



physically abused; Gillian Darnell, who may have been sexually abused; and Gary Harrington, who “predictably and preventably hanged himself in his room on 1 May 1990.”

The inquiry sent out 600 letters to patients asking for information and received replies from 125 patients or their representatives. Patients complained of physical abuse, frequent seclusion, the overuse of medication, and racist staff. One patient wrote: “some of the staff are bad, unfeeling psychopaths, the only difference is that they wear a uniform and carry a bunch of keys.” Mr Michael Hazlett, a patient who had had a lobotomy before admission, was sent pictures of brains by members of staff with the words “Fuck off half a brain.” Patients were called “low grades,” “mess pots,” and “wops.” Ms Kate Williams, a clinical psychologist, told the inquiry that staff used to use one brain damaged patient as a human ash tray, pulling out the waistband of his trousers to drop ash down the inside of his trousers. “A nurse boasted to me how he had submerged a patient’s head in the kitchen sink . . . to try to test the patient’s breaking point,” she said.

But nurses are not the only group criticised for “cruel and thoughtless treatment.” The report states that “many medical staff ascribed little value to patients’ lives.” Dr Joseph Sylvester, the director of medical services, was called the “invisible man” by the inquiry because he neither wrote to nor appeared before the committee. His absence seems all the more extraordinary as the report accuses doctors at Ashworth of colluding “with the inappropriate admission of patients to Ashworth” in order to be “regarded as helpful to colleagues outside the institution [and because] other more appropriate facilities simply do not exist.” Dr Sylvester has been “relieved of his duties” according to the Department of Health, although he remains a consultant at the hospital.

The report claims that Sean Walton is a good example of improper placing—he arrived at Ashworth at the age of 15 having indecently assaulted a 4 year old girl. The report states that “Ashworth had nothing to offer him.” Dr Piers Cocker, Sean Walton’s responsible medical officer, described his patient as “severely brain damaged, having suffered several severe head injuries as a

child. . . . His treatment was to be of containment. . . . The prognosis for improvement was nil.” The inquiry found this assessment questionable and concludes that for a year before admission Sean Walton had been hearing voices and was “almost certainly psychotic.” This should, the report argues, have “strengthened the case for regarding him as a candidate for treatment other than in a special hospital.”

According to Peter Thompson, director of the Matthew Trust, which campaigns for the rights of patients in special hospitals, patients at Ashworth could wait for nine months after their initial assessment before seeing a doctor again. Many patients did not know who their doctor was. Although the report states that two psychiatrists spoke out against the regime at Ashworth, they were outnumbered by those who supported it. Dr Eileen Bell, a consultant psychiatrist, described Ashworth patients as “not just dangerous and often criminal but most are very nearly impossible to diagnose and therefore to treat. . . . I have observed good relationships to exist between staff and patients even where there has actually been some degree of violence.” The report criticises Dr Bell’s lack of “basic understanding” of the patient’s view of the world. Two doctors wrote to support her statement. Another doctor wrote to support the stripping of female patients in seclusion and described the “superhuman strength” of these disturbed patients.

The report makes 90 recommendations, one of which is that medical staff should “adopt a more forceful role in protecting the therapeutic aims of the establishment to ensure that the hospital does not become a dumping ground” for patients. Others include the instigation of a proper complaints procedure and an advocacy system for patients. The use of seclusion, mechanical restraints, and slopping out should be phased out, the report said.

The inquiry was doubtful that even 90 recommendations could “clean the wound.” In a covering letter to the secretary of state for health, Sir Louis Blom-Cooper states, “We would even question the need for Special Hospitals within contemporary forensic psychiatric services.”

The government has responded by setting up a working party to “consider the most effective provision of services for patients requiring psychiatric treatment in conditions of high security.” The working party will look at the relation between such services and the NHS and Prison Medical Service. It will report at the end of the year. Although Virginia Bottomley said that the report “paints a deeply disturbing picture,” she was clear that “some recommendations have significant cost implications and these will have to be fully considered.”

This means that a large section of the report may never be implemented. According to the Prison Officers’ Association, the lack of resources is to blame for many of the problems inside Ashworth.

“We know we have been accused of terrible things, but we still believe we have been delivering a high standard of care considering the resources,” said Brian Caton, national vice chairman of the association.

Excerpts from patients’ letters

“I was put in a seclusion room, put in a straitjacket and beat every day for seven days by two male nurses, and they say they do this to break my spirit.”

“A coloured patient was beaten up by staff as the patient told the staff to fuck off after being called a nigger.”

“The staff here treat all patients in an intimidating and rude way, that’s at the best of times.”

“We would welcome better management and training and more staff and resources. What has happened is that management has had ideas for reforms but hasn’t communicated with the workforce. There is now a serious morale problem on the wards, and our members badly need leadership. We feel exposed to litigation from patients who will think it is now open season on staff.”

Brian Caton supports the idea of small therapeutic units but thinks that some of them should be within special hospitals. “There are only 685 places in regional secure units and everyone has to compete for them. There are obviously patients in Ashworth who are not dangerous and we do not want them there, but there is nowhere else for them to go. You must remember that the same tabloids that attack our members call our patients dangerous animals at the time they commit their offence. There aren’t many communities that would want them nearby. We are underresourced because the patients are low on everyone’s priority list and society thinks of them as horrific people who ought to be locked up.”

According to Sir Louis Blom-Cooper, the public does not know who these people are. “The public think they are all mass murderers but these make up only a tiny minority,” he said. “A third of these people don’t come via the criminal courts. Many of the patients we looked at had never hurt anyone. I don’t know why the public has this attitude—it has to be ignorance. The media portray these institutions as criminal lunatic asylums and the people inside as being dangerous. The media have a big responsibility for the public’s perception of people in special hospitals. I have to say that the medical profession doesn’t come out terribly well from this report either.”—LUISA DILLNER, *BMJ*

Report of the Committee of Inquiry into Complaints about Ashworth Hospital is available from HMSO bookshops, price £26.60.

Correction

Refugee problem worsens in former Yugoslavia

An editorial error occurred in this news item by Dr Fiona Godlee (8 August, p 331). In the first paragraph Sir Donald Acheson was wrongly attributed as the United Nations high commissioner for refugees. As stated in the second paragraph, he is public health adviser to the special envoy of the United Nations High Commission for Refugees (UNHCR).