

area where good practice strongly encourages the closest contact between the consultant, interested and concerned relatives and other involved professionals, for example, the patients general practitioner, social worker, nurse.

Where a patient is unable to give valid consent the agreement of the next of kin should be obtained. Where this is not possible the consultant in charge of the patient should, after wide consultation, act in what he/she considers to be in the best interest of the patient.

Sterilisation

In mentally handicapped individuals able to give valid consent the usual procedures for sterilisation should be followed.

In the case of severely mentally handicapped individuals unable to give valid consent and of legal minors, guidance is still awaited from the DHSS. Until this is available the

consultant in charge of the patient should, after wide consultation, act in what he/she considers to be in the best interest of the patient. Agreement of the next of kin should be obtained wherever possible.

Therapeutic abortion

The grounds for therapeutic abortion are laid down in the Abortion Act 1967.

For mentally handicapped individuals able to give valid consent, the usual procedure for therapeutic abortion should be followed.

In the case of severely mentally handicapped individuals unable to give valid consent and of legal minors, the consultant in charge of the patient should, after wide consultation, act in what he/she considers to be in the best interest of the patient. Agreement of the next of kin should always be sought.

Data Protection Act: Subject Access to Personal Health Information (DA 8523): DHSS Consultation Paper

The College was not formally asked to prepare comments on the above Consultation Paper, but believed it to be of such importance to practising psychiatrists that an approach was made to the Department of Health to receive this paper and a Working Party of the Public Policy Committee was convened to prepare the College's response.

There are three options which concern personal health data, these are:

Option A—Access to personal health data;

Option B—A total exemption from personal health data;

Option C—Modified access to personal health data.

It was agreed at the meeting of Council on 19 March 1986 that the College should recommend that Option B be adopted for the following reasons:

1. All complete psychiatric records will include information about such topics as sexual relationships and delinquency of the patients themselves, their friends and relatives. There is much information in psychiatric records which will have been given to a doctor in confidence by people other than the patient, who might not have given that information if they had thought that the doctor would have to disclose it to the patient.
2. Records may include opinions which might be hurtful to the patient (who may be more sensitive than average),

for example, 'She appears potentially suicidal', 'He might assault his son'.

3. They also contain a large amount of information which has been given to the psychiatrist by relatives, and information about relatives which has been given by the patient.
4. Psychiatric records may contain a vast amount of information which have been written in them by a large number of different people. In some cases the records include information written over a period of 50 years.
5. It would be time-consuming and difficult to extract patient information from case records for a patient unless it were being restricted (e.g. Korner basic data set), which would be of little value to the patient. It would be of more value for patients to see their doctor who can inform them of the general content of what is in their records. A statutory right could only impair the doctor/patient relationship.

If the Government decides that there should be modified access to health data (Option C) then it was agreed that considerable safeguards would have to be introduced into psychiatric records and the College would wish to be involved in any further discussions about this Option.

R. G. PRIEST, *Registrar*

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Foreign Language-Speaking Psychiatrists

The College maintains a list of members who are fluent in foreign languages and from time to time enquiries are received from members of the College or General Practi-

tioners regarding patients who are unable to speak English. We are asked if we can give the name of a psychiatrist able to communicate with the patient in his native language.