

LETTERS

Compulsory admission to hospital of an alcoholic patient under the mental health act <i>M.F. McGhee</i>	301	Children with special educational needs <i>Daniel V. Lang</i>	304	Small practices and the new contract <i>Ian M. Peek</i>	305
Blood sample transportation and the erythrocyte sedimentation rate <i>G.J. Dinant, et al.</i>	302	Can general practitioners counsel? <i>S. Shepherd</i>	304	Carcinoma of the testes: help wanted <i>J. McGarry</i>	305
Surveillance of iron deficiency, anaemia and hypercholesterolaemia in rural pre-school children <i>Geraldine A. Grant</i>	302	Management of benzodiazepine withdrawal <i>Ian Hamilton</i>	304		
Dispensing costs <i>P.R. Thomas</i>	303	Stationery for medical records: 1912-21 <i>J.J.C. Cormack</i>	305		
		Secrecy and the College <i>Simon Barley</i>	305		

Note to authors of letters: Please note that all letters submitted for publication should be typed with *double spacing*. Failure to comply with this may lead to delay in publication.

Compulsory admission to hospital of an alcoholic patient under the mental health act

Sir,

For the average general practitioner, the compulsory admission of a patient to hospital under the 1983 mental health act¹ is a rare occurrence. In my seven years in a rural, four partner practice with a list of 9000, I have used the act on only three occasions, twice for acute psychosis and once as described here.

The 1983 act brought changes to the 1959 act. Subnormality and severe subnormality were replaced by mental impairment and severe mental impairment and it is now made clear that sexual deviation or dependance upon alcohol or drugs cannot be considered as mental disorders. How then is admission to hospital arranged in the case of the alcoholic who is poisoning himself and is beyond reason? Whatever our individual views of alcoholism and the role of the general practitioner in its management, the following use of the act may be seen as a useful approach.

The patient, a 76-year-old widower, living alone, had had an alcohol problem for more than 10 years. In 1977 he was prematurely discharged from hospital after a hernia repair because he was found drunk on the ward one night. In the last few years, he has had an annual health check at a local clinic. The clinic observed and commented on his alcohol consumption and even reported his rising liver enzymes, but the patient denied that there was a problem and continued to drink. His friends and family had observed his declining health and his increased need for alcohol — he was drinking a full bottle of whisky daily.

Having failed to influence his habit his friends eventually asked me to try to persuade him to stop drinking or at least to cut down. I gathered the facts and called to see him one morning. I had asked his

son, who lives some distance away, to be present. When I arrived he welcomed me warmly from his chair. I explained my reason for visiting was because several friends and relatives had expressed their concern about his drinking. He denied drinking too much, despite the half tumbler of whisky on the table beside him. I asked if I could examine him which he permitted me to do. He was frail, had lost weight since I had last seen him and had many bruises from falls around the house. He was unsteady on his feet and walked with an ataxic gait. I challenged him with the facts from his medical records and my examination but he continued to deny a problem. Eventually he agreed to see a consultant psychiatrist for an outpatient consultation and assessment. He was taken by his son and he was offered inpatient assessment which he refused.

I thought that I had done as much as I could but it was less than six weeks before his family and friends were asking for something more to be done. In anticipation of further problems, I had a chat with a local consultant psychiatrist. He felt that alcoholism was not a disorder under the mental health act and that the act had no part to play in this man's management. However, he did concede it was a grey area and other colleagues may deal with it differently.

I was telephoned by the man's son, who pleaded with me to get help for his father before he killed himself, probably by falling downstairs. I had to agree that this was likely to happen unless his father could be admitted to hospital. The problem was, how, when he refused to go or refused that he even had a drink problem.

The mental health act while denying dependance upon alcohol solely as a reason for admission does not exclude other clinical indications for admission. Section two of the act, for admission for assessment of a patient for 28 days, requires the medical recommendation form

three to be completed. Form three requires a clinical description giving grounds for the need for admission including evidence of one of the following:

1. That the patient has inflicted or threatened to inflict serious physical harm on himself.
2. That the patient's judgement is so affected that he is or soon would be unable to protect himself against serious physical harm and that reasonable provision is not available within the community.
3. That the person has behaved violently towards others.
4. That the patient has behaved in such a way that other persons were in reasonable fear of serious physical harm.

Clearly (2) was the appropriate part of the act in this man's case and the criteria were thus met.

I found a bed for him at the hospital where he had been seen as an outpatient, but, because this was some distance from his home, I asked a local consultant to make a domiciliary visit for the purpose of using the mental health act. He agreed, examined the patient and agreed to sign the section. He brought the relevant papers with him and the patient's son as nearest relative signed the other forms and took his father to hospital. The patient's gamma glutamyl transpeptidase level was 900 IU l⁻¹ on admission, but he still denied he had a problem.

The outcome for a 76-year-old alcoholic with a severe problem must be guarded but without the above action I would not have expected him to have survived until the spring.

M.F. MCGHEE

The Surgery
53 Borough Street
Castle Donington
Derby

Reference

1. Briscoe M, Harris B. Compulsory detention in hospital under the mental health act 1983. *Br Med J* 1987; **294**: 1141-1144.