columns

e-interview anthology

The e-interview column has presented the views of 50 individuals from 20 countries and five continents over the past 4 years. Among those who agreed to give their views have been clinicians, researchers and interested people from within the profession and some from without. The following is a selection of what those interviewed said about themselves, their work and the future of psychiatry. The individual responses, like all of the interviewees, have been arbitrarily selected.

If you were not a psychiatrist, what would you do?
'Fly a Tiger Moth, run a restaurant on a beach . . . the possibilities are endless!' (Soumitra Pathare). 'Anything involving sitting and listening to a range of different people which didn't involve selling to them' (David Kingdon).

'In truth it's slightly scary that I have no idea what I would do if I weren't a psychiatrist' (Tom Burns).

'Bass player in a rock band if I had the talent – I have performed better in psychiatry and I feel fine' (Jair Mari). 'Play slide-guitar in a backing group to a country music diva' (Robert Kerwin).

What is the most promising opportunity facing the profession?
'The chance to reshape itself to match its skills' (Louis Appleby). 'Recognising its betrayal of patient trust and rejecting the role of the psychiatrist as agent of social control' (Thomas Szasz). 'Greater specialisation, particularly if consultants have the opportunity to change specialty every few years' (Max Marshall).

'Reconceptualising classification in terms of the vulnerability–stress models that clinicians use and patients can understand would revolutionise research, clinical practice and the public perception of mental health problems' (David Kingdon).

'The application of psychosocial interventions across the whole range of psychiatric disorders, and the opening up of this approach to physical diseases. But I would say that, wouldn't I?' (Julian Leff). 'Evidence-based practice. In my career I've seen so much nonsense masquerading as treatment – it makes the mental health professions a laughing stock' (Max Birchwood).

What is the greatest threat?
'Becoming a subsection of neurology' (Helene Verdoux). 'Overpaid, poorly trained consultants with a bad attitude contrasting with polite, efficient, independent prescribers from less well-paid disciplines' (Max Marshall).

'The growing authoritarianism of governments. They have less real power to control the economy and win wars, so they are resorting to interference in professional and personal life on the pretext of making things better. In truth they have little idea what they are doing, and they are generally making things worse' (Lord Alderdice). 'Going the way of social work which used to be a beacon of therapeutic skill in working with patients and families (and from whom psychiatrists could learn hugely) and is now demoralised and devalued – i.e. abandoning working with patients and being therapists, and becoming managers and risk assessors' (Jeremy Holmes).

'The increasing materialism and selfishness of western society, which is probably not only a risk factor for increasing mental disorders but also a threat to effective treatments' (Patrick McGorry).

What conflict of interest do you encounter most often?
'Overinterpretation of my conflicts of interest' (Robert Kerwin). 'The choice between speaking my mind and not damaging my career prospects' (Max Marshall).

'Professional organisations such as the American Psychiatric Association (APA) on the one hand complaining about excessive influence of the pharmaceutical industry, while on the other hand, soliciting and charging exorbitant fees to this same industry without which the organisations would collapse' (Stephen Stahl). 'The difference between the perception of managing risk of harm as a result of mental disorder and delivering safety' (Pamela Taylor).

'I suspect that the [conflicts of interest] that I encounter most often are those that I simply don't notice' (Paul Mullen).

What are the main ethical problems that psychiatrists will face in the future?
'Assisted suicide' (Louis Appleby). 'The influence of the pharmaceutical industry – how much they have been able to shape how we think about psychiatric disorders' (Kenneth Kendler).

'Dealing with the increasing access of state bureaucracies to personal medical information' (Max Marshall). 'The proper application of increasingly sophisticated, selective and cleverly marketed psychotropic drugs' (Jim van Os). 'Attempting to deliver all those NICE guidelines as a general psychiatrist / psychologist: specialisation is essential as we learn more' (Max Birchwood).

'The dominance of biological psychiatry, especially in the USA means that many of the human issues are overshadowed. Ironically, more so perhaps, in psychiatry . . . than in the rest of medicine' (Patrick McGorry).

'Overdiagnosis and the problem of inequality in access to care within society. Those who need more have less and those who have more need less, particularly in Brazil, which is one of the most unequal countries in the world' (Jair Mari).

How can services be improved?
'Community care for people with severe mental illness' (Jim van Os). 'Offering high quality psychological and pharmaceutical treatments in the same out-patient clinic' (Max Marshall). 'Systematic management of treatment "resistance" ' (David Kingdon).

'A pharmaceutical agent that is aimed at the brain developmental anomalies that occur in many of these illnesses before the obvious symptoms are recognised' (Lynn DeLisi). 'availability of psychological treatments, although this is improving. We, as psychiatrists, also need to be able to spend more time with our patients. That means more of us' (Eugene Paykel).

'Integration of psychiatry into mainstream medicine. The field remains too peripheral to other specialties and it would be mutually beneficial if psychiatry does not continue to be the stepchild of medical specialties' (Stephen Stahl).

'A proactive approach towards the disability associated with psychiatric disorders and the development of remediation therapy, particularly cognitive remediation' (Helene Verdoux).

'How to give support to consultant psychiatrists who feel embattled and exhausted without adding to their workload. If we do not find a way to do so, we will lose a generation to early retirement with all that means for a drain of experience and expertise, and an adverse message to the next generation' (Lord Alderdice).

'Get rid of all old dogs who won't be taught new tricks and who resolutely refuse to embrace new developments on behalf of their patients' (Robert Kerwin).

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