EASTERN HEALTH BOARD

Minutes of proceedings of Special Meeting of the Eastern Health Board held in the Boardroom of St. Brendan's Hospital on Thursday 19th March 1981 at 6 pm.

PRESENT

Alderman B. Ahern, T.D.
Dr. J.D. Behan
Cllr. L. Belton, T.D.
Mrs. B. Bonar
Cllr. D. Browne
Cllr. M. Carroll
Cllr. A. Groome
Cllr. T. Hand, P. C.
Mr. K. Harrington
Dr. P. McCarthy
Mr. M. Matthews
Dr. A. Meade
Cllr.J. Sweeney

APOLOGIES

Cllr. Mrs. A. Glenn
Cllr. F. Hynes
Sr. Columba McNamara
Cllr. G. Timmins. T.D.

IN THE CHAIR
Cllr. D. Browne

OFFICERS IN A TTENDANCE

Mr. P.B. Segrave
Mr. F. Donohue
Mr. T. Keyes
Mr. P.J. Swords
Prof. B. O'Donnell
Mr. F. McCullough
Mr. J. Doyle
Dr. B. McCaffrey
Mr. M. O'Connor
Mr. M. Cummins
Mr. P. O'Brien
Miss B. Kelly

40/81 **HEALTH (MENTAL SERVICES) BILL, 1980**

The special meeting was called to consider the Health (Mental Services) Bill. 1980.

The following report No.I 1981 from the Chief Executive Officer had been circulated.

"The Health (Mental Services) Explanatory Memorandum is circulated herewith. The provisions ol the Hill divide readily into three main headings, namely:—

(i) provisions which are concerned with the registration and supervision ol Psychiatric institutions:

(ii) provisions which are concerned with admission and discharge procedures in psychiatric institutions;

(iii) provision devised to protect patients against unnecessary detention and which relate lo issues such as consent to certain treatment.

rhc main Act in force at present is the Mental Treatment Act. 19-45. This was circulated amended In the Mental Treatment act. 1953. the Mental Treatment (Detention in Approved Institutions) Act. 1961. I he Menial Treatment Act. 1961, the Health Authorities Act. l960, and the Health Act, 1970. present billl proposes lo repeal all existing legislation in regard to I he treatment of mental illness.

Under existing law there arc two main classes of patient received into mental institutions - volunteer patients and voluntary patients. Voluntary patients arc those who enter and receive treatment of their own live will. Non-voluntary patients arc those who have lo he compulsorily admitted and detained. there arc two classes of non-voluntary patients - temporary patients and persons of unsound mind. A temporary patient is, broadly, a person who needs detention but is believed to require for his recovery not more than six mouths suitable Treatment, of an addict who by reason of his addiction to drugs or intoxicants, needs compulsory detention. A person of unsound mind is, broadly, a person who is certified to need detention and lo be unlikely to recover within six mouths. Both voluntary and non-voluntary patients are further divided into chargeable patients and private patients. but, with the extension of eligibility for hospital services to a wider section of the population, this distinction, insofar as the Hoard's institutions are concerned, has virtual!) disappeared.

In order lo appreciate the main changes, proposed In the Bill, is is desirable In consider the existing procedures lot admission and discharge, taking voluntary patients first. Where a person is less than 16 years of age submits himself voluntarily for treatment for illness of a mental or kindred nature there are few formalities in be observed in connection with his a admission. While he normally will enter hospital on medical advice it is not necessary for him to produce any written report or recommendation. If the person in charge agrees in accept him as a voluntary patient, he is required lo make a written application lot admission. There are additional provisions relating lo persons under 16 years of age. including the requirement of a medical certificate.

If a person is not willing to submit voluntarily for treatment, or is incapable of expressing his wishes, an application may be made to have him received as a temporary patient or as a person of unsound mind. Where it is desired to have a person received as a temporary patient, an application must be made in a prescribed statutory form by a suitable applicant from within a defined group. This must be accompanied bv the certificate of a doctor, again in prescribed form, that the patient is suffering from menial Miners, or is an addict, and requires treatment. The completed forms may then be presented lo the appropriate medical officer in the mental institution who, if he is satisfied, may make a temporary patient reception order. Alternatively, when the initial doctor's certificate has been completed, the applicant, or am person authorized by him may, within seven days and without waiting for the making of the reception order by the medical officer of the hospital concerned, remove the patient to that hospital, but before doing so he must inform the patient of the nature of the medical certificate and of the fact that the patient may request a second medical opinion. If the patient asks for a second medical examination, he may not be removed to hospital unless the second examination has been made and the second doctor has signified in writing that he agrees with the first certificate. When a patient is brought to hospital in the circumstances outlined, before a reception order is made, the authorities of the hospital may receive and detain him for a period not exceeding 12 hours while a decision is being taken whether or not to make a reception order. In the case of a private patient, the initiating medical certificate must be completed by two doctors.

Where it is desired to have a person received as a person of unsound mind in the designated district mental hospital for the area where he normally lives, application again must be made by a suitable applicant, in prescribed form, for a recommendation for reception. This form is then presented to a doctor who may make the recommendation following examination of the patient. In the case of a private patient the certificates of two doctors are required, following two separate examinations. On completion of these procedures, the applicant, or any person authorized by him, may remove the patient to the district mental hospital where the appropriate medical officer, following examination of the patient, may make a reception order the effect of which is, broadly, that the authorities of the institution named in the order may receive and take charge of the patient and detain him until his removal or discharge by proper authority, or his death.

In the case of a temporary patient the effect of the reception order is to authorise the detention of the patient for a period of up to six months, which maybe extended, if the patient has not recovered within that time, by a period or a number of periods, none of which may exceed six months and which may not in all exceed 18 months.

The existing law confers certain powers and duties on the Gardai in relation to person believed to be of unsound mind. It also provides detailed safeguards against improper detention, most of which are vested in the Inspector of Mental Hospitals, reporting to and directed by the Minister. There arc many complicated and detailed provisions relating to the classification of institutions, the powers of specified medical officers, the delegation of functions and many other matters regulating the administration of menial inst it ui ions.

As already staled (he present Hill proposed 10 repeal all the existing legislation in regard to the treatment of menial illness and, in the words ol the explanatory memorandum 'replace it with provisions which will have full regard to modern developments in psychiatry.' Under the main headings listed in the opening paragraph of this report the changes proposed may he conveniently summarised.

Taking institutions first, the Hill provides lhai existing health hoard psychiatric institutions will be regarded as district psychiatric centres, that the Minister may, a! ihe request of a health board, designate such centres and areas lo be served by them. The Minister will have lhe power, alter consultation with a health board, to cancel the designation of a district psychiatric center. The district psychiatric centers may be hospitals or units of hospitals. The Mill makes it an offence lor any person other than a health board to operate any premises lor the detention of persons suffering from menial illness unless it is approved and registered by (he Minister in accordance with regulations which the Hill empowers him lo make. It also provides ihe Minister with power lo refuse or cancel ihe registration ol psychiatric institutions and for appeals against his decision.

the provisions are simpler than (hose in existing legislation and are designed to bring the approach to these institutions into line with that obtaining for other categories of health institutions.

So far as admission and discharge procedures are concerned, the Hill essentially simplifies the situation by providing lor only one category of detained patient. The criteria lor the detention of such a patient are that the person is suffering from severe mental disorder, that detention and treatment is necessary in the interests of the person's health and safety and that he is not prepared to accept treatment or is not suitable for treatment otherwise than as a detained patient. The Bill provides that an application for the recept on of a person in a district psychiatric centre will require the written recommendation of two doctors, bringing the procedure into line with that which obtains for private patients, in either public or private hospitals, at present.

The Bill specifically indicates that nothing in the provisions dealing with admission and discharge procedures should be read as preventing or discouraging any person from presenting himself voluntarily for treatment.

The Bill makes provision for the replacement of the existing safeguards against the unnecessary detention of persons by the establishment of a national system of review boards. It is proposed in this new system that either a patient or a relative will be entitled to require a review board to investigate the propriety of the detention of that patient. The same right will be accorded to the Minister, the President of the High Court and the Registrar of Wards of Court. Any other person can also seek the intervention of a

review board, but in this case, investigation may take place at the discretion of the board. The review board will have the power to direct the discharge, conditionally or unconditionally, of a patient on foot of their investigation. If the review board considers that the person is properly detained there is a right of appeal to the Minister given to the applicant. Apart altogether, from the function of dealing with individual appeals, the review board will also be responsible for the automatic review of those persons in long term detention. Every such patient will have his case investigation biennially.

The review boards will consist of three persons appointed by the Minister, namely a psychiatrist, a lawyer and a third person who is not a member of the medical or legal professions. A review board may decide any question by any two of its members. As much of the work of the holder of the office of Inspector of Mental Hospitals will be transferred to the review boards, the Bill provides that the task of visiting and inspecting mental hospitals will be assigned to a medical officer of the Department specially designated by the Minister for that purpose.

The Bill proposes the establishment of special psychiatric centres, one of which will be the Central Mental Hospital, Dundrum, where persons whose mental condition warrants it may be transferred from a district psychiatric centre, subject to compliance, with a review board procedure associated with such transfer and fun her subject to review by the High Court on appeal. This will replace the present procedure for the transfer ot such patients to the Central Mental Hospital under which a patient most first be charged with an indictable offence before a Justice of the District Court sitting in the hospital.

In broad outline these arc the main changes provided for under the Bill which deals with the details of reception procedures, review of detention and other matters of a similar nature.

At the request of the Chairman the Secretary read the following report No. 2/1981 from the Chief Psychiatrist:

"In the words of the official explanatory memorandum, the Bill proposes Mo repeal all existing legislation in regard to the treatment of mental illness and replace it with provisions which have lull regard to modern developments in psychiatry.' THC Hill is concerned almost entirely with the registration and supervision of centres for the treatment of the menially ill, the regulation of admission and discharge procedures and the safeguarding of patients against unnecessary detention. While there is no denying the need for adequate safeguards against ihe possibility of the abuse of power over the liberty of the individual citizen which is inherent in any code of legislation for• the mentally ill, the provisions of the Bill so emphasize this aspect as to suggest thai there is widespread abuse of the existing powers of detention.

It would be regrettable if the Bill, however well intended, should create that impression, particularly in a situation where, despite a vastly increased admission rate, the population of mental hospitals has been cut roughly by hall as a result of an enlightened administration of existing legislation. Indeed, in the area administered by this Board, one of the most frequent criticisms of all our practices in recent years has been the readiness to discharge detained patients at the earliest possible moment into a community where the supportive services for their after-care arc relatively undeveloped.

Having regard to ihe emphasis which the Bill places on safeguards against unnecessary demotion, it is desirable that this aspect of our mental health service should be seen in proper perspective. In the year ended 31 October 1980there were 3,669admissions in the three public mental hospitals serving Dublin city and county. Of this number 3,097 were voluntary admissions and the remaining 572 were detained as Memporary patients' under existing law. A sample survey of 91 of those temporary patients, admitted concetivitely, show that 84 were discharged within three months of admission. Of that number 44 were discharged within 28 days (the initial period of detention proposed underthe Bill) and the remaining 40 within three months (the extended period now proposed). The average length of stay of the 91 patients in the survey was 43 days.

It will be seen that the provisions of the Bill in regard to detention would apply only to a fraction of the patients being admitted. In the majority of these cases, there is rarely need for powers of detention after the first two or three days. Short of detaining patients against their will, the psychiatric services of the Eastern Health Board is frequently criticised for its readiness to discharge patients and for its endeavors to avoid admission to hospital except as a last resort.

The provisions of the Mental Treatment Acts which are now being repealed are concerned with procedures for the admission ot patients on a voluntary basis, for their detention as temporary patients for an initial period of up to six months, renewable if necessary for further six-monthly periods up to a cumulative period of two years. A third class of patients, described as 'persons of unsound mind' may be admitted and detained without limitation to the period of detention; however, no patients have been admitted to our hospitals under this classification for a number of years although there is a considerable but dwindling number of mainly elderly patients in this category who should properly be placed in homes for the aged if places were available for them. Within the present three classes of patients mentioned, there is a further distinction between detained private and 'chargeable' or public patients. Under present law, without going into detailed technicalities, an application to have a person detained as a private patient in a mental institution must be supported by recommendations (in a prescribed form) from two doctors. A similar application to have a person detained as a public patient requires, except in particular circumstances, the recommendation of only one doctor. The present Bill proposes that this distinction should disappear and that the detention of any person will require the recommendation of two doctors.

While this may present difficulties, particularly in rural areas, it has been welcomed as a desirable safeguard against the possibility of unnecessary detention in the case of the few patients requiring compulsory admission. However the introduction of a second doctor at this stage is wed by many of those involved in the day-to-day care of the mentally ill as an unnecessary and cumbersome procedure having regard lo the other safeguards which the Bill proposes.

While the proposed second medical opinion is entirety commendable in the ordinary course of events, experience has shown dial critical and dangerous situations will arise requiring immetnatc intervention which cannot wan upon ihe availabiliiv ol a second doctor. Indeed, one oi ihe greatest weaknesses of the present law is ihe absence ol any obligation on a doctor lo respond lo a request for a recommendation. While the proposals of ihe present Bill remedy ihis. ihe introduction of ihe requirement of a second opinion would present a serious, and in many eases, an insuperable impediment in critical or dangerous situations.

lo counterbalance ihe need foi swill and effective action, in lhe case of a person believed lo be dangerous 10 himself 01 others, with ihe need for adequate guards againsi improper detention ii is suggested lhai, where iwo doctors arc not iiiimcdialcl) available, I lie recommendation of one doctor should be sufficieni lo enable the removal and reception ol I lie patient, subject lo lhe general requirements of lhe Bill in regard lo reception procedures, and his detention for 48 hours, within which period he should be examined by an independent second doctor.

In this connection, il is my view that in each Community Care Area there should be a roster of doctors from ihe Community Care Programme and 'authorised officers', as defined in The Bill, who would be immediately available to act in the relatively rare but potentially dangerous situations requiring instant intervention.

In summary, the main provisions of the Bill affecting a person after a recommendation for reception has been made are:

lhe person may be brought lo the appropriate psychiatric centre within a specified lime;

An escort may be provided by the centre or by ihe Garda Siochana;

the person having been examined may be received and detained for not more than 48 hours for tl c purposes of examination and assessment by a Consultant;

a reception order, if made, provides for detention for not more lhan 28 days, which may be extended for ihrec months and thereafter ihe extension is reviewed annually.

The Bill provides for the establishment of one or more review boards for each health board area, the review board lo comprise three persons appointed by the Minister - a barrister or solicitor, a consultant psychiatrist and a lay person. The review board will have power to consider, on request, the propriety of lhe detention of a patient and direct his discharge either unconditionally or subject to conditions concerning after-care and supervision. An appeal may be made to the Minister for Health against any decision of the review board. There is provision for the obligatory review of a person who has been detained for two years and whose case has not been reviewed in that time.

The Bill proposes the establishment of special psychiatric centres, one of which will be the Central Mental Hospital, Dundrum, where persons whose mental condition warrants it may be transferred from a district psychiatric centre, subject to compliance with a review board procedure, and further subject to review by the High Court on appeal. This is a welcome proposal which goes much of the way towards meeting the recommendations of the Eastern Health Board that the present procedures involving criminal charges and formal court proceedings against patients should be discontinued. The opportunity might be taken now to amend the legislation relating to other patients in Dundrum by substituting the term 'custody patient' for that of 'criminal lunatic' as recommended in the 1966 Report of the Commission of Enquiry on Mental Illness.

This report is not intended to be an exhaustive account of the proposals of the Bill which, as already indicated, are mainly concerned with procedures regulating the reception and detention of persons in what will be known as district psychiatric centres which may either be hospitals or units of hospitals. To this extent the Bill is largely negative. The explicit duty of what was once known as a mental hospital authority 'to provide treatment, maintenance, advice and services' for the menially ill under the provisions of Section 19 of the Mental Treatment Act of 1945, have been subsumed by the general enabling provisions of the Health Acts.

While it may be argued that minimal standards of care cannot be laid down by law, it is suggested that the Bill should include a similar general duty to that laid down in the Act of 1945, making it mandatory on health boards to provide a range to in-patient, out-patient, after-care, educational and training services as part of a comprehensive psychiatric programme, as directed by the Minister from time to time.

Apart from the various matters, including retention ol the post ol Inspector of Mental Hospitals raised in I he Consultants' submission, there are certain other provisions ol the 1945 Act relating to offences, notably Sections 251 to 255. and questions relating to the delegation ol statutory functions which merit consideration. I he powers of escorts provided from a district psychiatric centre should be defined clearly as this is a matter which has given rise lo concern by members of the nursing staff and «ill continue to do so unless their position is clarified."

It was agreed, at Dr. Behan's request, to strike out item (f) in the list of enclosures set out in the notice of the Special Meeting (dated 1 1 March 1981).

Following a discussion to which Dr. Behan, Clrs. Carroll, Hand and Dr. Meade contributed, it was agreed that the members would examine the recommendations contained in the memorandum submitted by Dr. Behan and decide on which of them they would support.

Extracts from Dr. Behan's Memorandum

"MEMORANDUM AND TITLE

Comment: (i) The Bill is seriously misleading and incomplete. It purports lo repeal all existing legislation in regard to the treatment of mental illness and to replace it with provisions which will have full regard to modern development in psychiatry. The Bill fails totally to give any legislative effect to modern developments in psychiatry such as a community psychiatric service.

Recommendation: (i) It is recommended that the enactment of this legislation be postponed temporarily to enable it to take account of these modern developments in psychiatry by making provision of a minimum level and range of alternative community based facilities throughout each catchment area sector of the population. Otherwise it is suggested that the Bill be re-entit'.ed 'An Act to provide for the registration and supervision of the operation of centres for fhe mentally ill together with the regulation of the admission and detention therein of persons suffering from mental disorder.' "

Dr. Behan's recommendation was accepted by the members.

"PART III ADMISSION AND DISCHARGE PROCEDURES

Section 14: Disqualification

Comment: (i) As drafted, Sub-section (c) would seem to preclude a General Practitioner who is a member of the Health Board from signing a recommendation for the reception and detention

of a mentally ill person in one of the Board's psychiatric facilities. As the public sectors psychiatric service provided by the Board constitutes the vast majority of the psychiatric service in this region, this would seem to be an excessive and unnecessary restriction on the practice rights of G.P. members of the Board."

The members agreed with this comment.

"Section 16: The Garda Siochana

Comment: (i) The diagnosis and treatment of mental disorder is a matter which properly falls on the shoulders of qualified professionals at the request of individuals or other social agencies. It is desirable to protect both the civil liberties and the best interests of individual persons that the treatment of mental disorder be kept strictly separate from law enforcement agencies who are primarily concerned with crime, its detection and punishment. In addition without proper checks and balances upon its operation, such as a Peace Commissioner or Court authorisation, sub-section (3) would seem to be a dangerous right of intrusion to the privacy of the individual person which, in less enlightened social administration, it is capable of becoming an improper form of social control.

Recommendation: (i) It is recommended that the objectives which this section is trying to meet be redefined in order to identify a more effective, humane and less stigmatising way of dealing with the problem. The Act should provide for some other social agency or social service to perform this duty upon proper request and authorisation."

It was agreed that this recommendation would be omitted from the Board's submission having regard to the amendment proposed by the Minister for Health to Section 16 of the Bill.

"Section 17: Restriction of place of detention

Comment: (i) The word detention has connotations of the Penal Code and imprisonment. It is inappropriate to use it in connection with a place in which the diagnosis and treatment of mental disorder should take place, and therefore it should be replaced.

(ii) Restricting the place in which a person can be treated is another example of how this Act fails to adequately define its objectives and make proper provision for them. Either people seek to have their relatives compulsorily admitted to treatment centres in areas other than those in which they ordinarily reside for nefarious reasons or, as is much more likely to be the case, they do so because they know their local psychiatric facilities are in very poor condition.

Recommendation: (i) Devious motivation for seeking compulsory admission outside one's local area can be eliminated simply by providing questions in the application form which will require the relative to give a satisfactory reason to the examining physician for seeking compulsory admission outside his own area, together with the full disclosure of previous applications for such admission in the preceding twelve months.

(ii) To eliminate the much more likely cause of such a request, i.e. inequality in levels and standards of psychiatric care, it is recommended that the Act lay down a minimum level and range of psychiatric care treatment and rehabilitation facilities in each community catchment area of population. Having a minimum common acceptable standard of care and facilities is a more effective way of eliminating such an abuse."

It was agreed to submit this recommendation in support of the proposed amendment to Section 17.

"Section 18: Disclosure of Information

Comment: (i) This section again exemplifies the failure of Health Department draughtsmen to understand clinical practice or to seek consultation with the psychiatric profession. If it is felt necessary to stipulate legally that this information should be made available, the cyclical nature of some kinds of mental disorder would indicate that information as to what applications have been made in the past twelve to eighteen months would be relevant. As to whether or not good clinical practice requires legal compulsion on the part of relatives to state this information is entirely open to debate and is yet another manifestation of the Penal philosophy underlying the Bill in its present form."

It was agreed that this comment should be omitted from the Board's submission.

"Section 19: Recommendation for reception

Comment: (i) It has been explicitly stated by the Department of Health that provisions such as the one in this section which increase the number of practitioners required to sign a recommendation for reception from one to two, has been done at the behest and pressure of groups who seek to rigidly protect the civil liberties of individual citizens. Such a desire is laudable and is not in any way in conflict with good clinical practice. However, this section of the Bill illustrates very clearly the philosophy underlying this Bill and the attitude of Health Department civil servants towards those who practice as doctors and nurses in psychiatric hospitals. Misinformed because it is derived from an imbalanced administrative and policy-making structure in the Department of Health: misinformed because Health Department civil servants acted at the behest of one pressure group only and without consultation with the psychiatric profession, this section of the Bill is a further example of how the Bill legalistically misconstrues civil liberties without due regard to the nature of psychiatric illness and the requirements of good clinical practice.

(ii) For a non-acute or 'cold' psychotic condition or mental disorder which requires compulsory admission for treatment to the psychiatric hospital, there is time and quite properly a need to have two medical practitioners independently examine the person before he is temporarily deprived of his civil liberties in his, or in society's best interests. The Bill is rigidly inflexible and ineffective insofar as it does not take account and make provision for the clinical reality of acute psychotic conditions and disorders where it is necessary, in the best interest of the patient, his relatives and society, that he be admitted quickly for treatment.

This is a further example of the lack of clinical understanding which pervades the Bill and which has come about because the Health Department civil servants decided that they and a number of interest groups ranging from politicians to civil liberties groups, knew all that was necessary to enact a Bill providing for the regulation of care and treatment of mentally ill people, without any necessity to enter into formal consultations with professional groups who had the clinical expertise and knowledge in this Held.

(iii) This philosophy of civil service supremacy which knows both the problem and answer does not have to consult psychiatric professionals because they are officer-servant employees who will do as they are instructed and will not volunteer professional advice or opinion, is again exemplified in the thinking and draughtsmanship which produced section 19(5b). This requires that the recommendation for reception should be signed by the doctor to certify that he is satisfied that the person is suffering from 'severe' mental disorder. Apart from the fact that no such category exists, and apart from the fact that it is a misapplication of general hospital medical knowledge to the psychiatric service by people who have not bothered to consult clinicians about it, legally compelling a doctor to place such a statement on a permanent record which must, under other sections « i the Bill, be given to the patient and which is available to relatives or indeed to anyone who walks in off the street and requests to see it, is an example of how the legalistic misconstrual of civil hi erties backfires and operates to the serious detriment of a person's best interests. The term 'sew e' mental disorder is a highly stigmatising connotation which will not only damage the person's s lf-esteem when he recovers from the episode, but is capable of seriously damaging his employment prospects and would certainly irreversibly damage him in any application for employment or for example, a visa to enter other countries.

Recommendations: (i) That section 19 (i) be retained for non-acute or coid psychotic conditions but that a provision be enacted to enable people suffering from acute mental disorder or disturbance to be admitted promptly upon examination by one registered medical practitioner. It is then suggested that within a specified time after the person has been received for treatment in the psychiatric centre, an independent medical practitioner or consultant psychiatrist be required to examine him to ensure the spirit of propriety of detention which section 19 (i) set out to achieve.

(ii) That the term 'severe' mental disorder be replaced by a more appropriate phrase such as 'that the person is suffering from a mental illness or disorder which requires treatment.'

(iii) It is recommended that the word 'property' be deleted from 19 (5) (b) (2) as it seems improper to place the medical profession in the role of custodians of private property. This should be a civil or criminal offence dealt witli by the police unless and until it becomes evident that the cause of it is mental illness, in which case the law enforcement agency should call upon the medical and psychiatric profession for appropriate assistance.

(iv) 19 (5)(b)(3) that this be reworded 'that the person is not able or prepared to accept, or is not suitable for treatment etc'

(v) That 19 (5)(c) be amended to delete the word 'facts' and substitute 'contain a statement of the relevant information and observations etc' Such a wording would be more in accord with clinical reality.

(vi) It is recommended that 19 (6) be reconsidered in the light of the changes recommended under section 34."

It was agreed to support recommendations nos. (i), (ii), (iv), (v) and (vi) and that no. (iii) should be omitted.

At this stage, because less than nine members of the Board were present, the Chairman adjourned the meeting for five minutes.

The roll was then called and the following members were present:

Dr. J.D. Behan	Clr. M. Carroll
Dr. L. Belton	Mr. K. Harrington
Mrs. B. Bonar	Mr. M. Matthews
Clr. D. Browne	Dr. A. Meade

Because the number of members present was less than 9 the Chairman adjourned the meeting.

The adjournment took place at 7.40 pin.

CORRECT:

P.B. Segrave
Chief Executive Officer

Chairman