The parliamentary scene

Consent to treatment

Possibly the most bewildering feature of Parliamentary procedure is the amount of business carried on after midnight. Long sittings have been commonplace this year, and the need for them is understandable when the Government is trying to push through so much controversial legislation in one session.

Sometimes, however, the fresh issues aired on the adjournment debates that complete these sittings have a small audience that belies the importance of the subject. On 7 June, for example, the House of Commons spent most of the night dealing with the Education (Scotland) Bill; at 3.30 am it came to two small Bills dealing with crofting reform and salmon fishing. Only when these had been considered did Mr Christopher Price (Lewisham West) rise to voice his anxiety about the compulsory treatment of psychiatric patients. Mr Price made three separate but related points. Firstly, he claimed there was considerable public disquiet about the use of electroconvulsive therapy (ECT) in mental hospitals: 'This is one of those extraordinary operations where, although it seems to work in some cases, no one can give a scientific explanation why it works. It has been described as being rather like kicking the television set. It has the same sort of success.' Doubts and worries about the use of ECT had been increased by the report of an inquiry into St Augustine's Hospital, Canterbury. There ECT treatments had been given to two patients, one of whom ended up with brain damage and the other died within five days. The inquiry had concluded that force had been used to give ECT to unwilling informal patients.

Secondly, Mr Price said, he was concerned about the use of psychosurgery. 'In the past there is no doubt that it has been abused', he told the House. He had been very frightened by a programme put out by Yorkshire Television which had showed 'a form of psychosurgery condemned by many psychosurgeons in this country'. The Medical Research Council had been asked to finance a trial of psychosurgery. The danger was, said Mr Price, that the assistance of research money would increase the number of operations which took place unnecessarily.

Mr Price's third anxiety concerned chemotherapy. Should not some drugs be included with ECT and psychosurgery as treatment which needed specific consent? Patients believed that they were given drugs about which they knew nothing and which might have an effect on their personalities for the rest of their lives. Furthermore, he thought that many informal patients were given treatment against their will.

Replying to these charges, Dr David Owen said that a fine balance had to be maintained. On the one hand was the patient's right to treatment and the importance of ensuring that all appropriate treatments remained available; on the other hand was the danger of abuse. Almost 90 per cent of psychiatric inpatients were informal, and no problems of consent should arise in their cases – they were at liberty to refuse treatment to which they objected. In the case of formal patients relatives were usually consulted whenever a treatment was contemplated which carried any special risk.

All the expert bodies were agreed, Dr Owen continued, that some extra protection was needed in instances when a formal patient was being considered for a radical treatment to which the patient did not give consent. In such cases a second and independent medical opinion should be obtained. The Butler Report (on mentally abnormal offenders) had set out a formula providing that only the minimum treatment necessary to prevent a patient from being violent, to save his life, or to prevent him from deteriorating should be imposed on him if he was able to appreciate what was involved. Those issues would be debated, concluded Dr Owen, when the Government had published its consultative document on the Mental Health Act.

When the consultative document (*A Review of the Mental Health Act 1959*) appeared in August, however, it had little fresh to say upon the topic. It pointed out that there were aspects on which the legal interpretation of the Act was still uncertain – in particular whether treatment could be imposed on patients detained under section 25. The review gave some support to the proposal from MIND that multidisciplinary panels could be established to provide a second opinion in cases where irreversible treatment was proposed for formal patients and to be available to give advice in other difficult cases.

All the talk of safeguards and codes of conduct has

a depressing ring about it. Much of the current anxiety about psychiatric treatment has been generated by groups opposed to orthodox psychiatry who believe that there is no place for drug treatment or any form of physical therapy. So much publicity has been given to their clamour that it was, perhaps, inevitable that the Medical Research Council should turn down the request by the Royal College of Psychiatrists for a grant for a controlled trial of psychosurgery. Fears and misconceptions have been encouraged by films such as 'One Flew Over the Cuckoo's Nest' – quoted in Parliament as evidence

of public concern though it was based on a fictional account of practices over 10 years' old in the USA. We need to remember that the vast majority of patients needing psychiatric help retain enough insight to accept informal admission, and that treatment given without the patient's consent remains the exception even with formal patients. Yet there are a few patients for whom compulsion is necessary: and to deny this may deprive them of their only hope of returning to sanity.

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