

Some Prospects in Psychiatry: Towards a Good Medicine I

By Benjamin Wagener on January 12th 2014.

Here I introduce a series of general articles about Psychiatry in view of conceiving an improved psychiatric care. Psychiatry is an area of Medicine that has always been the subject of important controversy from various points of view and this is perhaps the most controversial area of Medicine. Therefore, it seems that serious questions should be raised about this practice for the best interests of the patients. This medical practice has had a long history of various bad records, either the global consideration of a psychiatric patient or the understanding and care of mental illness by professionals can be put under deep questioning and certainly greatly improved. For all the areas of Medicine and until now in the 21st century, Psychiatry has raised various anger and disappointments so that such questioning should be considered with seriousness because it seems that there are truly various misconceptions and various false practices that put this field as broadly away from the sane Medicine and medical care we can expect.

I am going to organize this paper as follows:

1) The frame

- What is mental illness?
- The patient's point of view
- The point of view of caring

2) Care

- The frame
- Psychotherapy
- Medications
- Diagnoses

3) Towards improvements

- What are we looking for in Psychiatry?
- Improvements in the global settings of psychiatric care
- Improvements with respect to therapy, medications and diagnoses
- Towards healing and recovering

4) Conclusion

1) The frame

The complexity of the human mind is such that proper definitions of mental illness and mental disorders are by themselves difficult to state. It has taken a long time to qualify such type of disease properly and it is still difficult for many specialists to agree on what they refer as such diseases. By itself, it is as untouchable as the human mind itself and it may even be very difficult in many types of mental disorders to find real physiological or biological signs or symptoms that may directly be linked to the various exterior manifestations that can be observed and considered as being the expression of a mental disease. Moreover, it encounters various difficult problems as it is referred to a sense of normality and to societal common behaviors.

In the DSM-III, the third version of the Diagnostic and Statistic Manual of Mental Disorders, the following definition is considered:

“... the mental disorder is conceptualized as a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress (e.g., a painful symptom) or disability (i.e., impairment in one or more areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom. In addition, this syndrome or pattern must not be merely an expectable and culturally sanctioned response to a particular event, for example the death of a loved one. Whatever its original cause, it must currently be a manifestation of a behavioral, psychological or biological dysfunction in the individual. Neither deviant behavior (e.g., political, religious or sexual) nor conflicts that are primarily between individual and society are mental disorders unless the deviance or conflict is a symptom or dysfunction in the individual as described above.”

The latest version of the DSM takes back this definition which shows that it seems to be a definition that is widely accepted by specialists and experts.

We can do a little analysis of this definition. The first thing that appears is the clinical significance of the disorder. It means mainly that indeed the disorder should be seen as such from the point of view of the medical field. The second point that is important is that this clinical perspective should be either a current state of distress or be increasing medical risks. Those two fit into two very distinct categories. The current state of distress is what may be the most obvious: the individual is suffering in link to the mental disorder. The increased risk of suffering death, pain or disability or an important loss of freedom is more from a prospective and perhaps also from a preventive point of view. It has to do with the actual loss of control and discernment. The definition then insists that the original causes are not so important but that from the medical point of view a real dysfunction should appear. There

are moreover two negative formulations in the definition, the first one says that a mental disorder is not directly linked to the kind of its expression, especially when it is a common and expected response to particular events and the second rejects basic misconceptions by saying that first it is different from deviance and then it is different from what can appear in conflicts.

This definition is actually still quite vague even if the terms are precise. We could expect for a broader and more accurate definition or at least to make this clearer.

What we can learn from it is that the terms of mental disorder, of mental illness or, in order to tell it, of madness are to be properly set in the medical settings. Madness by itself is something extremely vague that we commonly use and maybe experience but from medical settings things should be clearer. That is in my opinion the main goal of the definition given in the DSM.

However, from the practitioner's point of view, we can expect that important ethical considerations should lead to a clear distinction between the medical side of madness and the common or societal point of view. The practitioner should normally have a clear point of view of its own medical practice, as it is medicine, and make no confusion with a light and blurred consideration that a patient can experience in such a case. This distinction is not so easy to do, and that the main reasons for the negative forms that appear in the definition which refer mainly to situations when mental disorders may have been considered in the past but that were mainly repressive and had nothing to do with a real medical impairment.

In any case, it is important to notice that it has taken a long period of time to state that such a distinction should be done. It was both the necessity to incorporate such disorders into true medicine and the necessity to understand what is mental illness that permitted such an evolution. It is even perhaps only during the 20th century that it became really possible to incorporate psychiatry into a real medical framework whereas there were almost neither understanding of such diseases nor a real frame in the medical profession to perform the normal care that may have been expected. Nonetheless, the important amount of psychological problems and the fragility of the mind with respect to such made such a sector as Psychiatry possible to evolve and nowadays it is becoming both an important and a reliable area of Medicine.

Currently, Psychiatry involves a large panel of various professionals and methods. From psychiatrists to nurses and from pharmacologists and researchers through fields like neurology and neurosciences, a large spectrum of activities are devoted to understanding mental disorders and to find a way to take care of patients and possibly to cure.

Mental disorders themselves represent a huge panel of which it has been also difficult to find common patterns between a patient and another who by now would be considered to have the same mental disease. Until now it remains a huge part of mental disorders for which no precise cures are known, even if we observe more and more

recovering in some diseases that would have been considered as incurable just a few decades ago. The data are intricate and very often quite contradictory but it seems that diseases like schizophrenia, bi-polar disorders and various others may now be taken care of with much more serenity and that the future and health of patients is nowadays much better managed.

It remains that nevertheless it seems there are still important problems in Psychiatry itself and this is the purpose of those series of notes to isolate them and to propose some outcomes.

There are mainly two ways for a patient to enter psychiatric care, either in hospitals or in a private psychiatric office. The reasons for that may be various and for the difference between hospitals and private service may mainly depend on the severity of the illness. The way persons enter into such care may also be very different, from personal voluntary will to constraint hospitalization under a legal procedure. The way by which a patient may be taken care of may also vary importantly depending on the structure and of the service offered by care holders.

For a long period of time the psychiatric sector has inspired fear, a place concerned all about madness where the worst of the human mind was conceivable and imaginable, a place where patients were treated very poorly and badly considered, a place where various ineffective but atrocious practices were performed, a place where human rights were denied, etc...

Such feelings were mainly right in retrospect, the psychiatric practice has been for a very long period of time inappropriate and we could not even see any kind of real care in it. At first some centuries ago, patients in psychiatry were just put there because they caused some troubles and many were just chained and put into a very bad situation. It was also undeniably the beginning of modern Medicine and the beginning of the development of hospital care. Almost nothing was understood of the nature of such illness and on any way to make some care. The things evolved little by little becoming a matter of institutional and academic concern.

However, it is only during the end of the 20th century that things began to change. It was mainly due to the accumulation of treatments that were not adapted, inefficient and under the impulse of patients and associations that it has become necessary to make some changes in Psychiatry. It has then become clear that it is necessary to have a good frame to receive patients, to consider their rights, to consider their humanity, etc..., and that Psychiatric care should be seen from another point of view.

It appears that nevertheless psychiatric care is still very far from being truly satisfying. It is still a segregated part of medicine where many things from practice to medical and social environment should be improved. Many things are truly completely unclear and whether to make such or such diagnosis, whether to treat a patient in one way or another,

whether to consider a patient in such or such an environment, etc, are a lot of things that are difficult for medical care to answer clearly and are many things about which Medicine should give serious answers to. From this point of view, a lot appears really archaic in current psychiatry and of course it raises the main questions regarding healing and care of patients.

Patients in such an environment very often feel uncomfortable and actually a lot remains from the previous bad psychiatric practices, as I think they should be called so. Furthermore, for what appears concretely, first there continues to be a lot of patients that are inadequately taken care of and second there continues to be a lot of patients that are not healed as they should which results in quite a large amount of patients that should have been cured or have undergone some improvement but that instead may stay for months or years in relation with the psychiatric care in a completely ambiguous and ambivalent situation. Those patients very often go through a long psychiatric history where nobody has the real insight on how to take care of them properly and on how to find a way to heal them.

This raises not only great questions of structure and organization of psychiatric care but also great questions of the psychiatric practices themselves. It appears that in many ways Psychiatry is a very controversial area of medicine where the relation between patients and practitioners is complicated, hence where deep ethical questions arise. Psychology is something that touches us all in a deep and intimate way; therefore it is very difficult for practitioners to find the right distance with respect to the patients. Moreover, the psychology of the human being is by itself very complicated, various sides and various psychological internal forces are present and vary from one patient to another. That is why, for example, it can be so difficult first to elaborate a proper frame for psychiatric diagnoses and why, with such, it can be very difficult to put the right diagnosis on a person.

From this point of view we can really expect from psychiatrists to make a special and particular consideration and care with respect to each person. The risk with manuals like the DSM is to confine persons and patients in a grid with considering a many as having the same disease, therefore being completely unable to cure a patient due to the inability to make any discernment and correct judgment about the special and unique case that represents a given patient. It appears indeed that with respect to both the very high complexity of the human mind and to the unique personal history of patients, a special and adapted care should be considered for each one separately, classifications similar to that of which the DSM gives should then be considered as a very relative reference in order to give a simple idea that should incidentally be considered a very elementary insight. This is something important I think and this is something important for the future of psychiatry in my opinion and for the best interest of patients.

The risk also of the inappropriate use of things such as the DSM is to reduce a patient to a word, or so, corresponding to a general abstract diagnosis, hence to be unable

to see the special and human patient that is above and with its own characteristics. Something appearing quite often and that goes really against any kind of healing and care.

The actual point of view in Psychiatry is plural. Many ways of healing were tried in the past with many of them showing to be unsuccessful. Nowadays, psychiatric care often implies the collaboration of various professionals and may be given by various kinds of special professions.

Of course, basically the best suited professional seems to be a psychiatrist. However, depending on the kind of symptoms and their severity, other professionals may be better suited. Moreover, in the last two decades and with the development of more medications, psychiatrists have turned to be mainly doing diagnoses and prescribing medications. This is mainly due to the fact that medications and their understanding have become more and more efficient in healing patients. From the above-mentioned and before a better understanding of mental disorders and of their care, it seems that this is truly insufficient and may lead to various inappropriate treatments. For, psychiatrists nowadays are often used to delegate the psychotherapeutic sides to other professionals like psychologists and this creates a clear distinction between a psychiatrist and a psychotherapist. The first one being considered mainly as a medical doctor of formation and for its diagnosis and treatments, the second one taking care more closely of the patients.

On the other hand, the psychiatric institution has widely developed and organized itself. Nowadays there is quite a grand theory about the way psychiatric patients should be taken care of. It ranges from nurses and staff to neurologists and also to a complete legal system. This is something that shows how much this area of medicine is complicated from an ethic point of view. Even nurses, staff and the law are considered to be taking an important part of the psychiatric care.

It remains nevertheless that also this surrounding frame from outside Medicine is still often inadequate and many questions, especially ethical questions, should be raised about it.

2) Care

In any situation, being the subject of psychiatric care is hard, both the illness and the frame are difficult. First a patient suffers from an illness and second, the psychiatric framework and the psychiatric procedures are difficult things to support. Moreover, improvements may be difficult to achieve. In any kind of mental disorder, what is very clear is that healing or curing such or such dysfunction and symptom is very often difficult to elaborate. There is no clear view of how to heal a patient in psychiatry and this is perhaps why psychiatric care may appear so heavy. From many points of view, this may be due to the lack of knowledge and of understanding.

Whenever it is a neurologic, a biochemist and/or even societal factors, a common pattern in all illnesses is the suffering and pain it causes. From this point of view, a very important side of psychiatric care should be to take care of this pain. It appears that mental pain and either its causes or effects may be difficult to deal with. Very often the patients have some disabilities to understand and to overcome their pain. This is something that may go in the direction of recovering. That is why we can expect from the medical framework to have a special concern towards the global coverage of a patient. We can even expect that a patient could be taken with the maximum of consideration and care with respect to his/her pain.

However, what happens concretely in psychiatry is very often anti-productive and does not truly satisfy what we could expect from good care. This is especially true in psychiatric hospitals where the environment is, in general, very poor and cannot really improve the cognitive and neurological aspects that appear in mental diseases. Some activities are proposed to patients in psychiatric hospitals that should normally help them in having some neurological activity but for now those activities are very often quite poor and basic activities that cannot be seen as being able to bring any true cognitive improvement. Drawing, listening to music, elementary writing, pottery, elementary physical activities, etc..., is known as being a whole part of a therapeutic method called ergotherapy. Nevertheless, it has never proven to be of any true significance in psychiatry or what we could expect is a complete cognitive and neurological framework that could truly help patients to improve. Things like ergotherapy in psychiatry are used more as occupational activities for patients than as real significant medical care. However, this could be vastly improved I think if some serious cognitive framework could enter the job.

From those points of view, the coverage of patients should normally be greatly improved. Being considered as complete human minds and complete human beings with all the consideration and rights that it means could already be a great thing for patients in psychiatry. The fact is that very little is known and the coverage is often very reduced and repressive because it is easier to manage that way but the health of the patients clearly suffers from it.

In my own personal point of view, what can help a patient the most is psychotherapy. I think psychotherapy should come first and then helped eventually by medications. This goes a little bit about the current point of view that is quite psychopathic indeed to give first medications and then see. But for many reasons I should explain that psychotherapy is in my opinion the proper context to deal with mental disorders.

First, in psychotherapy, a patient is considered by itself, as he/she is truly. This normally permits a careful examination of the psychology of the patients, of his/her symptomology, on his/her particular aspects. It is something that could normally allow more appropriate care and treatments. Moreover, it is only in psychotherapy that a patient can really be considered for who he/she is; therefore it is only in such context that a real dialog

can be stated with the patient. Such dialog, without considering psychoanalysis in any way, seems to be crucial for many reasons.

First, it can appear in many situations that a patient is in such a social withdrawal that it can be the only way to give him/her personal contact with someone. Second, it is very important to know, more carefully, who the patient is in order to take the right medical decisions and to do the right procedures. Third and certainly most importantly, it is necessary to have the patient confidence and to be able to do an elaborate care that goes between the patient and the socio-psychiatric environment in order to make the patient active in his/her cure. This last point is something that has always appeared as important and may be quite proper to the psychiatric domain but it seems that really the involvement of a patient in its cure is essential. This is by itself something that should be seriously questioned from a medical point of view.

From this point of view, many things could be improved in the psychotherapeutic treatment as well. Even if it may depend on the ability of the psychotherapist, the contact with the patient is essential as said. This contact also depends on the medical environment. However, the point here is to be able to get a serious human-to-human contact which is something quite natural but can be difficult to get in the case of mental disorders. And it is because mental illness is what it is that being able to understand and to have true communication with the patient is something that appears to me extremely important. After establishing such communication, many things can be done and evolve towards healing. It then may still depend on the ability of the psychotherapist to get the patient to improve. Regardless, it seems to me that by itself a good psychotherapy can cover the main aspects of many disorders and that improvement and recovering may be obtained.

On the other hand, there is now a huge panel of medications that are available to deal with mental disorders. Antipsychotics, mood regulators, antidepressants, anxiolytics, etc..., their actions on symptoms are more or less known and their biochemical interactions with the body are in general neither well known nor well understood. It remains nevertheless that some results can be clearly obtained with respect to various diseases.

As for any medication, when it regulates something somewhere, it tends to deregulate other things. This is something that appears very often in psychoactive drugs, it is quite well known but many patients suffer from those side-effects. Nevertheless, those side-effects may have a mental impact and it is very important that a proper judgment be done by the prescriber, first about the right medications to apply and then about the good compromise between the advantages and the side-effects. This is something that is very difficult to obtain and very often the understanding of the patient's illness may be insufficient. It also appears that there may be some abuse of chemical treatments where a basic psychotherapy could be sufficient or when the doses are exaggerated in order to have some major effects (this is something that happened quite often in the treatment of

psychotic patients for example, in which case an over dosage of antipsychotics may be used in order to keep the patient quiet or not disruptive).

Therefore, it seems that the panel of medications that are available nowadays may also be considered with great care with respect to their usage. Moreover, many of those medications are known to rise down symptoms but not to cure in any way. In fact, an important and particular neurological study should be necessary if one would expect to regulate the nervous system completely and various treatments should be used that not only rises down symptoms but of course also treat the causes of those symptoms at a biological scale.

There is in psychiatry something that can be quite controversial also. This is regarding diagnoses. The DSM has been made as a complete manual of diagnoses with respect to such or such symptoms. The fact is that even if we can recognize big classes of different diseases, it remains nevertheless that the separation between those diseases is very often unclear and that many different kinds of diagnoses can be considered as being overlapping in some aspects. The DSM-IV tries to make the distinctions as clear as possible but it remains nevertheless that the complexity of the human mind and of mental disorders make it almost impossible to have a clear classification as would be seen in other areas of Medicine. The consequence of this is that all over the History of Psychiatry there have been numerous examples of erroneous diagnoses. The consequences for patients are often very damaging, from time to time a patient is treated during many years for an illness he/she does not have and then finally after a change of diagnosis, it becomes clearer how to help the patient.

Regarding the question of diagnoses, it seems that of course a closer observation of the patient is very important. It also depends on the insight and perhaps on the cleverness of the psychiatrist to be able to make a clear discernment and have a good understanding of the patient's illness. We can then mainly hope for a better training of psychiatrists.

3) Towards Improvements

A very elementary question but one that is indeed very important to answer is: What are we looking for in Psychiatry? As it is a medical discipline, we can expect to heal persons, but to heal who, to heal what and how to heal. Those are indeed very serious questions that stay more or less at the stage of questions almost since the beginning of Psychiatry.

Who to heal is quite an easy question, in the citation of the DSM we took in the N°1 of this document; we can say that there are persons that have some clinically significant symptoms from a psychiatric point of view. Those symptoms are diverse and in my opinion may manifest in three ways. The first one is psychological pain and suffering, the second one is the risk that the person could put oneself in by a lack of discernment and judgment and the third is societal, it is the way the person may become at risk in society by different kinds of behaviors.

What to heal is already much more difficult to answer. We would like to heal mental disorders but the precise scope of what is a mental disorder and what it implies medically is quite unclear or at least can be very broad. From the cure of obvious symptoms to a complete recovery which would imply a serious medical coverage, the question that arises is about normality. Somehow, but it would be very misleading, we should cure what makes a person deviate from psychological normality and to be more precise we should cure what makes a person deviate from his/her own psychological normality. The precision is important because it puts to rest the questions of deviance and of conflicts that appear in the definition of the DSM has been not a part of mental disorders. What should be cured are the psychological and biological syndromes or patterns that may appear as going against the health of the person and sane personal will. However, of course the answer to this question could be greatly deepened and enlarged.

How to heal is even perhaps a more complicated question and the actual state of Psychiatry throughout History witnesses this. The complete psychiatric sector is concerned by this question and a clear answer is far from being simple or obvious. What is clear nevertheless is that healing in psychiatry is a complicated practice that requires various methods and techniques.

The efficiency of those techniques may essentially depend on the abilities, skills and will of the psychiatric environment. It appears that indeed it is very reasonable to say that a lot of psychiatric inefficiency to care may reside in the fact that the psychiatric practice and proceedings are not adapted to the needs of the patients. Actually, the fact that patients may feel quite humiliated or not truly respected in their own nature could be reasonably said to be responsible for various inaccurate treatments that finally go against any real patient recovery.

This is an important point that is often raised and appears when speaking about psychiatry and this is an important point that should be normally questioned and rightly answered. It may seem difficult to know why and why it is so particular to psychiatry but there are some obvious reasons for that which are quite independent of psychiatry itself but that should be better understood and incorporated in psychiatry. Those reasons mainly arise from the natural tensions and conflicts that are always present in human-to-human relationships. Being able to feel better or superior in some way with respect to another is something that has always been very important in relations and such a comparison always appears. Therefore, when a person faces some mental trouble, the relationships almost completely go against the patient's own interest. The person is considered as "crazy" or as "a fool" and is therefore losing his/her human characteristics, he/she loses a proper recognition for what he/she is and for the various behaviors he/she could have and also for the various meanings of his/her thoughts.

This is something that can completely destabilize a person, can result in destroying consequences and could be imagined as being susceptible to worsen the mental troubles a lot by making the psychology of the person unstable and significantly disturbed.

This is something that is a key point in any improvement we could imagine in psychiatry. It seems that in any situation and with respect to any professional, the patient should truly and rightly be considered in full respect to who he/she is either from a personality point of view, for a psychological point of view or for any human characteristic he/she may properly be considered and respected for. This is a main point that should normally enter any appropriate scheme of psychiatric care and a point that should still be improved a lot. It is especially a problem when a patient may be confronted to outside psychiatry such as the standard societal environment. In such a situation, the patient may be especially destabilized by the total lack of understanding and consideration of society.

About this last point, we can expect that Psychiatry may be reinstated to its proper place in Medicine and it seems important that society gets a better knowledge and understanding of psychology and of mental troubles in order that persons with such medical problems may be able to better recover. This needs that mental troubles should be rationalized in a way to be considered seriously and with the distance and clarity of mind that only proper care can allow. This is something that has already improved in the last decades but a lot remains and a lot should be done in order to make this possible. Some information should be given at various levels in society about what truly are mental disorders and the true possibility of care that current medicine offers in order to avoid patients to become total victims of the various and inappropriate misconceptions about what is commonly called "madness" where nowadays things can begin to be very well managed. We can also hope that psychiatry itself be put closer to other kinds of Medical care and practices, which is something that all Medicine could benefit from.

As said in the second part of this text, apart from improving the global framework of psychiatric care which is perhaps the most important, various improvements can be anticipated with psychiatric treatments themselves.

It seems that therapy should be reinstated to its proper place. Not saying that ultimately therapy should come first before any type of medication, it seems at least that a proper therapeutic environment should be placed in order that a patient and his/her troubles could be properly understood and managed. This is something that seems important to me and I am quite shocked that many psychiatrists nowadays tend to only have brief appointments with their patients and only to dispense medications. This is really a mistake from a medical point of view because it disregards all the particularities of the patient himself/herself, therefore disregarding any good care management we can anticipate. This is quite surprising that things may be in such a way nowadays because Psychiatrists should generally be aware themselves that such care may not be appropriate in many situations. This can only cause a priori inaccurate treatments and may be also a big

problem from an ethical point of view. Psychiatrists may be lead, said roughly but clearly, to cure words or symptoms that appear in books like the DSM or in general abstract psychiatric considerations and be completely useless for the patient himself/herself and for his/her own medical specificities which should of course require a close and special consideration of the patient. From a psychiatric point of view, we could say clearly that it is a kind of psychopathic medicine to do it that way and this is a big problem that may indeed be seen in many untrained or bad psychiatrists.

As always in Medicine, Ethics require that the interest of the patient be of first importance and this means that a patient be fully considered in his/her own specificities. Having books like the DSM and doing very basic and general guessing of symptoms, diagnoses and of medications is something that many (bad) psychiatrists do but that can be seen from the point of view of Medical Ethics as being everything but Medicine. Moreover, this has very bad consequences for the patient himself/herself that may consider his/her pain in an abstract way by seeing it as an abstract general diagnosis with all it can presumably have as abstract consequences and meanings whereas a patient should normally have the possibility to be fully considered and so fully respected on his/her own and with respect to the care a disease should imply.

Saying roughly but meaningfully, many psychiatrists try to cure the DSM or to cure abstract medically senseless symptoms or diagnoses... They do not do Medicine!

With this, the question of medications is important and not answered in a satisfactory way. Many medicaments are known to have some good effects on various disorders. This makes the work of psychiatrists easier to do in some way and this is especially due to the fact that many of those types of medicaments result in making the patients somewhat vegetative, therefore less reactive with respect to a care or treatment that may be inefficient or inappropriate.

There are also various misconceptions and false medical ideas about various types of symptoms and diseases. Typically delusion is often considered as not being fully curable and that patients experiencing delusion may stay more or less in their delirium. The problem about such misconception is that any kind of cure is at the beginning by itself almost impossible to manage because it is seen as being in such state and that such a state should somehow stay so. Once more this is something that has nothing to do with medicine and although this could involve medical research to advance and find ways to manage it, there are things that should normally be taken into account in any care management and that should normally be looked for a cure. This is the real Medicine point of view about it.

Therefore, to this point it appears that somehow Psychiatry can really be said to be part of Medicine somehow. This is something not so surprising with the number of patients in Psychiatric history that have been badly taken care of and with respect to all that can be thought of and said in general about psychiatry. By itself, it is currently quite a bad medical

practice. There are many problems, some of which appear here, that should have already found some answers and many of them raise basic medical questions that somehow should never have been asked in a proper medical framework. This is a big concern and a big problem of mental and public health that for now have stayed in such a way for too long a period of time.

The normal way of functioning of a medical practice should be to go in the direction of healing and make people recover. The point which is very clear here is that apart from the lack of knowledge that which was said previously shows that there is a big problem regarding that as well. First the healing process is very often inappropriate and second, it seems that there is no real evident will to make patients recover. Actually, it seems to me that it is very obvious that many more patients nowadays could recover and possibly be cured if this medical practice would be improved as it should.

4) Conclusion

Some questions and problems have been raised in this text as well as that which should be considered as normal answers in Psychiatry considered as an integrated part of Medicine. Many of the problems that appear now somehow seem to be problems that should never have appeared in any area of Medicine. Some arguments were given to explain why such problems are on and mainly explained by the various misconceptions about mental disorders but also because of the psychiatric practice itself and, courageously said, because of practitioners themselves. The History of Psychiatry of course has a lot to do with it, especially the way madness has been considered during long in Human History and the way to manage it.

Regardless, this is something that staying so is completely unacceptable and an important effort has to be made by now in order to make Psychiatry what I can say to be a true part of Medicine, for the main interest of patients and for the primary importance it has in any field related to Medicine.

This text is the part I introduction to many other texts where those problems will be questioned carefully and where some possible answers will be given.

This is indeed something of first medical importance and such a field as Psychiatry cannot continue to stay so dissociated from other medical practices, so dissociated of medical ethics and so dissociated of the main goal of medicine which is the interest of patients.

Of course and with the preoccupation that mental health represents, these questions and their answers bring forth some key public health issues that should be seen with the importance they have.

Those problems must nowadays and in future medicine be fixed efficiently both for having stayed in such a way for too long and for the development of medicine and what it represents for all of us.