

mother, father, other family members and, on occasion, other caretakers. The process of 'observation' itself also constitutes a learning experience, the acquiring of an ability to observe without intervention, crucial in the development of clinical skills. The accompanying weekly seminars address both the meaning of the child's experience and the observer's; and support the trainee in his/her performance of a potentially emotionally-overwhelming task.

I believe that infant observation may have a valuable role to play in the training of child psychiatrists. I hope to be able to present the views of other trainees on the subject in the near future. In the meanwhile I encourage others to consider undertaking infant observation as part of their preparation to become consultant child psychiatrists.

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Psychiatric services in Australia

DEAR SIRS

As a College member and a practitioner in rural Queensland I would like to add to the debate raised by Dr J. S. B. Lindsay (*Psychiatric Bulletin*, December 1989, 13, 703–704).

I am the only qualified psychiatrist in the Mackay region, which contains approximately 100,000 people. Support services of any sort are limited to a similar degree. I feel safe in stating that no other Western democracy provides so poorly for its populace by way of psychiatric services.

Under the Australian constitution it is the State Government's responsibility to provide health care. The virtual absence of proper services in rural Queensland is inescapably the responsibility of the responsible State officials. Some might consider such a dereliction of duty to be negligent.

The tendency for specialists to accrete in major centres seems a universal problem and has been addressed in the UK but not in Australia.

Thus far you might think that I am in agreement with Dr Lindsay; however his analogies are opaque and contain a hidden agenda.

The psychiatric unit of which he was the *de facto* head has been seriously criticised by a variety of responsible professional people – not just a handful of political malcontents with an axe to grind as he seems to insinuate. Indeed attempts have been made to bring both civil and criminal charges concerning his Unit and individual members of it. The entire Hospital Board has been sacked for failing to meet its responsibilities. Indeed in his report (23 October 1989, page 47) M. R. Stubbins (the Chairman of the Health Complaints Unit appointed by the Minister of Health to investigate this matter) stated that "... by the year 1985 it had deteriorated in its level of patient care and treatment to become to my mind absolutely unsatisfactory".

Bulletin readers now have a more complete picture of events upon which to evaluate Dr Lindsay's opaque analogies. They may therefore agree that it is regrettable that our *Bulletin* has served as a forum for snide innuendoes about other unspecified "players", some of whom we must presume to be other doctors.

Responsibility and accountability are the central issues and must be dealt with straightforwardly and unemotionally. Firstly Dr Lindsay's Unit is responsible for discharging its duties properly even if understaffed. The arguments put forward in his letter are quite specious in this regard.

Secondly, there is the more distant but even more serious responsibility regarding the constitutionally defined duty of the State Executive to provide adequate health services. Legal precedent in Australia appears to indicate that the people do not have recourse, as they do in America, to obtain a judicial enforcement of such duties. Accordingly, I suggest it is the duty of the appropriate Royal Colleges to inform both the Government and the public, clearly and unequivocally, if the level of provision of services falls below an acceptable standard.

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Psychiatry and the private sector

DEAR SIRS

It is a common belief among fellow psychiatrists that the private sector caters largely for affluent, neurotic individuals and that it is unable or unwilling to provide adequate resources for the treatment of the acutely ill and psychotic patients and those requiring continuing care (*Psychiatric Bulletin*, May 1989, 13, 249). This has not been my experience.

To substantiate my own observations I recently surveyed the admissions under the emergency service at The Priory Hospital and compared them with