

practices by observing that, "I cannot accept that the patient must understand the precise physiological process involved before he can be said to be capable of understanding the nature and likely effects of the treatment and can consent to it".

The decision as to whether any surgery, including psychosurgery, is appropriate for a patient or not is entirely and exclusively a medical one and it can only properly be made by clinicians personally responsible for the continuing care of the patient. The 'goserelin' judgment included an elegant observation in this context: "It is not entirely clear why it is appropriate for non-medically qualified people to be consulted on the desirability of medical treatment, having regard to the likelihood of it alleviating the patient's condition or preventing its deterioration". And that is really all that we need to be concerned about. Would the Commission please acknowledge this?

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Editorial note: see Mental Health Act Commission. (Louis Blom-Cooper), Psychiatric Bulletin, June 1989, 13, 309–310).

Consent to ECT

DEAR SIRS

I read with interest 'Patients' perceptions and knowledge of electro-convulsive therapy' (*Psychiatric Bulletin*, April 1989, 13, 161–165). In a study of patients' views on ECT following a course of treatment (Benbow, 1988) only six (12%) of 54 patients had a full understanding of the procedures involved in ECT. Another 13 (25%) had some partial knowledge, and 33 (64%) had no idea or only knew about the general anaesthetic. These figures are similar to those reported by Malcolm, and must be a cause for concern among those psychiatrists who prescribe ECT.

Despite our procedures for informed consent, it appears that patients have little understanding of what ECT involves. Although one may feel intuitively that a fuller understanding of ECT should assist in alleviating patient anxiety this has not been demonstrated, nor has the optimum method of seeking consent. Patients who were shown a videotape to inform them about ECT during the process of seeking consent were less sure that they had sufficient information on which to decide whether to accept treatment than those who were not shown it (Baxter *et al*, 1986). A number of questions arise from these observations: what do our patients want to know about the treatment? Are psychiatrists justified in

forcing knowledge on patients who may not want it? Does a greater understanding of ECT increase or decrease the likelihood of a patient consenting to receive treatment?

These are important issues, but difficult to confront. At present we operate using various individual practices. Although consent is a contentious issue, it cannot be avoided and those psychiatrists who prescribe ECT might be advised to review their consent procedure and the way in which patients and their relatives are informed about the treatment.

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References

- BAXTER, L. R., ROY-BYRNE, P., LISTON, E. H. & FAIRBANKS, L. (1986) Informing patients about electroconvulsive therapy: effects of a videotape presentation. *Convulsive Therapy*, 2, 25–29.
- BENBOW, S. M. (1988) Patients views on electroconvulsive therapy on completion of a course of treatment. *Convulsive Therapy*, 4, 146–152.

How much protection is provided to medical practitioners by the Mental Health Act 1983?

DEAR SIRS

Section 139 of the Mental Health Act 1983 can give a limited immunity from prosecution in both civil and criminal proceedings for actions purporting to be done in the pursuance of the Act by requiring leave before commencing actions. There are exceptions to this protection for actions which have been performed in bad faith or without reasonable care. Under Section 139 it is necessary for a patient to seek leave of the High Court before civil proceedings can commence. Criminal proceedings can only be brought by the Director of Public Prosecutions or with his consent. Proceedings for offences under the Mental Health Act 1983, i.e. forgery, false statements (Section 126), ill treatment of patients (Section 127), assisting patients to absent themselves without cause (Section 128), or obstruction (Section 129) are solely initiated by the Director of Public Prosecutions.

Although Section 139 gives protection to individuals in this way it does not give any protection either to the Secretary of State or to a health authority. A patient does not require leave from the High Court or the consent of the Director of Public Prosecutions if he wishes to sue these bodies. How much protection