

clusive: Illis and Merry<sup>11</sup> claimed that treatment with steroids had reduced mortality from 70% to 44% in all recorded cases of simplex encephalitis; nevertheless, six patients in the London Hospital series given dexamethasone showed little effect.<sup>3</sup>

The antiviral agents used in herpes simplex virus encephalitis have been mainly the pyrimidine analogues, idoxuridine,<sup>12-14</sup> cytosine arabinoside,<sup>10,15</sup> and adenine arabinoside.<sup>16,17</sup> All of these compounds have the disadvantage that, despite an undoubted antiviral effect in vitro, their action cannot easily be concentrated at the site of the local brain lesion because of poor solubility of the drug or inadequate penetration of the blood-brain barrier. Few trials have been reported, but a placebo-controlled study in the United States<sup>17</sup> suggested that adenine arabinoside may reduce mortality without toxicity.

HILLAS SMITH

Consultant Physician,  
Coppetts Wood Hospital,  
London N10 1JN

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## Consent to treatment

Like it or not, doctors have to accept that nowadays many of their decisions have become the subject of public debate. One specially contentious issue is the treatment of patients with mental disorders. At present decisions on the confinement of such patients in hospital against their will are made on the basis of medical opinions backed up by consents from patients' relatives, social workers, or review tribunals; but the treatment of the mentally sick is decided by their doctors alone.

How far, if at all, current practice needs reform has been examined by the Council for Science and Society, an independent group of scientists which tries to stimulate informed public discussion of difficult contemporary problems.<sup>1</sup> Its report starts with the proposition that most people believe that the brain is the citadel of the mind and the personality and that "to pierce the brain with surgical instruments or to pass an electric current through it provokes in many people a horror of a quite primitive kind." Other widespread beliefs are that a brain operation may change a man's personality and that electric convulsion therapy may reduce him to a zombie-like state. Nevertheless, the report concludes that both treatments—and the other physical and psychological treatments for mental disease—are useful for selected patients: none of the current techniques should be banned absolutely. Such treatments should, however, be given only to patients with medically recognised disorders and not extended to individuals whose behaviour is simply disruptive or antisocial.

It is on the issue of consent that the Council for Science and Society argues the need for a new approach. Whenever the patient is incapable of giving fully informed consent—or when a patient compulsorily detained refuses consent—treatment may be imposed on him; but a second medical opinion is usually sought as an ethical and legal precaution. In these circumstances, says the report, consent should also be obtained from a non-medical "patient's advocate." He might be a relative or

friend or might be drawn from a panel of lay members and lawyers. Such a change in practice would not need legislation: a firm recommendation from the appropriate professional bodies could make lay consent a requirement that no doctor could afford to ignore, except in an extreme emergency. Some means would, however, need to be found to provide the patient's advocates with insurance or indemnity against legal action.

Clearly the success or failure of such a scheme would depend on the selection of the panel of patients' friends. If they were too closely identified with medical opinion they would not provide the reassurance that sceptical public opinion demands. If, on the other hand, they included individuals deeply opposed to orthodox psychiatric treatments then doctors would simply become irritated and frustrated and the patient's interests might be harmed. Medical folklore already includes many examples of social workers who have refused to recommend patients for admission under the Mental Health Act 1959 on the grounds that they "did not believe in mental illness." Provided, however, that the lay opinion comes from individuals as knowledgeable, compassionate, and independent as were most old-style mental welfare officers doctors would generally be content to cooperate. Indeed, a panel of informed referees might prove helpful to psychiatrists—as well as forcing them to re-examine the clinical evidence for controversial treatments such as the use of electric convulsion therapy in schizophrenia. In the past decade some very effective propaganda against orthodox psychiatric treatments has sown doubts in many peoples' minds. When a doctor is seeking consent from relatives an outside, non-medical opinion could, perhaps, convince the bewildered and unhappy family that the treatment proposed was indeed in the patient's best interests.

<sup>1</sup> Council for Science and Society. *Treating the troublesome. Report of a working party*. London: Council for Science and Society, 1981.