In any case it is likely to be some considerable time before Irish obstetricians will be found who are willing to carry out abortion procedures. Whatever the outcome of these uncertainties, there is no immediate prospect of Irish psychiatrists finding themselves embroiled in the assessment of women seeking abortion except in selected cases before the courts: and as long as the option of seeking abortion abroad, presently utilised by at least 4,000 women annually, continues to be available.

T. J. FAHY, Clinical Science Institute, University College Galway, Ireland

**Editorial note**. The author recently concluded a ten year spell of membership of the Irish Medical Council.

## Working together for victims and perpetrators of emotional, physical and sexual abuse

Sir: Thanks to the College for organising this inter-sectional conference which enabled participants to gain a broader appreciation of this multifaceted topic. Despite time being allocated equally to the four College sections, the main focus of discussion tended to be children and sexual abuse at the expense of acknowledging the tremendous impact of emotional, physical and financial abuse on vulnerable adults. This possibly mirrors media, public interest and awareness.

Child psychiatrists have pioneered the way of enabling children's evidence to be heard, but it appears that now they wonder if the disadvantages outweigh the benefits. Concern was expressed that legal requirements took precedence over treatment needs, and that the legal process further traumatised victims. This, together with the tensions experienced in balancing duties towards both victims and perpetrators, led to some calls for 'decriminalisation' of abuse.

While understanding the reasons behind these views, I feel they represent a denial of the facts and a betrayal of the right of children and vulnerable adults to the same legal protection as anyone else. It would be preferable to identify specific problems in the legal process, and to seek solutions to these enabling the system more adequately to function, thus benefiting both perpetrators, victims and their families. The British legal system has a long conservative tradition and modifications are not easily incorporated, but as Spencer (1988) said, "Tradition can be good or bad and if a tradition blocks a sensible, humane and necessary reform it is the tradition which should be reconsidered, not the proposed reform".

Community care requires that all community facilities are accessible, including the law. There are signs that we are not alone in our concern. The Home Office have commissioned research into witnesses with learning disabilities, and the Bar Council has proposals for a network of barristers experienced with the learning disabled. In her conference address, The Right Hon Lady Justice Butler Sloss emphasised the need for dialogue between psychiatrists and lawyers.

Could the College share our concerns with our legal colleagues and develop a joint view of the best way forward?

SPENCER, J. (1988) Child witnesses, a case for legal reform. In Division of Criminological and Legal Psychology. 13.

JANE E. BRYLEWSKI, Oxfordshire Learning Disability NHS Trust, Slade House, Horspath Driftway, Headington, Oxford OX3 7JH

## Suicide in farmers

Sir: Mid-Wales Coroner, Mr John Hollis referred to "almost epidemic proportions" of suicides among farmers after returning three such verdicts the same day at inquests in Brecon (*The County Times & Express & Gazette*, 1994)

While a trainee in Shropshire I saw two similar cases who had survived attempted suicide by the use of shotguns. Their nonfatal injuries were the result of difficulty encountered in firing such guns into the mouth. To accommodate the length of the barrel, it is often necessary to lean to one side to activate the trigger. The discharge is thus directed laterally, exiting through non-vital extra-cranial tissue in the zygomaxillary region and missing the adjacent temporal lobe; (an injury well described in specialised surgical texts). Following emergency surgery, psychiatric in-patient management achieved full recovery from severe depressive episodes in both cases.

Correspondence

#### CORRESPONDENCE .

Increased rates of suicide in farmers have been a cause for concern in agricultural circles in the recent past and are attributed largely to declining incomes. As well as direct financial worries, inclement weather, burgeoning bureaucracy and greater work load have all been cited by farmer's leaders as stressors. Current disquiet includes the possible effects of the export ban on live animals, and bovine spongiform encephalopathy (BSE) on returns.

In response to this crisis, local branches of the Farmers Union of Wales and the National Farmers Union, in collaboration with the Citizens' Advice Bureau and Samaritans, have commissioned an information leaflet and confidential advice line. While this initiative can only be applauded, it is uncertain whether the most vulnerable individuals will make contact and seek help. Past experience in less well defined target populations has not been promising (e.g. Kreitman & Chowdhury, 1973). Moreover, as a group farmers are traditionally noted for their stoicism and self-sufficiency, and are often isolated socially and geographically. Their relatively easy access to firearms should not be forgotten.

Suicide prevention is a feasible objective as pointed out by eminent authorities elsewhere (Hawton & Morgan, 1993). General practitioners and psychiatrists need to keep informed of putative trends if serendipitous contacts with members of high risk groups are to be exploited for averting suicide.

- HAWTON, K. & MORGAN, H.G. (1993) Suicide prevention by general practitioners. British Journal of Psychiatry, 162, 422.
- KREITMAN, N. & CHOWDHURY, N. (1973) Distressed behaviour: a study of selected Samaritan clients and parasuicide ('attempted suicide patients'). British Journal of Psychiatry, 123, 1–8.
- The Country Times & Express & Gazette, 16 September 1994, p2.

KEVIN NICHOLLS, Keele Rotation, City General Hospital, Stoke-on-Trent, Staffordshire ST4 6QG

### **AIDS education**

Sir: Dr Treloar (*Psychiatric Bulletin*, January 1995, **19**, 52) notes that I congratulate a Brazilian newspaper for promoting the message that "sex is good for physical and mental health" and quotes me as saying that

sex is "safe with a condom". The first quote is correct but the second is not, what the newspaper actually said was "wear a condom", and this is how the quote appeared in my article. I doubt anyone would argue that condoms are "safe", but as the WHO study shows they are safer than doing nothing. Short of not having sex, there is still no measure that is completely safe. Safe-sex, or more accurately safer-sex, campaigns aim to give information on how to reduce risks and this was the message of the Brazilian newspaper.

The question of condom failure is a complex one. While the pores in condoms may allow leakage of HIV, whether this alone is sufficient to cause infection is less clear. Bodily fluids such as tears and saliva also contain HIV, but at levels which are not believed to be infective. Condom failure is often due to the condom coming off during intercourse or to tearing, which has little or nothing to do with its porosity. Some brands of condom are coated with the spermicide nonoxynol-9, which is viricidal and safe sex campaigns recommend its use with condoms so as to further reduce the risk of transmission. Anecdotal reports from Brazil suggest that some people are unaware that condoms cannot be used with oil-based lubricants, adding further to the risk of condom failure.

JOHN DUNN, Departamento de Psiquiatria, Escola Paulista de Medicina, São Paulo-SP, 04023-900, Brazil

# 'An induction day for trainces in psychiatry'

Sir: Dr McLaren and colleagues (*Psychiatric Bulletin*, 1994, **18**, 687–688) have presented a lucid account of the rationale behind the organisation of their trainees' induction day. This was of particular interest to me, as I had just helped to organise both local and regional induction days in SW Thames. Their description serves to highlight some of the difficulties which I faced in designing an appropriate programme.

I would strongly endorse the principle of serving "the trainees, the clinical tutor and the personnel department" but it may prove awkward to fulfil all these aims simultaneously. Often there is an unspoken conflict between issues of service provision

176