

21 Jan 1995

Headlines

WHO warns of time bomb in health inequities: Dr Hiroshi Nakajima, director general of the World Health Organisation, has told the 95th session of WHO's executive board that the gap in the quality of life between rich and poor people is widening worldwide. He said that governments should take up health concerns in their public policies and realise that ill health could cause poverty.

UK bill to end discrimination against disabled people: The British government has introduced a bill aimed at ending discrimination against disabled people. The bill would make it unlawful for employers to discriminate on the grounds of disability, give disabled people a new right of access to goods and services, and establish a National Disability Council to advise the government.

Governments should promote greater competition in health provision: The Organisation for Economic Cooperation and Development says that governments should promote greater competition in health provision and should separate purchasers and providers of health services where possible. It notes that market oriented reforms are "a key to improving efficiency."

Support will continue for research units funded by NHS: Financial support for the 13 research units funded by the Department of Health in Britain will continue after favourable expert reviews of the units' activities. A long term programme will be agreed for each unit, and directors will be given the opportunity to tender competitively for additional research commissions.

Patient's charter will be revised: A patient's charter due to be published this month in Britain will include an 18 month guarantee for all inpatient treatment and a standard for waiting times for first outpatient appointments and for emergency admissions to hospital through accident and emergency departments.

St Bartholomew's Hospital closes accident service: The accident and emergency department at St Bartholomew's Hospital in London has been closed to emergency ambulance cases in the first step towards the expected closure of the hospital by the year 2000. Injuries. Barts is merging with the Royal London Hospital.

chotic aspects and was influenced by his distorted accounts of the injustice he had suffered from psychiatric services. The report criticises Dr Conway for misleading the mental health tribunal by rediagnosing Mr Robinson as having a personality disorder and for not working within a multidisciplinary team. After the tribunal lifted the restrictions of the Mental Health Act Mr Robinson discharged himself from hospital.

The report notes that within a few weeks of Mr Robinson's freedom from any legal control in 1986 his father wrote to Dr Conway in desperation at his son's violent behaviour. Between 1986 and 1993 Mr Robinson was admitted seven times to the Edith Morgan Unit, often under sections of the 1983 Mental Health Act. He repeated a pattern of refusing medication on discharge and becoming violent. During one of his admissions staff at the unit found a gruesome note describing a homicidal fantasy in which he cut the arms and legs off a woman.

During his time in the community he announced that he would kill a woman in his parents' village who had cast a spell on him, and in February 1993 he was apprehended by police for following an 11 year old boy. But between January and June of that year he was seen by his responsible medical officer only once.

The report says that by the time he was in the unit under the Mental Health Act in June he was psychotic. It says that the most preventable part of the death of Georgina Robinson was the lack of control exercised by staff over Mr Robinson. He was allowed to come and go from the unit without his doctor's permission—although this is illegal under the Mental Health Act. His consultant psychiatrist was unaware that he was allowed to leave the unit most days.

On 28 August Mr Robinson left the unit and bought the knife that he used in his attack on Georgina Robinson. The inquiry acknowledges that the attack was random and unpredictable: he did not know Georgina Robinson and said after the attack that he had intended to kill one of the psychiatrists in the unit. The inquiry is, however, critical of the lack of alarm systems that led to a delay in help arriving.

The report notes that Stephen Hext, a 21 year old, committed suicide while detained in the same unit four months later. He threw himself to his death from a multistorey car park after leaving the centre with the consent of a senior nurse. The report criticises nurses and doctors for not communicating. "Social functioning and activities of daily living were viewed as the domain of nursing—a case of psychiatric apartheid." It says that health professionals in south Devon were "in glorious uncertainty" of their legal powers and duties.

But the report's most compelling criticism is of the Mental Health Act. It argues that its powers should be extended to allow compulsory treatment of patients in the community. Currently patients must be detained in hospital for compulsory treatment. In the case of Mr Robinson the inquiry concluded that psychiatrists were loath to section him because it would disrupt his life and antagonise him. Instead

they waited for his psychosis to "ripen" rather than making a pre-emptive strike. If the option had been available to compel Mr Robinson to accept medication without having to detain him in hospital he may not have become like a "loose canon," says the report.

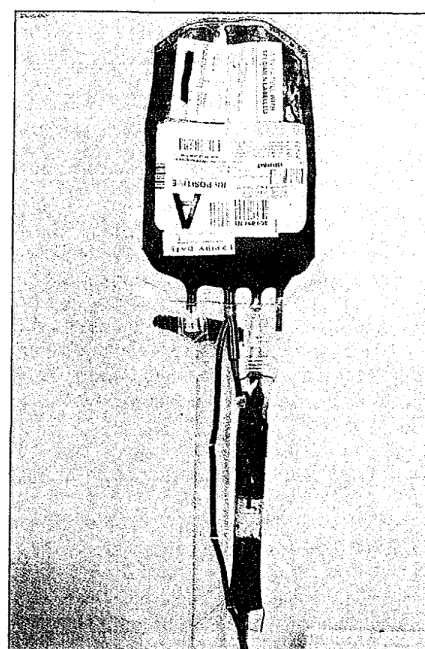
The inquiry urges the government to review the Mental Health Act and to ground it in a community care approach. Mr Bowis, parliamentary secretary at the Department of Health, said that the government is already introducing a new mental health bill, which includes supervised registers for patients at risk of harming themselves or others. "The difference between our approach and the inquiry team's is that supervised discharge will not allow compulsory medication against a patient's will," said Mr Bowis.—LUIA DILLNER, *BMJ*

The report, *The Falling Shadow* is available from bookshops, price £12.99.

Hunt begins for patients suspected of having hepatitis C

About 3000 former hospital patients who received blood transfusions before September 1991 are to be traced by health officials because they may be infected with hepatitis C virus. The junior health minister, Tom Sackville, said that the patients would be offered counselling and, if necessary, treatment.

All blood donations in Britain have been routinely tested for antibodies to hepatitis C virus since September 1991. But, said Mr Sackville, "Prior to that date some recipients of blood transfusions may have been inad-



Blood is at the centre of another scandal

FRASERSPL

ctor general of the organisation, has told of WHO's executive gap in the quality of and poor people is wide. He said that could take up health public policies and health could cause

1 discrimination led people: The nt has introduced a ding discrimination 1 people. The bill lawful for employers the grounds of disabled people a new goods and services, National Disability the government.

should promote stition in health Organisation for operation and s that governments greater competition 1 and should sepa- and providers of where possible. It t oriented reforms vowing efficiency."

continue for funded by NHS: for the 3 research he Department of will continue after eviews of the units' term programme r each unit, and iven the opportu- petitively for addi- missions.

will be revised: r due to be pub- h in Britain will h guarantee for all it and a standard or first outpatient d for emergency ital through acci- / departments.

Hospital closes

nary team. After the tribunal lifted the restrictions of the Mental Health Act Mr Robinson discharged himself from hospital.

The report notes that within a few weeks of Mr Robinson's freedom from any legal control in 1986 his father wrote to Dr Conway in desperation at his son's violent behaviour. Between 1986 and 1993 Mr Robinson was admitted seven times to the Edith Morgan Unit, often under sections of the 1983 Mental Health Act. He repeated a pattern of refusing medication on discharge and becoming violent. During one of his admissions staff at the unit found a gruesome note describing a homicidal fantasy in which he cut the arms and legs off a woman.

During his time in the community he announced that he would kill a woman in his parents' village who had cast a spell on him, and in February 1993 he was apprehended by police for following an 11 year old boy. But between January and June of that year he was seen by his responsible medical officer only once.

The report says that by the time he was in the unit under the Mental Health Act in June he was psychotic. It says that the most preventable part of the death of Georgina Robinson was the lack of control exercised by staff over Mr Robinson. He was allowed to come and go from the unit without his doctor's permission—although this is illegal under the Mental Health Act. His consultant psychiatrist was unaware that he was allowed to leave the unit most days.

On 28 August Mr Robinson left the unit and bought the knife that he used in his attack on Georgina Robinson. The inquiry acknowledges that the attack was random and unpredictable: he did not know Georgina Robinson and said after the attack that he had intended to kill one of the psychiatrists in the unit. The inquiry is, however, critical of the lack of alarm systems that led to a delay in help arriving.

The report notes that Stephen Hext, a 21 year old, committed suicide while detained in the same unit four months later. He threw himself to his death from a multistorey car park after leaving the centre with the consent of a senior nurse. The report criticises nurses and doctors for not communicating. "Social functioning and activities of daily living were viewed as the domain of nursing—a case of psychiatric apartheid." It says that health professionals in south Devon were "in glorious uncertainty" of their legal powers and duties.

The inquiry urges the government to review the Mental Health Act and to ground it in a community care approach. Mr Bowis, parliamentary secretary at the Department of Health, said that the government is already introducing a new mental health bill, which includes supervised registers for patients at risk of harming themselves or others. "The difference between our approach and the inquiry team's is that supervised discharge will not allow compulsory medication against a patient's will," said Mr Bowis.—LUISA DILLNER, *BMJ*

The report, *The Falling Shadow* is available from bookshops, price £12.99.

Hunt begins for patients suspected of having hepatitis C

About 3000 former hospital patients who received blood transfusions before September 1991 are to be traced by health officials because they may be infected with hepatitis C virus. The junior health minister, Tom Sackville, said that the patients would be offered counselling and, if necessary, treatment.

All blood donations in Britain have been routinely tested for antibodies to hepatitis C virus since September 1991. But, said Mr Sackville, "Prior to that date some recipients of blood transfusions may have been inad-

