

about \$4000 per annum, in comparison to specialties like surgery and obstetrics where premiums range from \$60,000 to \$100,000 per annum (i.e. about 20 times greater than those in psychiatry). I recently discussed this issue with a group of American psychiatrists who were very surprised to learn that in Britain we pay the same premiums as our colleagues in the other disciplines.

There is little doubt that premiums will continue to rise, and figures of £3,000 and £4,000 per annum within a few years are predicted. There may be a case for sharing the burden of the increasing risks of litigation with our colleagues in other disciplines, but many people feel that premiums should reflect the actual risks involved. I would support the view of Dr Lucas that the College might become involved in this issue on our behalf.

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DEAR SIRs

As a practising psychiatrist and Chairman of Council of the Medical Protection Society, I would like to comment on the views expressed by Dr Lucas (*Bulletin*, March 1988, 12, 104). He refers to the paper by Hawkins & Paterson¹ in which 100 random medico-legal cases were analysed, and infers that because the sample contained no psychiatric cases that psychiatry does not generate many medico-legal problems or negligence claims.

Alas, this is far from the case. Psychiatrists are some of the heaviest users of the Society's advice service with regard to medico-legal problems, use of the Mental Health Act, ethical issues and assistance in dealing with complaints. Help is often required by psychiatric members who need representation at Coroners' Inquests, at formal inquiries and at the Professional Conduct and Health Committees of the General Medical Council.

Negligence claims for all branches of medicine constitute only about 20% of the workload of the professional secretariat of the Medical Protection Society. There are, however, an increasing number of claims for psychiatric negligence, many of which are clearly indefensible, which the Society has to settle. The majority of claims relate to errors in assessing and treating suicidal patients, inadequate monitoring of lithium carbonate therapy, negligent use of psychotropic drugs, and failure to diagnose underlying organic disease. Damages of over £400,000 were recently awarded to a patient who had been inadequately treated and had jumped from a window.

Incidentally, the case of *Bolam v Friern Hospital*, which provides the standard test of medical care, was brought by a psychiatric patient who sustained a fracture during treatment with ECT.

The defence organisations are aware of the heavy burden that the current subscription rates place on junior hospital staff in all specialties and this problem is kept constantly under review by my Council.

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Reference

- ¹HAWKINS, C. & PATERSON, I. (1987) Medicolegal audit in the West Midlands Region: Analysis of 100 cases (1987). *British Medical Journal*, **295**, 1533-1536.

Dr Lucas replies

DEAR SIRs

The correspondence in response to my letter confirms the view that the rise in medical insurance fees has become a matter of general concern, even though there are differing opinions as to the best approach, e.g. whether psychiatrists should pursue an independent line in getting more favourable insurance rates for themselves, or whether they should be part of a general medical stance, with pressure for the Health Authorities to contribute to the payment of the fees.

Despite Dr Bradley's letter, it is generally agreed, as illustrated in Dr Calloway's letter, that psychiatrists' risks of litigation are far less than surgeons. The problem, at present, is the monopoly of the medical insurance by the two main bodies. With continuing rising medical insurance fees, at the end of the day I remain with the view that the College should be actively involved in this matter on behalf of its membership.

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Editorial note

From 1 January 1988 two thirds of the medical rate of defence society subscriptions will be reimbursed "as an expense to all whole time employed practitioners or part time employed practitioners working wholly for the NHS. (Doctors and Dentists Review Body's 18th Report)".

For whole time hospital doctors paying the full rate, it has been calculated that payment will amount to £216 this year from their own pockets after reimbursement and tax relief. (*British Medical Journal Supplement*, **296**, 1270).