

ethical committees when approving research proposals has been to permit nearest relatives to give consent in the patient's place. This solution is no longer viable as, by logical extension, a nearest relative would be able to consent to an HIV test on the patient. In the light of this statement, rather than face a General Medical Council hearing, we have just abandoned a study into a potential biological marker for psychosis.

We are concerned that this provision for blood tests may also apply to neuro-imaging and possibly to the application of structured interviews (as the latter may also reveal unsuspected, untreatable pathology, which currently seems to be one of the cardinal problems in HIV testing.) If this is the case, it is hard to see how significant research can be conducted on any but the worried well. One of us has written previously on the specifically psychiatric problems posed by HIV^{2,3,4} and it would seem that the stagnation in research suggested in the last of these may become a reality if the present doctrine of specific consent is adhered to. Given the, in our opinion, justified importance attached by the College to research as part of training, we believe that the time has come for a consensus statement on the issue of consent. Backed by this, at least some research on our more severely ill patients may be able to proceed with the investigators secure in the knowledge that, if called before the Courts to justify their actions, they can be protected by the Bolam Test in that "a body of responsible medical opinion" has sanctioned their acts – at the moment, all research on patients whose judgement is impaired places the investigator at risk of litigation.

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Mixed marriage and stress

DEAR SIRS

In Britain today there are more than two million immigrants from the new Commonwealth and

Pakistan. There is little doubt about the multi-racial status of present British society and the resulting enculturation. I have seen both in adult and child psychiatry the increased vulnerability of an individual to a psychological breakdown because of the complex dynamics of a mixed marriage. Such a marriage has to resolve a variety of personal, social, political and cultural conflicts if it is to succeed and create a healthy family. It is further complicated by the addition of children who have to grow up at times in an immense state of confusion about their identity and sense of belonging.

Birmingham has a high concentration of ethnic population and therefore one has more opportunity to see the problems associated with mixed marriages. I feel quite strongly about a role for preventive psychiatry in this field, and the increasing need for a counselling service for this particular population. I am at present conducting a survey of mixed marriage couples and hope to be able to publish the results soon to emphasise the need for a specialised counselling service. I would welcome the views of my colleagues on the subject and of any problems they might have encountered with this population in their clinical practice.

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Bipolar affective disorder and child psychiatry

DEAR SIRS

The predominant theme of the Residential Meeting in the Section of Child and Adolescent Psychiatry was childhood depression and bipolar affective disorder. As a relatively inexperienced diagnostician am I mistaken in detecting signs of bipolar affective disorder within the Section itself?

In the depressive phase, the pervasive feeling of hopelessness and helplessness in response to threats and cuts in child and adolescent psychiatry is experienced; in the manic phase, distressingly raucous and ribald laughter that was provoked by Dr Skuse's video recordings of 'abnormal feeding patterns'.

What is there to learn from the Section Meeting about the management of this condition? Should I follow Professor Taylor's example and initiate intensive investigations to reveal an underlying organic pathology? Or take Professor Graham's approach and try and understand these reactions as an understandable response to everyday suffering?

We practise in difficult times; like Dr Skuse's families it seems that we regard deprivation and decay as