

- Support and services that help people with long-term conditions fulfil their own responsibilities as partners, parents and carers
- Developing the concept of the expert patient.

One of the greatest challenges in rehabilitation service development is to make community-based management proactive and to coordinate contributions from professionals of different disciplines.⁴ We feel that multi-disciplinary rehabilitation teams with appropriate medical support have much to contribute to those with disabling MS, in terms not only of symptom control but also of helping individuals to live with the condition.

Close working relationships between community rehabilitation and neurological services could overcome some of the failings noted by Dr Ryle and others. It is hoped that the NSF will support such ventures.

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Doctors' knowledge about consent and capacity

Dr Jackson and Dr Warner (December 2002 *JRSM*¹) point to large gaps in doctors' knowledge of consent and capacity. Two aspects of their project should, however, be questioned. First, the concept of a patient in whom capacity issues may be relevant is problematic. As White has pointed out,² even if legal and ethical standards support a positive assumption regarding the decision-making competence of the patient, a physician, when seeking approval of a treatment plan, should always make sure that the patient possesses adequate decision-making abilities. Second, whatever the legal position, physicians and other healthcare professionals remain the ones who are responsible for the first-hand evaluation. When a court must decide on a decision-making-capacity issue, the judge depends almost exclusively on the evaluation made by the physician. Research must then look to the process of decision-making

capacity of the patient as affected by special diseases. Marson *et al.* did this in Alzheimer's disease.^{3–5} Other researchers, myself included, are turning their attention to the ethico-clinical judgment of the physician. Doctors evaluate, almost daily, decision capacity issues. Taking into account the work of Schön, we hypothesize that physicians have expert knowledge of these matters, even if it is unconscious.

Issues on ability to consent represent a challenge to every physician on a clinical ward, since all healthcare professionals are engaged in what should be an informed consent procedure with their patients.

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Lymphocytic hypophysitis

Dr Masding and his colleagues (January, *JRSM*¹) report a case in which visual defects arising in pregnancy were probably due to displacement of a non-secretory pituitary adenoma by the physiologically enlarged pituitary. They do not mention hypophysitis. While adenomas are the commonest pituitary disorder affecting pregnancy, inflammatory disease of the pituitary does need to be considered in any pregnant or postpartum patient with an intrasellar or suprasellar mass.² Lymphocytic hypophysitis can mimic pituitary adenoma,³ with headache and visual field defects. Infertility, the presenting feature in the case described by Masding *et al.*, can also be due to lymphocytic hypophysitis.⁴ Such a diagnosis is supported by mononuclear infiltration on histology, and immunohistochemistry, immunocytochemistry and immunoelectron-microscopy may reveal inflammatory cells (CD20 or CD3) amongst the pituitary cytoarchitecture.⁵ Why this condition typically presents in pregnancy is uncertain. Lymphocytic hypophysitis may be part of a spectrum of inflammatory pituitary conditions, possibly autoimmune.

Two types have been observed—lymphocytic adenohypophysitis (typically presenting in the third trimester or at delivery) and lymphocytic infundibulohypophysitis.

Treatment options for lymphocytic hypophysitis include steroids and hormonal therapy. Early surgical intervention may not be necessary.

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Further to the reproduction of an item from Anthony A Wood's *Fasti* of May 19 1649 (*JRSM*, February 2003, p. 104) by chance I came across a painting by an unknown artist in the Tangye Collection of the Museum of London portraying Charles I after death, and illustrating how the head was stitched back by Dr Trapham [reproduced with permission, Museum of London]. It must be unique for a doctor to be a regicide, to disembowel his dead sovereign and to stitch back his severed head.

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