her mental illness was of a "nature or degree which makes it appropriate for her to receive medical treatment in hospital", then she could be detained under section 3. She would also need to satisfy one or more of the "health", "safety" or "protection of others" criteria.

However, if her parents objected to her receiving lithium they may also object to her being placed on section 3 and oppose the application. If the parents did this simply because they believed lithium to be a toxic drug, then the approved social worker would be able to apply to the county court, under section 29, for the appointment of an acting nearest relative on the grounds that the parents "unreasonably object to the making of an application for treatment". As a large body of medical opinion would agree that lithium is an appropriate treatment for manic depression, the parents' objection could be viewed as "unreasonable".

Either option would be likely to antagonise the parents, at least in the short term, but the best interests of the patient are our primary concern.

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References

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Psychiatric practice and training in British multi-ethnic society

DEAR SIRS

The preamble to the College comments on its Special Committee Report (*Psychiatric Bulletin*, July 1990,

14, 432–437) suggests that the work carried out by the Committee on distinguishing *ethnicity* (individual cultural identity) from *race* (the broader political articulation of ethnicity and the response to it) have been unavailing. Indeed the College appears to regard race simply as morphology and physiognomy in the 19th century manner; and its placing "racism" (sic) in quotation marks indicates that all that is required is careful practice and some goodwill. I am dismayed that all the hard thought of the Committee in teasing out the institutional practices of racism within psychiatry seems to have disappeared from this final statement.

On the question of terminology, I shall be happy to supply members with the glossary I prepared for the Committee (pages 73–75 of the report) and which we debated: it is of course a personal, not a canonical, document.

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'The Last Resort'

DEAR SIRS

I feel able to reply to Hugh Freeman's review of the television film 'The Last Resort' (*Psychiatric Bulletin*, July 1990, **14**, 416) because while I appeared in the film for a short period and I advised the producer, Mr Alan Hack, introducing some of our patients to him, I had no involvement at all in the overall presentation.

I feel that Professor Freeman has been unkind to a remarkable film. It is remarkable because a major psychiatric illness was presented with accuracy and sympathy, and a previously highly controversial treatment was introduced towards the end of the film in a calm and reasonable way. Throughout there were no emotional over-reactions and irrelevant controversies.

Professor Freeman complains that the programme was slow and therefore "many viewers may have voted with their feet . . .". It is surely impossible to present major depression in a dramatic way, with the audience glued to their seats, agog.

Professor Freeman is concerned that the viewer would not have "any idea of the number of operations done each year in Britain at present . . .". Has this any relevance to the film, which is more to do with a portrayal of the misery of chronic depression and its management?

We have received many letters from patients who have seen the film and they stress their relief that they observed somebody else so accurately experiencing their own particular distressing symptoms, which