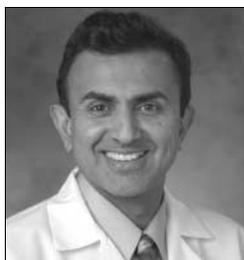


e-Interview



P. Murali Doraiswamy

P. Murali Doraiswamy is Professor and Head of the Division of Biological Psychiatry at Duke University, Durham, USA and a Member of the Duke Institute of Brain Sciences. He trained at the University of Madras in India. His special interests include brain ageing and cognition.

If you were not a psychiatrist, what would you do?

Behavioural economist – integrating insights from neuroscience and psychology with economic and game theory. (That's assuming I don't have the choice to simply chill on a nice sandy beach on a Caribbean island.)

What has been the greatest impact of your profession on you personally?

I'm in complete awe at the complexity of the human brain and how irrational humans are in their decisions. I am reminded of the very astute quote, 'If the brain were so simple that we could understand it, then we would be so simple that we could not'.

What are your interests outside of work?

Family and friends. I travel often to India since I work with several non-government organisations. I'm also a huge tennis fan, and this year I found time to watch Queen's Club and Wimbledon. I collect contemporary Asian art and serve on the advisory board of the Indo-American Arts Council in the USA.

Who was your most influential trainer, and why?

As a teenager, I learnt my bedside skills from my grandfather, Dr P. K. Kalyanaraman. Professor K. Ranga Rama Krishnan at Duke was the mentor who trained me as a clinician scientist – I view him as my Zen master, since he is a great model of how one can be very successful and be humble and generous at the same time.

What job gave you the most useful training experience?

In 1990, my first job in the USA was working under Professor Krishnan, conducting some of the first MRI research studies of normal

brain ageing and psychiatric disorders. In 1997, he and I edited the first book on this topic, *Brain Imaging in Clinical Psychiatry*. This skill set has proven very valuable, as neuroimaging is now a major research tool in our field.

Which publication has influenced you most?

Judgement Under Uncertainty: Heuristics and Biases, for which Daniel Kahneman won the Noble prize. Another influential publication was *Fooled by Randomness* by the enigmatic Nassim Taleb.

How has the political environment influenced your work?

The current political environment has resulted in shifting of funds away from research to bank bailout and defence contractors, which is really sad. So the bulk of an academic's time is spent writing grants or having wine with wealthy donors. Not a bad way to spend time though.

What part of your work gives you the most satisfaction?

Helping people who are poor or in need. There is no substitute for bringing happiness or health to someone.

What do you least enjoy?

Writing government grants with a 1:100 odds of getting funded. You can have more fun and better luck betting on football games at Ladbrokes.

What is the most promising opportunity facing the profession?

Integrating 'omics technology (genomics, proteomics, metabolomics) to develop better biomarkers and personalised treatments. A noted colleague of mine, Professor Rima Kaddurah-Daouk, is developing a global metabolomic network to profile psychiatric disorders. For example, with a single drop of blood, one can now profile the entire tryptophan and tyrosine neurotransmitter systems, which may allow us to generate biochemical signatures of depression, addictions and schizophrenia. We recently published a paper examining how aripiprazole, risperidone and olanzapine differ in their effects on over 100 lipid fractions using lipidomics. The results were stunning (*Mol Psychiatry* 2007; **12**: 934–45).

What is the greatest threat?

Overdiagnosing and overtreating variants of normal behaviour. Pretty soon there will be only two types of people – those meeting criteria for a psychiatric disorder and those marketing new criteria (who presumably will exclude themselves from meeting any criteria).

What single change would substantially improve quality of care?

Better clinical trials to rule out random or small effects.

What conflict of interest do you encounter most often?

Suppression of unfavourable results. As a reviewer, I often see articles that I have rejected being resubmitted to another journal without any revisions at all. Since there are more than 100 journals now in psychiatry, it is very easy to publish whatever one wants. Two journals I do enjoy reading are *Placebo Journal* and *Journal of Irreproducible Results*, since they have their tongue firmly in cheek.

What is the most important advice you could offer to a new trainee?

A rotation in a rural hospital in a place like Tanzania or Bangladesh or even India can help build clinical skills, compassion and cost-sensitivity. Equally important is to gain research skills, especially an understanding of trial design and how chance can bias study results. I spent some months doing an elective in a big pharmaceutical company that really opened my eyes to how drugs are developed and marketed.

What are the main ethical problems that psychiatrists will face in the future?

Ties to pharma industry; use of 'smart' psychiatric drugs to enhance performance in normal people; use of psychiatrists by governments to aid in interrogation; and in the distant future, screeners at airports to detect psychiatric diagnoses.

What single change to mental health legislation would you like to see?

There is no health without mental health. The perception that cardiac or cancer treatments are more valuable than psychiatric treatments needs to be corrected. Obviously, it would also be nice if psychiatrist and investment banker salaries got reversed!

What single area of psychiatric practice is most in need of development?

Biomarkers. Tests like cholesterol, PSA, colonoscopies have really helped other fields become more proactive in terms of risk identification. We and others just finished validation of a new amyloid PET scan (called florbetapir), which could help improve diagnostic accuracy and speed up drug development for Alzheimer's disease.

How would you like to be remembered?

Herein lies a longevity researcher, who won renown as a straight shooter, 'cos his heart and science were pure, but he died before he could find the cure.

Dominic Fannon

doi: 10.1192/pb.bp.110.033217