

Book reviews

Murder into Manslaughter

Susanne Dell, 75 pages, Oxford, £10, Oxford University Press, 1984

This is an admirable book, in the best tradition of the Maudsley Monographs: short, rigorously scientific, and yet eminently readable. On top of that, it has something important to say, and the author has no hesitation in making it plain what that is.

Time was when we hanged all murderers. In 1957, we decided only to hang some of them, and to send the rest to prison for life. Today, life imprisonment is the mandatory sentence for all of them. But the 1957 Act also introduced a new defence: if the accused can show that, at the time of the killing, he suffered 'from such abnormality of mind as substantially impaired his mental responsibility for his acts and omissions', he will only be guilty of manslaughter. That then gives the judge a complete discretion as to sentence: he can let the culprit go, or put him on probation, or fine him, or send him to prison for any period up to life. Or he can send him to a mental hospital - which, in cases of 'abnormality of mind', is the most probable outcome.

And so, at one time, it was. But it struck Susanne Dell that the hospitalisation rate seemed to be falling, from around two thirds of all such 'diminished responsibility' cases in the late 1960s to only around one third by the middle 1970s, and she set out to discover why. With impeccable sampling and statistical techniques, including the GLIM log linear modelling computer program, she asked all the obvious questions. Had the offenders changed over the period, by age or social class, for example? No. Did they have worse previous records? No. Were their victims, their motives, or their methods of killing different?

No, no and no again. Did the doctors diagnose different 'abnormalities' in them? Once more, no.

Did the judges then perhaps change their policies, declining to make hospital orders when the psychiatrists recommended them? Still no, but now we are starting to get warm. What in fact happened was that the psychiatrists made fewer such recommendations, and this in turn can be traced back to a change in the policy of the Department of Health and Social Security. At the start of the period, the Department regarded it as its duty to provide a bed in a Special Hospital whenever the courts wanted one. By the end, it offered one only when *the Department*, and not the reporting psychiatrists and the judge, thought the offender was suitable for one. As Ms Dell puts it, 'there was no evidence that the closing of the Special Hospital doors led to the doors of the NHS being opened. It was the prison doors that opened instead'.

So, today, it is in effect the DHSS rather than the court which decides whether many of the offenders in this class shall go to hospital or to prison - and, as the author's data show, those who go to prison tend to be deprived of their liberty for much longer than those who go to hospital. In our constitution, it is a novel proposition that matters of this kind should be decided by officials sitting in private and accountable to no one, rather than judges sitting in public and accountable to the law. Nine years ago, the Butler Committee recommended a radical reform of this whole area: the archaic McNaghten Rules, the mandatory life sentence, diminished responsibility *et al.* The results of this important study lend powerful weight to that recommendation - and would do so even more effectively if the publishers could be persuaded to bring it out affordably in paperback.

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Psychiatry and Ethics: Insanity, Rational Autonomy and Mental Health care

Editor, Rem B Edwards, 609 pages, Buffalo, £21.95 (hardback), £10.45 (paperback), Prometheus Books, 1982

In Britain there are still very few formal courses of ethics for medical students either undergraduate or postgraduate. This substantial volume of papers goes some way to filling the gap for the psychiatrist. It is an American collection of papers and is therefore biased to topics of particular interest to colleagues on the other side of the Atlantic. It has ten different sections ranging over topics such as 'The Ethico-legal model', 'Therapist-patient Relationships', 'Informed voluntary consent', 'Controversial Behavior Control Therapy', and 'De-institutionalisation'. Each section contains a brief introduction by the editor in which he discusses the papers in that section, and between three and five articles selected from the literature of the last twenty-five years relating to the topic. Each section is rounded off with a comprehensive bibliography.

For me the book made a somewhat tedious start with the inclusion of Thomas Szasz's paper on 'The Myth of Mental Illness', but Boorse's paper is a useful foil to the Szasz paper and the best criticism is given by Sedgwick in a 1973 paper entitled 'Illness - Mental and Otherwise'. He argues that disease is a human concept related to man's attempts to preserve function and postpone death, and that the conceptual differences between physical and psychiatric illnesses are much less profound than the anti-psychiatrists would wish us to believe.

Several other important articles stand out. Meisel, Roth and Lidz, give us a foretaste of their book on informed

voluntary consent. These workers have done the only experimental studies in the world on this important contemporary question. Shah's well known article on dangerousness and civil commitment, published in 1975, certainly stands reprinting, as does Loren Roth's seminal paper proposing 'a commitment law for patients, doctors, and lawyers', in which he argues for safeguarded paternalism. Paternalism seems to be on the ascendancy in the United States as a reaction to an aggressive and legalistic approach to so-called individual rights which omits the right to be cared for. Macklin, in a 1981 paper, accepts that freedom is a fundamental value, but places alongside it other values such as justice, equity, equality, self-esteem, quality of life.

An important paper is Breggin's on 'The Return of Lobotomy and Psychosurgery'. This is partly because it hasn't previously been published in the medical literature (a number of journals declined it), partly because it was an important part of a debate in the United States in the early 1970s which reduced the number of leucotomy operations from the thousands to the hundreds, and partly because a strident author has shown the grace and honesty to change his mind. The paper is emotional and in places highly illogical, but it does call attention to some remarkable published assertions such as the claim that a patient who committed suicide after a leucotomy was a success because the suicide was a sign that she was recovering from the depression! The change of heart is not as profound as Vernon Mark (who is allowed a reply in the form of a badly argued paper from 1974) would have wished, but Breggin now believes that no form of treatment should be banned by legislation. 'Voluntary patients should be allowed to choose any therapy they wish for themselves, even if it is brain damaging'. Perhaps he should be invited to Britain to argue this point with our Members of Parliament who have now insisted that in this country patients should not be free to choose a leucotomy for themselves however competent they might be.

The book ends with sections on responsibility, commitment and the insanity defence, and on de-institutionalisation. Neither of these sections reaches the standards of the earlier parts of the book. It is sad and salutary that treatment, especially chronic hospital treatment, somehow, even in a book of this kind, comes low down on the scales of both priority

and quality.

Unlike many collections of reprinted papers this volume works and is fully recommended.

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Health for All: A Challenge to Research in Health Manpower Development

Report of the XVIth CIOMS Round Table Conference, Ibadan, Nigeria, 1982, 229 pages, Geneva, SF20, World Health Organisation, 1983

The Council for International Organisations of Medical Sciences (CIOMS) is particularly concerned with biomedical sciences and the fact that it chose primary health care as the focus of its XVIth conference is very welcome. Too often 'high technology medicine' and 'primary care' are considered to be mutually exclusive alternatives whereas the principles of primary health care planning are as relevant for the most specialised hospital service as for the rural health worker.

In part the polarisation, in the UK at least, results from the use of the adjective 'community' to describe all services except hospital services, thus implying that the motives of those who work in hospital are not to serve the community but simply to do what interests them most. Hospital and laboratory services are, however, community services and primary health care principles – service to the whole population, effective and efficient use of resources by the appropriate use of technology, integrated rather than isolated planning, and the participation of users of the service in its planning and management – are of great relevance, as this conference recognises.

In part the debate about primary health care is a technical debate, focusing on issues such as the need to define different criteria for hospital care and domiciliary care, but there is also an ethical dimension to the primary health care approach for one of its keystones is the provision of health services to the whole population. If we consider the population of people with arthritis as an example, most health services in the world concentrate on the referred population, those who have brought themselves to, or been referred to, the

appropriate source of help. In all countries social and psychological factors influence the probability that someone will be referred to a source of specialist help: for example, the person whose brother is known to the general practitioner to be a consultant orthopaedic surgeon will probably be referred more quickly than the person who has no medical connections. In many countries financial factors influence the access of patients to services either directly, in countries in which private practice is the main source of health care, or indirectly because of the influences car and telephone ownership have on access to health services. The issue of equity was addressed by conference speakers and was a major theme of the conference.

The conference was also important because it recognised that health service planning and management should be concerned not only with buildings and budgets but with a third 'B' – the behaviour of the professionals who work in the service. The term 'development' is used to mean not only growth in numbers but also change; change in skills, attitudes and values. How much should professional freedom be allowed to flourish unrestrained when it results in a concentration of health workers in the richest parts of a country? It is this type of issue that the conference discussed and there are some stimulating papers in the proceedings, notably that by Claudio Moura Castro from the Ministry of Planning in Brazil.

These reports will be of interest not only to the planners and managers of health centres but also to all those who wish to learn about the new approach to primary health care. They also demonstrate clearly that we have as much, if not more, to learn from developing countries than we have to teach them.

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Report on Euthanasia, Aiding Suicide and Cessation of Treatment

Report 201, Law Reform Commission of Canada, 35, Canada, 1983, available free of charge from the Law Reform