whether they had received teaching of any kind on the use of the Section 5(2), the majority said they had not. Training is essential but usually lacking. It should be done as part of the induction programme, and should include discussions of its use in different clinical situations.

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What happens after the 'Ashworth Inquiry'?

DEAR SIRS

It is now some eight months since the report of the Committee of Inquiry into complaints about Ashworth Hospital, a document which will, no doubt, eventually assume its position in the annals of forensic psychiatry. I am surprised that there has been no mention of it in the *Psychiatric Bulletin*. Having worked, albeit many years ago in a special hospital, I thought it might be of interest to comment.

The inquiry revealed what nearly everyone who has worked in a special hospital must know; that there is, and has been for decades, an unhealthy 'psychopathic' element in special hospital staff culture, prone to bully and victimise patients and staff who cross its path. This is not to say that there are not many well motivated professionals working within these hospitals or that reputable assessment and treatment processes are not practised.

The inquiry was initiated by the Government due to media pressure, occasioned by Channel 4's documentary 'Cutting Edge'. Following a legal struggle with the Prison Officer's Association, it was successful in penetrating the circle of silence and intimidation, within which patient abuse can flourish. However the mandate of the inquiry was to inquire and expose, not rectify. What happens next?

Undoubtedly the inquiry dealt a severe blow to the morale of professionals working within the special hospitals. Demolition, without reconstruction, is not necessarily helpful. With their long history of problems, are the special hospitals going to be able to recruit professionals of the right calibre to struggle with what may be a thankless task? I think there is reason for doubt. Should this be so, the future for the special hospitals after the Ashworth Inquiry may be bleak not hopeful. The opinion of colleagues would be of interest.

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'Psychiatric opinion audiotaped'

DEAR SIRS

We would like to report on giving patients audiotaped recordings of their psychiatric opinions after first consultations. This form of communication has been found to be beneficial when used in surgical out-patient clinics for women being told about their breast cancers (Hogbin & Fellowfield, *British Journal of Hospital Medicine*, April 1989, 330–333).

The study was carried out in North Herefordshire with a population of around 40,000. All new out-patient referrals were considered for entry. The patients were divided into immediate and delayed groups. The immediate groups constituted patients who would at completion of their consultation take the audiotapes home with them. The delayed groups consisted of patients who would have the audiotape recording made but would take their audiotapes four weeks later. The psychiatrist was blind as to which group the patient was in. Towards the end of each consultation an audiotaped recording was made of the psychiatric opinion and of any questions the patient asked. This recording would eventually be the property of the patient.

The patients completed assessment questionnaires at four and eight week intervals. The first questionnaire was a self rating questionnaire and scored eight items. Four items related to recall of initial consultation, two to compliance and report of side effects and the last two to satisfaction about the information given. The second questionnaire, rated at eight week intervals, was also a self rating questionnaire. It had six questions relating to the use of audiotape.

In all, 22 patients entered the study, 12 in the immediate group and ten in the delayed group. There was no significant difference in either two groups in terms of the recall of diagnosis, aetiology, suggested treatment and explanation of side effects, compliance with medication, or incidence of side effects. No patient felt that the information given was inadequate. Over 90% of the patients rated the information given as good or very good; 88% had listened to the tape since the first consultation. Of those who had listened, 73% listened to the tape with another person, usually the husband or partner. Most patients (88%) rated the recording as useful or very useful; 83% did not find the recording disturbing.

Our initial view that, because of the patients' anxiety at the first consultation, they may not remember what was being said to them about their illness did not hold. The results show that there is no value in routinely audio-taping initial psychiatric consultations to improve patients' understanding of their illness. This would underline the fact that good personal communication skills between doctors and