

PROFESSIONALISM IN PSYCHIATRY AND MEDICINE: A HOT TOPIC

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The question of identity of psychiatry as a medical profession as well as of the future of psychiatry has been the subject of much controversial discussion, views and proposals (Katschnig 2010, Kecmanovic 2011). These issues are strongly associated with professionalism, the way how we define and practice fundamental principles and professional responsibilities in psychiatry (Jakovljević 2012). Contemporary psychiatry has not yet been a coherent field of scientific theory as well as one unified and standardized practice. It seems as an aggregative collection of different medical and non-medical branches established on a loosely assembled set of various kinds of theoretical concepts about etiopathogenesis, pathological conditions and meanings associated with mental disorders, all based on different kinds and strengths of evidence and it is being practiced in many different ways with different treatment results. Psychiatry today is claimed to be threatened by centrifugal tendencies and its future is defined by either being incorporated in other medical specialties or being deprived of its medical character (see Katschnig 2010). The term "postpsychiatry" (see Bracken & Thomas 2005) suggests the same foreboding. Psychiatrists in almost all countries have faced many challenges that endanger the existence of psychiatry as a medical profession so that is possible to speak about confrontation between medical psychiatry and non-medical psychiatry in the area of mental health science and practice. The ability to work efficiently in teams (McQueen et al. 2009) and comprehensively understand salutogenesis and pathogenesis as well as to treat mental disorders in holistic manner is fundamental to the role of contemporary psychiatrists to overcome conflicts between medical psychiatry and other mental health disciplines. Psychiatrists today has the historical opportunity to influence, guide and lead mental health teams and shape the future of mental health care, medicine and society. The changing nature of science, medicine, society and psychiatry reflects on the changing concept of professionalism in psychiatry. A proper and widely accepted definition of professionalism in psychiatry as a transdisciplinary science and practice is essential for its future.

The Physician Charter - Professionalism in medicine

Defining the essence of professionalism has been a hot topic in psychiatry today as well as in medicine in general (Gabbard et al. 2012). Conventional definitions

of professionalism consist of concepts of mastery of a body of special knowledge and skills, using them in the service of others, a moral code and some degree of self-regulation and autonomy (see McGueen et al. 2009). According to The Physician Charter developed by the American Board of Internal Medicine, the American College of Physicians, and the European Federation of Internal Medicine, the cornerstone of professionalism in medicine (see Table 1) is related to the three fundamental principles and the ten professional responsibilities (see Spandorfer et al. 2010). The Charter has endorsed by medical organizations and institutions all over the world and in all fields of medicine and should be recognized by society in the form of a contract between medicine and society.

Fundamental principles and professional responsibilities defined in the Physician Charter perfectly fit to psychiatry as a mental health discipline. However, psychiatry today has a good opportunity to give its own contribution in shaping professionalism in medicine (see addendum of the Table 1). Psychiatrists are doctors and the core purpose of doctoring is to care for the patients and their families. The psychiatrist as the doctor should also be an advocate for the patient, for social policy and for future generations of psychiatrists (Brown & Bhugra 2007). In the present time when profit is killing ethics and politics and media are killing the truth, proper definition and practice of professionalism is of great significance.

The challenges of the time and psychiatry: „New professionalism or professionalism derailed“

Brown & Bhugra (2007) in their thought provoking paper 'New' Professionalism or Professionalism Derailed described the most significant threats to professionalism in psychiatry. The realities of the contemporary psychiatry, including global economic crisis, profession's fragmentation with many different professional languages, strong stigmatization, increased demand for mental health services with limited resources, concerns over cost-effectiveness, commercialism and evidence associated with the marketing based clinical trials, decreased autonomy and insight, have led to the neglecting of the vocation values and ideals established by the Hippocratic Oath. Mental health has become a commodity to be bought and sold to patients and their families where market's offer and search as well as a bureaucracy influence mental health care delivery, not rarely on the patients account. This issue is not a new

Table 1. The Physician Charter – Professionalism in Medicine (Spandorfer et al. 2010)

Fundamental principles
1. Principles of primacy of patient welfare
2. Principles of patient autonomy
3. Principles of social justice
Professional responsibilities
1. Commitment to professional competence
2. Commitment to honesty with patients
3. Commitment to patient confidentiality
4. Commitment to maintaining appropriate relations
5. Commitment to improving quality of care
6. Commitment to improving access to care
7. Commitment to a just distribution of finite resources
8. Commitment to scientific knowledge
9. Commitment to maintaining trust by managing conflicts of interest
10. Commitment to professional responsibilities

Addendum. Contribution of psychiatry to professionalism in medicine
1. Transdisciplinary principles of the learning organization (Senge 2006, Jakovljević 2008)
2. Commitment to person-centered medicine with holistic approach to physical, psychological, social and spiritual needs
3. Commitment to medicine as a calling, not only as a duty
4. Commitment to moral development related to the development of professionalism

one, and here I would like just to paraphrase William Osler's statement from the early 1900s, psychiatry (medicine) should be a calling, not a business (cited by Arnold & Thompson 2012). Limited, unfortunately in many countries minimal resources can't meet patient's needs resulting with unequal access to mental health care. Other skilled mental health professionals like psychologists, psychotherapists of many kinds, life coaches, social workers compete with psychiatrists instead of complementary work in mental health field. With all these problems psychiatrists scarcely fulfill their responsibilities to patients, their families and society. Medical psychiatrists are generally unwilling to be socially engaged and address the injustices in mental health care and its social and political dimensions because their potential social and political activism could be stigmatized as an ill-famed political psychiatry. At the same time political psychology is a respected scientific discipline (Jakovljević et al. 2010).

On the other side, psychiatric patients and their families have increased expectations for the effectiveness and efficiency of mental health medications and treatment in general. The human rights of the psychiatric patients to interpret their experiences in their own way, and to receive help accordingly, have become a fundamental and confusing challenge to the old order of beneficent paternalism that has characterised professional work in mental health care (Thomas & Bracken 2004). The typical paternalism of the medical psychiatry, characterized by doctor's benevolence and beneficence for patients without their autonomy, may be sometimes defined as a human right violation associated with a rough form of expertocratic thinking based on the idea that "doctors know best" (Lolas

2010). Human rights are not a matter of declarations, but a matter of life philosophy and axiology. With greater access to mental health and its treatment information via Internet, and the rise of human rights movement and empowerment of organizations of the users of psychiatric services, there has been an increasing dissatisfaction with psychiatry and mental health care in addition to mistrust in pharmaceutical industry, politicians and society in general. All these problems indicate the great importance of a commitment to a high standard professionalism in psychiatry (see Table 1) to escape derailed professionalism.

Psychiatry is more than a medical specialty: Reflections on professionalism

The amazing and very controversial field of psychiatry is more than a medical specialty. The world of mental health, involving quality, sense and purpose of life, emotions, needs, thoughts, beliefs, values, roles and behaviors, is a world of different meanings related to different culture, social and political context. All medical practice is culturally and socially embedded, but psychiatry is unusually so (Radden & Sadker 2010). Professional competence of psychiatrists should include both mental illness decrease and mental wellness increase as well as breaking vicious circles and supporting virtuous circles. Respecting and supporting human rights of the patients should also be a part of professional competence in psychiatry. Psychiatry should help patients in retaining their well-being and control over their lives at times of adversities and intense emotional distress.

Psychiatry as a profession may remain an integral part of medicine because the integrative work between

body, brain and mind, sociality, transcendentalism and spirituality lies at the core of this specialty. Thus psychiatrists should be familiar with several different models of explanation (perspectives) in order to comprehend both the diversity and complexity of mental disorders and the pitfalls of their treatment (McHugh & Slavney 1998, Jakovljević 2007, Jakovljević et al. 2012). Mental health can be altered by what a patient «has» (disease, disorder), what a patient «is» (personality, vulnerability-resilience, identities, the way of being in the world, how much his/her illness is part of who is he/she), what and how a patient thinks about, perceives and learns about or assesses as valuable (cognition, life philosophy), what a patient «does» (behavior, morality, roles), what a patient «encounters» in her/his life stories (narrative self) and what a patient tends to be (spirituality, life management)(Jakovljević 2008, 2009). The brain that changes and rewires itself constantly is fundamental and necessary to understanding mind, mental functions, mental health and mental disorders. Mind also impacts the brain. The mind-brain interactions go in both directions, though without brain, there would be no mind (Ghaemi 2003).

Psychiatry should move from a pluralistic aggregative coexistence of the many disciplines to a coherent transdisciplinary and comprehensive mental health science and practice. Transdisciplinary holistic integrative approach in psychiatry is built on the premise that human beings in health and disease are complex systems of dynamically interacting biological, psychological, social, energetic, informational and spiritual processes (Jakovljević 2008). It is of great importance for further scientific credibility, professional maturation of psychiatry and increasing treatment efficiency to integrate neurobiological, intrapsychic, interpersonal, cultural, societal and spiritual processes in diagnostic and therapeutic considerations. However, it is a great challenge to train psychiatrists in the amount they ought to know in many different and wide areas like neurosciences, psychopharmacology, psychology, philosophy and neuroethics, anthropology and evolutionary science, sociology, history of psychiatry and neuroscience, etc. Transdisciplinary integrative psychiatry as an exacting practice of phronesis, Aristotelian term for practical wisdom (see Radden & Sadler 2010) with high standard virtue professionalism is promising to 1. close the gap between evidence-based medicine, value-based medicine, and narrative-based medicine with regards to effective care and valid clinical trials; 2. improve the course of mental disorders with earlier diagnosis and prevention measures; 3. improve adequate monitoring of vulnerability, resilience and psychological growth factors (see Costa e Silva 2012, Jakovljević et al. 2012).

Conclusion

Conflicts within psychiatry today among different mental disorder concepts, fragmented and separated specialties and various schools of thought will probably

bring with itself a new professional paradigm in a form of the transdisciplinary integrative psychiatry with a strong medical component and professionalism of virtues.

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