

From the Editor's desk

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Fine ethical judgements on the reporting of research findings

The development, conduct and publication of research are all part of the Royal College of Psychiatrists' charter but so is public education. The work of the *Journal* in reaching these objects requires a careful balance of attracting the best papers, undertaking careful and searching peer review, and attention to the ethical conduct and careful reporting of research. The impact of research on practice, and therefore on patient outcomes, is clearly something authors and researchers wish to see.¹ Indeed, the premise of public investment in science is to see benefits to patients and populations, through a better understanding of what causes illness, and improvements in both illness prevention and treatments. This month's *Journal* is packed with fine judgements about the research impact, positive and negative, on patient care.

Preventing premature mortality of those with mental illness is of international concern,² but there has been little attention to the adjustments needed for the healthcare of people with intellectual disabilities and some deaths might have been prevented. An important editorial (Tuffrey-Wijne & Hollins, pp. 86–87) calls for personalised medicine that identifies those with intellectual disabilities when in contact with services, and appropriate adjustments to ensure that patient education, consent and treatment are optimally conducted. Evidence-based medicine has not always served the interests of the patient in the way that was intended and new approaches are needed to reflect real-world contexts.³ A remarkable paper on suicide trajectories (pp. 120–126) takes a life history approach, foregrounding the 'person rather than static variables'. After gathering detailed narratives and psychological autopsy data, these revealed two trajectories for completed suicide: one in a younger cohort with severe traumatic events early in childhood and the other following chronic traumas. Critical interventions early in the life course are essential if suicide is to be prevented in the early trauma group. This elegant study highlights potential venues for future screening and intervention (schools and young offenders' institutions) if premature mortality is to be reduced.

Autism is a disabling and troubling condition for sufferers and carers. Clinicians struggle to offer effective interventions.⁴ Parent-child play and emotional regulation have a powerful effect mirrored by raised oxytocin levels that are deficient in children with autism spectrum disorder (Feldman *et al*, pp. 107–112). The notion that antidepressant treatments of mothers might contribute to autism is a worrisome but important finding from an observational study (El Marroun *et al*, pp. 95–102). The gentle but searching commentaries (Jones & MacDonald, pp. 103–104; Petersen *et al*, pp. 105–106) ensure that patients are aware but not alarmed at these possibilities.

Public education and public health rely on accurate reporting and scientific integrity. It is regrettable that in this month's *Journal*, we must draw attention to a retraction (p. 164). The methylation data from this study were fabricated. I thank the University of

Geneva for acting so swiftly. Maintaining high standards of conduct are essential if we are to maintain public trust and confidence, and avoid confusion, alarm, suspicion of and fears about scientific advances.

The ethical use of electronic tags for forensic patients seems an important advance in care, offering least restrictions for patients and protection for the public (Tully *et al*, pp. 83–85); these new technologies may have wider potential applications where patients see benefits to their health and freedoms.^{5–7} Such technologies will require a renegotiation of what shared decision-making represents and the ethical bounds of community care that does not rely on legislation but on behaviour modification.

There are surprises in studies of the aetiology and developmental pathways for incident psychosis; these offer real preventive hopes for the future. Traumatic experiences and polygenic risks interact to produce even higher risk of future psychosis than each alone (Peyrot *et al*, pp. 113–119). A study of psychosis in Italy finds lower incidence rates than in other international studies, important gender, migration and socio-economic effects, but urbanicity appear unimportant (Lasalvia *et al*, pp. 127–134). A meta-analysis of the impact of the outcomes of untreated psychosis shows symptomatic, social and global improvement but, surprisingly, no impact on employment or quality of life (Penttilä *et al*, pp. 88–94). Employment is known to be an important outcome for patients and a marker of recovery; it is also an important preventive intervention that offers meaning and purpose for patients. Craig *et al*'s study (pp. 145–150) asserts that well-meaning professionals continue to harbour little ambition for patients with a psychotic illness, so it is refreshing to see a motivational intervention aimed at ambivalent professionals yielding greater levels of patient employment.

Some of the findings on employment or pharmacotherapy are most welcome and important to share and pursue implementation in practice; others require a more measured but confident nudge towards more research and changes in practice, while provoking watchfulness among clinicians and the public. How might we best communicate these nuances to the public and patients? Scientific journals play a crucial role in managing this dialectic. I welcome commentary on how well we meet this challenge and how we might do better.

- 1 Machado-Vieira R. Tracking the impact of translational research in psychiatry: state of the art and perspectives. *J Transl Med* 2012; **10**: 175.
- 2 Thornicroft G. Physical health disparities and mental illness: the scandal of premature mortality. *Br J Psychiatry* 2011; **199**: 441–2.
- 3 Greenhalgh T, Howick J, Maskrey N. Evidence based medicine: a movement in crisis? *BMJ* 2014; **348**: g3725.
- 4 Tonge BJ, Bull K, Brereton A, Wilson R. A review of evidence-based early intervention for behavioural problems in children with autism spectrum disorder: the core components of effective programs, child-focused interventions and comprehensive treatment models. *Curr Opin Psychiatry* 2014; **27**: 158–65.
- 5 Cahill S. Electronic tagging of people with dementia. Technologies may be enabling. *BMJ* 2003; **326**: 281.
- 6 Janeslatt G, Lindstedt H, Adolfsson P. Daily time management and influence of environmental factors on use of electronic planning devices in adults with mental disability. *Disabil Rehabil Assist Technol* 2014; **8** May (doi:10.3109/17483107.2014.917124).
- 7 Hall CL, Taylor J, Moldavsky M, Marriott M, Pass S, Newell K, et al. A qualitative process evaluation of electronic session-by-session outcome measurement in child and adolescent mental health services. *BMC Psychiatry* 2014; **14**: 113.