is not whether the applicant has established a prima first case or even whether there is a serious issue to be tried, although that comes close to it. The issue is whether, on the manerials immediately available to the court, which of course can include material furnished by the progressed defendant, the applicant's complaint appears to be such that it deserves the full investigation which will be possible if the intended applicant is allowed to proceed (p. 102).

Conclusions

What, then, are the conclusions?

- (1) S.139 gives certain protection in relation to any act performed in relation to a detained patient, so that the patient will have to obtain the leave of the court to proceed against an individual. No leave is required to pursue an action against a Bealth Authority or the Secretary of State.
- (2) S.139 gives certain protection in relation to any act performed in relation to an informal patient under the Act.
- (3) 95% of all patients are informal and they probably do not therefore have to seek the leave of the Court to proceed unless they are complaining about an action taken under the Act or statutory regulations.
- (4) Patients who are being treated for physical disorders do not have to seek the leave of the Court to institute legal proceedings.

- (5) No leave is required to bring an action for an order of certificari.
- (6) In seeking leave to proceed the applicant does not have to show substantial ground or even a prime focir case of bad faith or want of reasonable care.
- (7) Want of reasonable care and bad faith are comparable to the failure to follow the approved standard of care used in the civil courts to determine the existence of negligence.
- (8) Any defendant to a civil action can seek an Order under RSC 18 r19 to have the case struck out.
- (9) A defendant in a criminal case can have his case rejected by the Examining Justices when committal proceedings are held.

My conclusion is that in view of the protection that the defendant already enjoys, the weakening of S. 141(2) and the small number of patients covered by S. 139(2), there is no longer any justification for the applicant to face this hundle and S. 139(2) could be repealed without under hardship to the staff.

Leave is not required under 5.139 to bring an action against the Health Authority and possibly the time has now come when it should no longer be required to bring an action against an individual.

A Tribute to Sir Martin Roth

Om 19 June, 1987 the North-East Division of the College combined with the Newcastle University Department of Psychiatry to pay a conference tribute to Professor Sir Martin Roth as he approaches his 70th birthday. The Teaching Centre of the Freeman Hospital, Newcastle was an appropriate setting for such an event for Sir Martin spent 21 years as Professor of Psychiatry in Newcastle and the large attendance indicated the affection he still evokes there 10 years after his departure to Cambridge. Seventl generations of former codleagues spanning the past 30 years were present and the eminent positions they had reached in psychiatry, both at home and overness, demoestrated what an intellectual power-house this small provincial department became under Sir Martin's direction.

The scientific programme encompassed many of Sir Martin's particular interests, including The Classification of Anasirty Disorders (Professor Sydney Brandon), Depression in Childhood (Professor Issy Kolvin), Criminal Behaviour in the Elderly (Professor Steve Hucker), The Normal Aged (Dr Klaus Bergmann) and Clinico-Pathological Correlates of Dementia (Dr Garry Blessed). In a witty and erudite contribution Professor Duvid Shaw, Dean of the Newcastle Medical School, himself a Professor of Neurology, reminded us that Sir Martin had begun his career in neurology and quoted with approval from his early neurological publications in which can be discorned the nucleus of many of his subsequent preoccupations.

As a probade to Sir Martin's own presentation, three brief vigneties on pre-Newcastle Days (Professor David Kay), Newcastle Experiences (Dr Kurt Schapira) and The Cambridge Contribution (Dr Chris Mountjoy) reviewed Sir Martin's career in a not too solemn fashion. Sir Martin then enthrafiled the audience with a typical Rothian polemic, ostensibly about DSM-III but covering almost the whole of psychiatry, including the latest molecular findings in Alzheimer's disease.

The conference ended with a tremendous ovation as Dr Sasi Mahapatra, Chairman of the North-East Division, presented a memento from members of the Division to Sir Martin. There was, however, more to come as later that evening over 100 people attended a banquet in honour of Sir Martin and Lady Roth at which the fund of humocrous anecdotes so defitly delivered by Kurt Schapira in his toast was only exceeded by Sir Martin's own inimitable performance. It was the potent brew of nostalgia, humour, warmth and intellectual brilliance, rather than the excellent wine, that sent us homeward with a Serling of intoxication.

Sir Martin Roth is a phenomenon of British psychiatry and after a day devoted to his phenomenology it is pleasing to report that he shows no sign of flagging and is likely to be still going strong on his 80th birthday.

<u>Contemporary Themes In Psychiatry A Tribute To Sir</u> <u>Martin Roth</u>

SA Dillow

Contemporary Themes in Psychiatry Alan Kerr, Kenneth Davison, 1989 **Contemporary Themes in Psychiatry** Oxford Textbook of Old Age Psychiatry Tom Dening, Alan Thomas, 2013-09-26 Broad Kenneth Davison, Alan Kerr, 1989 in scope and with global appeal The Oxford Textbook of Old Age Psychiatry second edition is the definitive resource on old age psychiatry It comprehensively provides the latest knowledge on the science and practice of treating later life mental disorders focusing on the health and social issues that arise around ageing dementia co morbidity dependency and the end of life in progressively ageing societies across the world Published in previous incarnations as the much loved Psychiatry in the Elderly this core resource for all old age psychiatrists trainees and other clinical professionals treating older people s mental health has been fully revised updated and significantly expanded Twelve months inclusive access to the online version including the full text which can be browsed by the contents list index or searched links from references to external sources via PubMed ISI and CrossRef and the ability to download all figures and illustrations into PowerPoint ensures that it remains the leading text on old age psychiatry in the field Maintaining the classic combination of comprehensive coverage clear writing style and the provision of authoritative and up to date information from earlier editions this highly respected volume covers the underpinning basic science both the neurobiological and social varieties clinical practice and specific disorders as well as providing information on psychiatric services for older people and medico legal and ethical issues that often present hard challenges for those treating older patients Taking a global approach by highlighting both the common burdens and the differences in management from country to country and with a much expanded cast of contributors providing a truly international perspective The Oxford Textbook of Old Age Psychiatry second edition includes information on all the latest improvements and changes in the field New chapters are included to reflect the development of old age care covering palliative care the ethics of caring and living and dying with dementia Existing chapters have also been revised and updated throughout and additional information is included on brain stimulation therapies memory clinics and services and capacity which now includes all mental capacity and decision making Providing extensive coverage and written by experts the field the second edition of the Oxford Textbook of Old Age Psychiatry is an essential resource no old age psychiatrist trainee or anyone working in the field of mental health care for older people should be without a copy on their bookshelf Principles and Practice of Geriatric Psychiatry Mohammed T. Abou-Saleh, Cornelius L. E. Katona, Anand Kumar, 2011-01-04 The renowned Principles and Practice of Geriatric Psychiatry now in its third edition addresses the social and biological concepts of geriatric mental health from an international perspective Featuring contributions by distinguished authors from around the world the book offers a distinctive angle on issues in this continually developing discipline Principles and Practice of Geriatric Psychiatry provides a comprehensive review of geriatric psychiatry spanning both psychiatric and non psychiatric disorders scientific advances in service development specific clinical dilemmas New chapters on genetics of aging

somatoform disorders epidemiology of substance abuse somatoform disorders care of the dying patient Continuing the practice of earlier editions the major sections of the book address aging diagnosis and assessment and clinical conditions incorporating an engaging discussion on substance abuse and schizophrenic disorders Shorter sections include the presentation of mental illness in elderly people from different cultures one of the most popular sections in previous editions Learning and behavioural studies as well as models of geriatric psychiatry practice are covered extensively This book provides a detailed overview of the entire range of mental illness in old age presented within an accessible format Principles and Practice of Geriatric Psychiatry is an essential read for psychiatrists geriatricians neurologists and psychologists It is of particular use for instructors of general psychiatry programs and their residents **Evaluating Mental Health Services** for Older People Jenny Finch, 2004 This book provides a comprehensive account of the current developments in mental health services for older people and describes a robust model for evaluating health and social care to improve these services Drawing on international experience it provides accounts of the development of mental health services for older people in the UK Europe the USA Canada and Australia The approaches to evaluating health and social care in these countries are all outlined and a comparative analysis is given The services currently offered are patchy so there is a pressing need for effective mechanisms to be introduced in order to monitor quality this book will show you how Managers and commissioners working within Primary Care Trusts NHS Trusts Strategic Health Authorities geriatricians psychiatrists psychologists and allied health and social care professionals will find this book valuable reading Changing American Psychiatry Melvin Sabshin, 2009-02-20 Psychiatrists psychoanalysts other mental health workers behavioral scientists and university medical and neuroscience professionals will benefit from this articulate insider s view of post World War II psychiatry in Changing American Psychiatry A Personal Perspective by Melvin Sabshin M D Dr Sabshin served as Medical Director of the American Psychiatric Association APA for 23 years from 1974 to 1997 during a period of perhaps the greatest change in psychiatry since the World War II produced a dramatic modification of practice The author describes in detail two extraordinary periods of change the first stimulated by laudatory efforts to understand the high rate of psychiatric casualties among World War II veterans and to provide treatment for them Psychiatry grew quickly during the postwar years considerably influenced by the immigration of many Central European psychoanalysts Gradually however psychiatry began to weaken its ties to medicine and lost much of its public respect By the 1970s postwar optimism had been replaced by widespread concern that psychiatric practice was being dominated by unsubstantiated formulations rather than reliable evidence Psychiatry was dramatically impacted by enormous pressure for the accountability exerted by a managed care reimbursement system. The profession recognized the need for a new direction and resolved to change In the foreword to the book current APA Medical Director James H Scully Jr M D notes that Dr Sabshin has woven a personal journey of the history of the intellectual conflicts and changes in the field of psychiatry in the post war era culminating in the remedicalization of psychiatry and the

development of the DSM III Dr Sabshin encourages psychiatric professionals to change the field so it can employ an empirically based bio psycho social model that has the potential to revitalize the next phase of American psychiatry He details how the potential for the future of psychiatry can be enhanced by today s practicing professionals stressing the Need to incorporate the rapid developments of neuroscience into a professional practice that is increasingly integrated with empirically demonstrated psychological and social influences upon mental illness Importance on continued research that is fed back into practice and keeps the professional evidence based Need of psychoanalysis to make its beliefs explicit formulating hypotheses that can be tested scientifically in order to be employed reliably in evidence based practice This well crafted historical account describes how the profession has become a more respected and accountable part of medicine and how it scientific credentials have risen as a result Dr Sabshin concludes that the use of psychological understanding and psychotherapies must play a major role combined with psychopharmacology in the treatment of psychiatric patients

National Library of Medicine Current Catalog National Library of Medicine (U.S.),1990 Dementia Alistair S. Burns,Raymond A. Levy,2013-06-29 Current Catalog National Library of Medicine (U.S.), First multi year cumulation covers six years 1965 70 The American Journal of Psychiatry,1999-04 The British Journal of Psychiatry,1991

Psychology of Aging, 1995-05-23 Up to date annotated bibliography dealing with the important psychological issues of aging covers varied types of source materials An introduction sets the stage for the topical chapters that make up the main part of the book The 14 topical chapters cover theoretical and research methodology sensory and perceptual processes psychophysiology learning memory and problem solving intelligence and creativity interpersonal relationships personality work and retirement mental health and therapy and death and dying Author and subject indexes make the unique guide easily accessible for varied research in the field of psychology and gerontology **Psychiatric Ethics** Sidney Bloch, Paul Chodoff, Stephen A. Green, 1999 Consideration of ethics has established a firm place in the affairs of psychiatrists An increased professional commitment to accountability together with a growing consumer movement has paved the way for a creative engagement with the ethical movement Psychiatric Ethics has carved out a niche for itself as a major comprehensive text and core reference covering the many complex ethical dilemmas which face clinicians and researchers in their everyday practice This new edition takes a fresh look at recent trends and developments at the interface between ethics and psychiatric practice For this edition Sydney Bloch and Paul Chodoff are joined by Stephen Green a clinical professor in ethics and psychiatry at Georgetown University in leading 29 of the finest scholars in the field from around the world Eleven new contributors join the team of authors They include Drs Beauchamp Gutheils Sabin McGuffin Szmulter Gabbard and Holmes Since the second edition the editors have observed several emerging aspects of psychiatric practice requiring coverage As a result six new chapters have been added covering the ethical aspects of community psychiatry managed care psychiatric genetics resource allocation codes of ethics and boundary violations All others chapters have been fully revised and updated

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