Six quotes from Leon Eisenberg

Professor of Social Medicine and Psychiatry, Emeritus Department of Global Health and Social Medicine Harvard Medical School

From:

Psychiatry and Human Rights: Putting the Good of the Patient First

Juan José López Ibor Award Acceptance Speech
Presented at the 2009 World Congress of Psychiatry
Prague, Czech Republic

.....the essence of physicianhood is putting the good of the patient first.

Just how far medicine has deviated from this principle is evident from a single distressing fact:

"Patients with serious mental illness die 25 years earlier than the general population." (Parks et al. 2006).

They die from psychiatric, medical, and social neglect. If anything, the problem is worsening (Saha et al 2007). Neglect leads to unrecognized and untreated cardiovascular and respiratory diseases, to diabetes and its complications, to infectious diseases including HIV, to substance abuse, and to other diseases that afflict the ill-housed, the ill-fed, and the abandoned (Brown et al. 1999; Brown et al. 2000; Osborn et al. 2007). Care of the severely mentally ill should have been the focus of our professional careers; advocacy for their rights should have been our role as citizens. Instead, we have engaged in solipsistic debates about brain versus mind – about psychotherapy versus drugs – about genes versus environment. Preoccupied with our theories and ourselves, we abandoned the sickest patients.

2

..... Psychotherapy was driven out of the medical care marketplace by two forces: first, the effectiveness of psychotropic drugs, and second, cost controls

put in place by investor-owned health maintenance organizations (HMOs) and health insurance companies.

The discovery of psychoactive drugs made an enormous difference to clinical practice. We hailed the advent of drugs as a second psychiatric revolution, equal in magnitude to the first that occurred when Pinel in France, Tuke in England, and Chiarugi in Italy introduced moral treatment of the mentally ill (Eisenberg 1973). So bedazzled were most psychiatrists that they gave drugs full credit for emptying out overcrowded US state hospitals. In fact, the onset of deinstitutionalization preceded the introduction of drugs in communities where "open hospital" and "community psychiatry" policies (Jones 1952) had been introduced in the aftermath of WWII (Shepherd et al. 1961): drugs were decisive only in hospitals where patients had been warehoused (Odegaard 1964).

3

.....Psychiatric practice changed dramatically from talk therapy to drug therapy. Sales of prescription drugs in medicine rose from \$664 *million* in 1970 to \$235 *billion* by 2006, an almost 40-fold increase (Catlin et al 2008). Pharmaceutical firms became major players in the medical-industrial complex (Relman 1980).

Pharmaceutical firms wield their enormous financial resources to shape medical practice. It will not surprise you that industry-sponsored research more often favors the sponsor's drug than independently-sponsored research. Turner et al (2008) found that 37 of 38 positive studies of antidepressants were published, whereas, of 36 negative studies, 33 were either not published or published with a spin to make them look positive.

5

....The most powerful of drugs is useless if it is not taken. An important determinant of whether it is taken and taken at intervals consonant with its pharmacokinetics is the patient's relationship with the doctor (Jameson 1995). It is likely that the physician effect enhances (or reduces) the impact of a pharmacologically-active drug. Patients need to be listened to and heard, to be given a chance to tell their story, and to have the opportunity to review their therapeutic options. To delete the "psyche" from psychopharmacotherapy is to short-change the patient just as much as to delete the "pharma".

6

....I urge you to join this crusade to return medicine to its fundamental values. In the first book of Plato's <u>Republic</u>, Socrates avers that:

"Medicine does not consider the interests of medicine, but the interests of the patient... No physician, *insofar as he is a physician*, considers his own good in what he practices, but the good of his patient.."

....Physicians are adepts at the art of medicine; patients must be able to trust physicians. Providers are adepts at the art of pay; customers had best beware of providers. The provision of medical care is not primarily a legal or fiscal event; it is a moral transaction.

Bibliography

Brown S, Birtwistle J, Roe L, Thompson C (1999) The unhealthy lifestyle of people with schizophrenia. *Psychological Medicine* 29:697-701.

Brown S, Inskip H, Barraclough B (2000) Causes of the excess mortality of schizophrenia *British Journal of Psychiatry* 177:212-217.

Catlin A, Cowan C, Hartman M, Hartman M, Heffer S, et al. (2008) National health spending in 2006: a year of change for prescription drugs. *Health Affairs* 27(1): 14-29.

Eisenberg L (1973) Psychiatric intervention. Scientific American 229:116-127...

Jamison KR (1995) An Unquiet Mind: A Memoir of Moods and Madness. New York: Alfred A. Knopf.

Jones M (1952) The Therapeutic Community. New York: Basic Books.

Odegaard O (1964) Patterns of discharge from Norwegian psychiatric hospitals before and after the introduction of psychotropic drugs. *American Journal of Psychiatry* 120:772-8.

Osborn DPJ, Levy G, Nazareth I, Petersen I, et al. (2007) Relative risk of cardiovascular and cancer mortality in people with severe mental illness from the United Kingdom's General Practice Research Database. *Archives of General Psychiatry* 64:242-249.

Parks, J, Svendsend D, Singer P, Foti ME (2006) Morbidity and Mortality in People with Serious Mental Illness. *Morbidity and Mortality Weekly Report* (October) www.NASMHPD.org

Relman A (1980) The new medical-industrial complex. *New England Journal of Medicine* 303(17):963-970.

Saha S, Chant D, McGrath J (2007) A systematic review of mortality in schizophrenia: is the differential mortality gap worsening over time? *Archives of General Psychiatry* 64(10):1123-1131.

Shepherd M, Goodman N, Watt DC (1961) The application of hospital statistics in the evaluation of pharmacotherapy in a psychiatric population. *Comprehensive Psychiatry* 2:11-19.

Turner EH, Matthews AM, Linardatos E, Tell RA, Rosenthal R (2008) Selective publication of antidepressant trials and its influence on apparent efficacy. *New England Journal of Medicine* 358(3):252-280.