

## From the Editor's desk

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### AN INDEPENDENT JOURNAL

In the spirit of openness permeating learned journals we now have to declare all relevant interests so that the reader is aware of potential bias. The *British Journal of Psychiatry* is published by the Royal College of Psychiatrists but we seldom spell out its exact relationship. My awareness of this crystallised years ago when submitting my first original paper. I sought the advice of my consultant, the late Professor Michael Shepherd. I sent him my draft paper and arranged a meeting. 'Which journal were you thinking of sending this article to?', he enquired silkily, interlacing his fingers repeatedly as though engaged in complex invisible knitting. 'The *British Journal of Psychiatry*', I blurted nervously. 'The *British Journal of Psychiatry*', he observed in horror, 'that is not an independent journal; it is an organ of the Royal College of Psychiatrists', pronouncing the word 'organ' in a way that made it sound simultaneously reprehensible, ridiculous and obscene. 'What you should do is to send it to *Psychological Medicine*.'

Since being editor of the *British Journal of Psychiatry* I am convinced this allegation of subservience is quite unfounded. The *Journal* is independent, no pressure is put on the Editor to follow any official line or doctrine, and there is no bar to the publication of a good paper irrespective of any stance taken by the College. This is illustrated well in the current issue, in which we stir the pot of controversy more than the consensual Royal College ever can, or ever should, for an organisation that represents such a broad church. So David Kingdon (pp. 285–290) takes up the cudgels first wielded by Pinel in arguing for research linked to the breadth and value of human experience in attacking the new kid shining on the block, biological psychiatry, defended with reductionist precision by Allan Young. Please follow the thrust and counter-thrust of their arguments carefully, and you might conclude that Professor Young's

question 'is this a form of occupational therapy for two academic psychiatrists with nothing better to do?' can either be dismissed as rhetorical or promoting the understated academic discipline of occupational therapy, but certainly is not a waste of time.

Biological psychiatry demands reliable tests, and what could be better than chocolate (my sweet tooth is showing) as the diagnosing agent (Parker & Crawford, pp. 351–352). Certainly, the controversial diagnosis of 'depression-associated chocolate craving' (shortly to be abbreviated to DACC) would be a welcome addition to the less-than-appetising fare currently on display in DSM-IV. There is also going to be debate about the conclusions of Raleigh and her colleagues (pp. 304–312) that 'factors associated with ethnicity, rather than ethnicity *per se*, are stronger determinants of patient experience'. So can the hundreds of Othellos encountering the psychiatric services feel confident when they instruct, 'speak of me as I am; nothing extenuate, nor set down aught in malice', or are there subtle influences leading to possible bias not identifiable in a postal survey? Good reasons for coercive treatment are at the core of psychiatric practice but should we concentrate more on capacity, the ability of the individual to make autonomous decisions or on mental health, or on nature of illness and risk? Previous publications have suggested that our ability to assess capacity has been underestimated (Cairns *et al*, 2005a,b) and that perhaps this should be joined with mental legislation to avoid 'unjustified legal discrimination against mentally disordered persons and apply consistent ethical principles' (Dawson & Szmukler, 2006). The review by Okai *et al* (pp. 291–297) suggests clinicians could all make formal assessments of capacity with benefit. 'Could' may become 'should' in future – this is where the College would come in – but we at the *Journal* have to remain independent from these decisions and

concentrate on being evidence suppliers, not product champions. In doing so we can add dispassionately to other debates, such as the long-standing one of the role of glutamine in schizophrenia (Théberge *et al*, pp. 325–334), alternatives to seclusion in psychiatry (Gaskin *et al*, pp. 298–303) and the influence of urban dwelling on the risk of schizophrenia (Allardyce *et al*, 2005; Weiser *et al*, pp. 320–324).

So, I hope I have convinced you that we are no more an organ of the Royal College of Psychiatrists than a drum beating to the tune of Symphonia Pharmaceutica. Our declaration of interest, slightly pompous but genuinely intended, is to select the best compositions to be played by the psychiatric orchestra, with only science as the conductor. Come to think of it, when reflecting on my earlier anxious encounter I think my mentor should also have declared his interest. He was telling me, in his very roundabout way, that he liked, perhaps tolerated rather than liked, my paper and wanted it in *Psychological Medicine*, a journal that I noted was edited by a certain Michael Shepherd.

### CHANGES IN PSYCHIATRIC BULLETIN

After nine fruitful years, Tom Fahy is leaving the editorship of *Psychiatric Bulletin* this month and Patricia Casey has been selected to replace him. We wish Tom well and thank him for his careful stewardship of the journal over this long period. For many years *Psychiatric Bulletin* has been the 'in-house' journal of the College and has frequently, much to our chagrin, been more avidly read by some members than the *British Journal of Psychiatry*. We do not want to change its readability but have long been trying to improve its status in the international journal market. Could our readers and authors please note this – and keep an eye on its output and aspirations.

**Allardyce, J., Gilmour, H., Atkinson, J., et al (2005)** Social fragmentation, deprivation and urbanicity: relation to first-admission rates for psychoses. *British Journal of Psychiatry*, **187**, 401–406.

**Cairns, R., Maddock, C., Buchanan, A., et al (2005a)** Reliability of mental capacity assessments in psychiatric in-patients. *British Journal of Psychiatry*, **187**, 372–378.

**Cairns, R., Maddock, C., Buchanan, A., et al (2005b)** Prevalence and predictors of mental incapacity in psychiatric in-patients. *British Journal of Psychiatry*, **187**, 379–385.

**Dawson, J. & Szmukler, G. (2006)** Fusion of mental health and incapacity legislation. *British Journal of Psychiatry*, **188**, 504–509.