

Review

The Psychiatric Report: Principles and Practice of Forensic Writing

Edited by Alec Buchanan & Michael A. Norko
Cambridge University Press, 2011, £36.99, pb, 300 pp.
ISBN: 9780521131841

This is a largely American book, yet it achieves its objective of ensuring that overall the ideas presented are not limited in their application to any particular jurisdiction. The opening and most of the closing chapters will be of value to practitioners outside America but the central chapters refer mainly to American statute and case law.

To give a run-down of the chapters, 'Confidentiality and record keeping' has a bias towards law and practice in the USA. Nevertheless, it reveals many issues and problems which should be addressed by psychiatrists who prepare reports without written consent. Of practical application is the chapter on ethics, a thorough and readable piece. A particularly helpful chapter is one entitled 'Writing a narrative'; with the demise of the formulation in psychiatric practice, learning how to construct a narrative may contribute to a renaissance of the formulation. As its author states: 'The weaving of fact and interpretation into a story is the form that allows the audience to understand the psychiatric formulation'. 'Draughtsmanship' and 'Report structure' have useful tips. However, I disagree with the suggestion that weak points should be omitted from

the opinion and I caution against following the advice 'not to keep all preliminary drafts of a report once the report is completed'.

The chapters on reports for different purposes are marred by an editorial error. The same box has been reproduced in each chapter, whereas the intention was that this would be chapter specific. Thus, paradoxically, 'Topics warranting distinctive treatment [sic] in criminal litigation reports' is identical to the box 'Topics warranting distinctive treatment in civil litigation reports', etc.

'Incorporating psychological testing', with its section on psychiatrist-administered psychological tests, should be mandatory reading for psychiatrists who administer psychological tests in forensic assessments. 'Violence risk assessment' and 'Psychiatry and ethics in UK sentencing' are useful for psychiatrists who prepare reports that address 'dangerousness'. I also learnt much from the chapter on malingering – 'so easy to suspect, yet so difficult to prove'.

Keith J. B. Rix, consultant forensic psychiatrist at Cygnet Hospital Wyke and at The Grange, Cleckheaton, and a part-time lecturer in the Department of Law at De Montfort University, Leicester, UK, email: drrix@drkeithrix.co.uk

doi: 10.1192/pb.bp.111.038174

Obituary

Nasranpattiyage Don George Leslie Formerly Consultant Psychiatrist, South Beds at Fairfield Hospital and Luton & Dunstable Hospital



N. D. G. Leslie was born in Colombo, Sri Lanka, in 1928. He was the second in a family of six children. After graduating from the University of Ceylon, Colombo – he obtained the MB BS in 1953 – he worked in various government hospitals in Sri Lanka for 5 years and for 10 years in general practice, before moving in 1968 to the UK to train in psychiatry. He came to love the subject and

decided to pursue a career in the field. He obtained the DPM (1971) and went on to get the MRCPsych in 1972. He spent

some of the happiest years of his life training at the former Fairfield Psychiatric Hospital in Stotfold, Bedfordshire, where, in 1980, he was appointed to the post of Consultant Psychiatrist, South Beds. After retirement he also worked part-time as a locum consultant psychiatrist at Stevenage Lister Hospital, before fully retiring at the age of 70.

He studied further and obtained qualifications in homeopathy and hypnosis. He also had a life-long interest in religion, philosophy and spiritual matters, dedicating himself to developing his Buddhist faith following retirement. A keen gardener, he used to maintain the grounds of the Dhamma Nikethanaya Buddhist Centre.

A progressive neurological disorder of uncertain aetiology developed just before his retirement. He bore his suffering and worsening peripheral neuropathy with great fortitude and dignity until his death on 1 May 2012. He is survived by his wife Sheila and their three children.

Gunaseelan Kanakarathnam

doi: 10.1192/pb.bp.112.042028