set up peer support and continuing professional development groups to raise standards of service provision. With a practical, down-to-earth approach to the management of complex clinical situations and the ability to make strong rapport with patients, he consistently supported and gained the affection of many families coping with the long-term effects of illness. He was a member of several advisory groups on the psychiatry of learning disability, including the Rowntree Foundation, the Royal College of Psychiatrists, the Scottish Consortium for Learning Disabilities and the National Training Advisory Committee for Specialty Registrars in Learning Disability. He maintained strong links with charities and was the medical advisor to Down's Syndrome Scotland for 15 years and a trustee of Autism Speaks UK.

His contributions are all the more remarkable as he lived with a progressive hearing impairment, about which he never complained, although he found it a severe handicap at meetings and speaking at conferences when it eventually became an insurmountable challenge. Despite deafness, he was a skilled pianist and collected many books on a vast range of subjects from radio to borders history. He was great company, and an inspiration to everyone.

His sudden death aged 51 on 1 September 2009, following an accident in Fife, was only a few months after he was awarded a DSc and appointed to a Personal Chair in Developmental Psychiatry in Edinburgh University. He was greatly looking forward to the next stage of applying the growing knowledge of genetic causes of psychiatric illness to improving the lives of his patients and their relatives. He leaves a son, Alisdair, and a daughter, Catherine, both at university.

Douglas Blackwood

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Review

Psychiatric Drugs: Key Issues and Service User Perspectives

By Jim Read
Palgrave Macmillan, 2009, £14.99 pb, 208 pp.
ISBN 9780230549401

Despite the author's best intentions, most psychiatrists reading this book will immediately say it is biased. It consists of summaries of user surveys on taking psychiatric medication and a detailed account of a project conducted by the author, called Coping with Coming Off. This was a study of service users' experiences – negative and positive – of coming off psychiatric medication. The participants were deliberately sampled to make two groups: those who had successfully come off medication and those who had not. Another factor considered was whether support of medical professionals had been enlisted. Read is not complimentary about the helpfulness of general practitioners and psychiatrists when service users approach them about coming off a psychotropic drug. Or rather, he compares and contrasts users' experiences with professionals who were helpful and those who were not. The latter get a rougher deal, although a balance is struck.

Read is particularly concerned with antipsychotic and antimanic medication, partly on the grounds that less is known about experiences with these drugs and with coming off them. For antidepressants and tranquillisers he contents himself with saying that many mental health professionals are continuing to use drugs in a way that is not consistent with National Institute for Health and Clinical Excellence (NICE) guidelines. This is particularly so with NICE's recent recognition that there is a discontinuation (withdrawal) syndrome associated with coming off selective serotonin reuptake inhibitors and benzodiazepines. His argument is that such a discontinuation syndrome exists also for antipsychotics and antimanic drugs and that this is often mistaken for return of the original condition, especially by psychiatrists. Thus people go back on the medication unnecessarily.

But what does it mean to say that such an account is biased? The underlying assumption of nearly all psychiatric writing and research, including randomised controlled trials, is that medication is a necessary part of the treatment of mental health problems. The unspoken premise is that medication is a good thing. Psychiatrists know perfectly well that patients resist medication at times. This is called non-adherence and is usually put down to lack of insight. This psychiatric discourse is extremely tight and impenetrable: medication is good for the patient; patients do not always realise this; they have to be persuaded to be adherent to what is good for them. This is the 'best interests' argument and it is the doctor who decides on the interests of the patient. There is no gap here for an alternative voice. In that sense, psychiatric discourse around medication is also biased.

There is no doubt that Read takes a particular point of view and he is unremittingly open about his own experiences. However, the book is important. It brings together all the surveys on patients' views on medication over the past three decades and describes them well, alongside Read's own research on Coping with Coming Off. There should not be a problem with this voice entering the discursive arena of psychiatry as fresh perspectives should be welcomed by liberal disciplines. However, I suspect the book will raise hackles in some quarters precisely because it challenges one of the psychiatric givens.

The conclusion is more upbeat. Citing initiatives such as the move to a recovery approach and the Royal College of Psychiatrists' recent emphasis on choice and negotiation, Read voices the hope that a new era is being ushered in for the experience of users of mental health services who are prescribed psychotropic medication.

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