

# Correspondence

## Consultant "scapegoats"

Sir: At the recent Annual General Meeting (AGM) of East Anglian Division there was a unanimous expression of support for our consultant colleague, Dr Dianne Le Fevre and a rejection of the criticism she received in the Woodley Report into the murder of a psychiatric day patient by Stephen Laudat. She was rebuked for making no positive contribution towards the care of Stephen Laudat who suffered from paranoid schizophrenia and had a history of illicit drug misuse. Mr Laudat had only ever been treated with neuroleptics compulsorily when behavioural abnormalities were apparent. He was secretive and opposed the need for treatment. On discharge from hospital he was behaving normally and had been medication-free for 18 months. He made no attempt to see a general practitioner or Dr Le Fevre following his discharge, although this was an agreed part of his aftercare plan. Some ten months later a neighbour noticed odd, noisy behaviour from Stephen Laudat coming from the privacy of his own flat but as the neighbour had an antipathy to Social Services the statutory services were not alerted. This was shortly before the fatal assault.

The Woodley Report, while criticising Dr Le Fevre, contradictorily stated that no specific actions of mental health professionals would have altered the tragic outcome. Dr Le Fevre's responsibility as a consultant includes the delegation of duties while retaining accountability but her contribution in out-patient clinics, multidisciplinary meetings, and Section 117 reviews would not have secured Stephen Laudat's compulsory re-admission to hospital for restarting medication given that he was behaving normally. Blaming Mental Health Services for getting things wrong if patients intend to deceive is most unhelpful. The "scapegoating" of consultants for both lack of resources and poor managed service developments looks like an increasing trend with more than twenty current inquiries still to report. Trusts conspicuously fail to support consultants in public and the division felt that the College ought to give a strong lead to its Membership at a time when morale in the profession is falling from increasingly unrealistic service expectations loaded upon it by central diktat.

Succumbing to a feeling of helplessness is tempting when it is remembered how a consultant in the Clunis Enquiry was chided for having taken on too much responsibility although an unpredictably volatile component of contemporary psychiatric practice is the apparent

irresponsibility of patients who use illicit drugs in the community.

M. R. LOWE

Chairman, East Anglian Division

## Learning disability and health care provision

Sir: In *The Children of Leros* (*British Journal of Psychiatry*, July 1995, **167**, Suppl. 28) it was not just shortage of resources which posed problems in improving the lifestyles of people with learning disabilities but the resistance among staff to change and their attitudes towards their stigmatised charges. This theme was echoed in Dr Verma's article (*Psychiatric Bulletin*, July 1995, **19**, 442-444) regarding the need for a more coherent approach to health care provision to learning disabled people in Wales. General Practitioners (GPs) need to be educated about the health care needs of this formerly 'invisible' group invested with 'otherness' by virtue of ignorance.

In the South East of England we have succeeded in closing hospitals and reprovided in a variety of ways, and most districts have community outreach teams giving help and advice to people living locally. One is lulled into a false sense of security about this and I would like to share four insights I have recently gained which question seriously how far we have come.

- (1) A distressed nurse came to see me. She works in our NHS residential service caring for 'dually diagnosed' people - those with mild learning disability and mental health problems. She had asked for appointments for two clients to see their GP for very good health reasons. This particular GP is paid visiting medical officer sessions by us in respect of the increased morbidity of this group of patients. His response was "These people are a drain on my time and a waste of the country's resources".
- (2) A patient on the borderline between dull normal and with learning disabilities suffers from depression due partly to his life circumstances. He decompensated when his marriage broke down. He is treated with antidepressants and has a lot of professional support but no social milieu. When admitted to hospital with suicidal ideation, a general psychiatrist said to his care manager: "These subnormals have no place in mental health beds. Dr Bates should have her own beds".

- (3) While interviewing the parents of a patient, her father told me that as a soldier on VE day he found himself in the grounds of a German school. He picked up singed pages of a mathematics textbook presumably torn out to burn. The first question he deciphered began "The cost of maintaining one mentally defective individual per annum is  $n$  marks".
- (4) A newspaper article describes the execution in September 1995 of a "mentally retarded" man in Arkansas for murder.

As long as people with learning disabilities are regarded as disposable or a drain on the nation's purse, and staff working with learning disabled people are denigrated for doing so, there is little hope for the amelioration of their sufferings. But if professionals can set a lead in affording respect to these most vulnerable of individuals, perhaps one day they will be regarded as full citizens with equal human rights to ourselves.

ROSALIND E. BATES  
Learning Disability Services, Ravensbourne  
NHS Trust

### Whose journal is it anyway

Sir: Many colleagues have mentioned that on receiving their 'Yellow Journal' (*British Journal of Psychiatry*; *BJP*), they seem to get little further than reading the contents page. It has been our personal experience, in child psychiatry and psychotherapy, that there has often been little of interest among the academic papers in the journal. We therefore carried out a simple audit of the range of articles in the *BJP* as compared to College Section membership figures.

We scanned the *BJP* from January 1993 to December 1994, and allocated each article to one of eight categories. These corresponded to the eight sections of the College: Child & Adolescent; Forensic; Mental Handicap; Psychotherapy; Old Age; Social, Community & Rehabilitation (SCR); Substance Misuse and General Adult Psychiatry. We compared the number of articles published in each category with the membership of each College Section and calculated the 'expected' number of articles that would occur if each section was proportionally represented.

The figures used for College Section Membership were published in the 1993-4 Annual Report, having been compiled after the rationalisation of Section Membership in which interested members were asked to affiliate by 'opting-in' to a maximum of two sections. Reviews, editorials, papers and short reports were included in the audit. A substantial majority were unequivocally

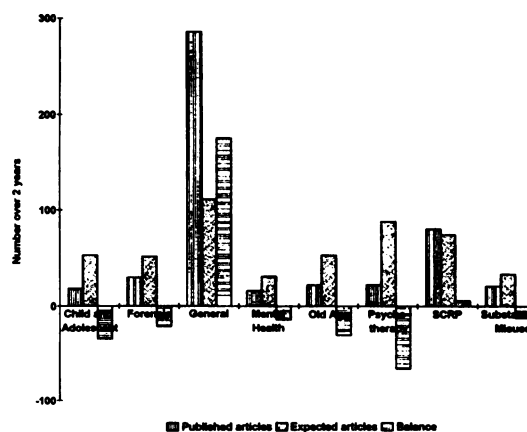


Fig. 1. *British Journal of Psychiatry*: published and expected articles

within a particular category. If there was doubt, allocation was according to the section to whom it would be of most interest and specialist categories were chosen in preference to general categories.

College Section membership is by definition a reflection of the balance of interest of College Members, and this is not well reflected in the numbers of articles currently being published in the *BJP*. Only SCR Psychiatry is close to being represented proportionally, with an average of just over three articles each month. Forensic, Mental Handicap, and Substance Misuse Psychiatry are under-represented, by less than one article too few per issue. Child & Adolescent and Old Age Psychiatry had between one and two articles below the number expected. Psychotherapy had 66 articles fewer than expected over two years – between two and three per issue. In contrast, General Psychiatry had an average of about twelve articles each month: seven more than the expected five.

So whose journal is it anyway? The *British Journal of Psychiatry* is clearly of more interest and relevance to some than others. We wonder how many would stop buying the journal if it were purchased separately from membership subscription, given the discrepancy between what College members are interested in and what is published. We suggest that a change of editorial policy could help the contents to be appreciated and processed somewhere between the letterbox and office shelf.

SAMUEL STEIN  
Windmill Lodge, Ealing Hospital,  
Middlesex, UB1 3EU

REX HAIGH  
West Berkshire Psychotherapy Department,  
1 Princes Street, Reading, Berks RG1 4EG