24.5% of all respondents (21% of consultants) would provide information to agencies with a duty to investigate e.g. social work.

The second vignette describes a 38-year-old mildly depressed male out-patient recently separated from his wife. He has no previous history of violence but is described as angry, embittered and aggrieved. He describes often having thoughts (but denies plans) of stabbing his wife and new partner. He specifically states that his wife should not know of his attendance as he fears it may have some bearing on future custody issues. In response 9.4% of all respondents (5% of consultants) considered warning the wife and partner or informing the police. All of these respondents suggest that they would first discuss the issue with their defence union or in the case of one consultant disclose information if the risk of enactment was judged to be high.

The results from our survey suggest that psychiatrists in the UK, generally do not 'warn' but are more likely to respect confidentiality. This is in contrast to the authors' contention that psychiatric practice has now altered towards warning third parties. If, as the authors' suggest, there is to be a change in the legal responsibility towards third parties, it may be that the majority of psychiatrists will be changing their practice in response to such, rather than pre-empting such changes.

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CPA: faith or fact

The convergence of traditional cost saving and modern libertarian views, alongside the introduction of effective pharmacotherapy, allowed the 'asylum' closures. Highly desirable 'Care in the Community' was practised with enthusiasm, but without a concrete plan. A very few psychotically-driven violent patients forced the government to introduce the Care Programme Approach (CPA) to reassure society.

The CPA has generated much discussion, but little evidence of efficacy (Marshall, 1996) and even its most vocal supporters have concurred that it may generate an increased workload in the form of admissions and paperwork (Tyrer *et al*, 1995), while having no impact on suicide rates. Detractors have complained that the CPA is an unproved, unfunded, bureaucratic, unplanned and scape-goating exercise. Evidence also insists that it is 'not of value in detecting unmet needs or risk' in those who eventually kill themselves.

The general practitioners, who are the key to its success, have little interest in the CPA (Grace *et al*, 1996).

Much of the argument surrounding the CPA has been semantic in nature. For instance, though the CPA is targeted at the severely mentally ill, the ex-President of the College discouraged the use of this concept (Lacey & Caldicott, 1996). Others have quibbled over the definitions of case management versus care management.

Some facts should be agreed upon. First, the CPA was introduced without due regard to implementation with the inevitable result of demotivating those needed for its enactment. Second, no extra resources have been allocated. Third, the face validity of CPA efficacy has not been complemented by convincing research evidence and cannot now be effectively studied given its statutory nature. Last, as allocation to the CPA is of necessity a subjective process and resources differ so wildly across the country, no meaningful audit of its use can be performed.

Ultimately the CPA is skewered by its own contradictions and those who beg an alternative must look to their own practice. Legislation cannot substitute for education.

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Forgetfulness and blame

I was recently consulted by a solicitor about a client of his who had been accused of, and charged with, theft from an elderly lady for who she, the accused, acted as a home care assistant. She was a middle aged lady of previous lily white reputation. The elderly lady had apparently told her son that money was missing from her pension and it had been stolen by her home care assistant. He reported this to the police and they kept the old person's house under observation. One day the care assistant involved was stopped by the police and was

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