

medical member from the tribunal, who is seen by many as an unfair "silent medical witness" who cannot be cross examined by the patient's lawyer.

Judge Woods also argued for increased powers of tribunals to direct transfer of patients to (usually less secure) hospitals when all parties except the Home Office agreed. However, such transfers are probably blocked more often by lack of resources—that is, the shortage of regional secure unit beds.²⁰ Indeed, reform of section 39 of the act to the effect that a court could require a district purchasing authority to purchase a hospital bed for a defendant (instead of currently merely requiring the authority to explain why a bed has not been provided) would do more to advance services for mentally disordered offenders than any other single legal or administrative manoeuvre.

Doctors and the law

All doctors should have knowledge of general medical law. The power of doctors, especially psychiatrists, to make medical recommendations that have the effect of removing the civil liberties of psychiatric patients means that knowledge of mental health law specifically is an ethical imperative. Currently, the Royal College of Psychiatrists does not formally examine in mental health law (because of a dispute with Irish candidates who have objected to examination in English law). Further, there is no requirement for demonstration of either training or competence in mental health law before recognition by regional health authorities under section 12(2) of the act. Both inadequacies are in stark contrast with the requirement that social workers undergo approved social work training in mental health law. The lack of commitment shown by professional medical bodies in requiring doctors to acquire detailed knowledge of mental health law is likely to increase division with and criticism by civil rights pressure groups. This will be particularly damaging with regard to reform of mental health law that is needed to make it more congruent with care in the community. The Royal College of Psychiatrists and the BMA should commit themselves to developing a principle of reciprocity which recognises that the right to infringe a patient's civil liberties must be matched by a duty to maintain detailed knowledge of the enabling law.

Conclusion

Legal reform should be radical (as was argued by almost all of the speakers at the conference). It should not only address civil detention but also introduce statute law to fill gaps relating to incapacity to consent to treatment for physical disorders and relating to patients' private property and their public protection. In relation to treatment for mental disorders, legal provisions should be designed specifically for a "mixed economy" of care between hospital and community. The conference has opened a debate which must go beyond narrow arguments about extending persuasion or compulsion into the community with supervised discharge orders or community supervision orders.

Above all, legal reform must enshrine the principle of reciprocity. Society has no right to remove civil liberties from patients for the purpose of treatment (whether in hospital or in the community) if resources for that treatment are inadequate. It has no right to

legislate solely in the interests of the protection of society from nuisance or even violence. A new mental health act should continue legal provision for compulsion or persuasion of patients, whether in hospital or the community, only if the state also offers specific rights to treatment that go beyond the ineffective general rights to treatment offered by primary NHS legislation. Psychiatric patients are distinguished from all others by virtue of their condition, which potentially renders them liable to civil detention. Even if specific rights to treatment cannot, for reasons of public financial prudence, be given to all NHS patients they must be given to psychiatric patients. Infringement of individual rights requires acceptance of social duties.

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Corrections

Summary of 1993 World Health Organisation-International Society of Hypertension guidelines for the management of mild hypertension

An editorial error occurred in this article by the Subcommittee of the WHO/ISH Mild Hypertension Liaison Committee (11 December, pp 1541-6). On page 1544 the first sentence under the subheading *Oral contraceptives and hormone replacement therapy* should have started, "Alternative methods of contraception should be considered for women with hypertension [not hypotension]. . . ."

American and European recommendations for screening mammography in younger women: a cultural divide?

A printer's error occurred in this article by Ismail Jatoti and Michael Baum (4 December, pp 1481-3). The legend to the picture should have read, "[The benefits of mammography screening from age 40 remain unproved improved]."