



## e-interview

**Max Marshall**

Max Marshall is Professor of Psychiatry at the University of Manchester, Medical Director, Lancashire Care NHS Trust and Associate Director, Mental Health Research Network UK. He studied at Bristol University and trained at Oxford. His special interests include systematic reviews, health services for people with schizophrenia and clinical trials.

**If you were not a psychiatrist, what would you do?**

Strange, I keep asking myself the same question. I'd like to be an assistant gardener in an Oxford College, but I would probably end up selling mobile phones.

**What has been the greatest impact of your profession on you personally?**

The realisation that no matter how hard you try, disaster can strike at any moment.

**Do you feel stigmatised by your profession?**

I must do because I hate that moment after you've told a stranger what you do, when they begin to measure you up against their prejudices.

**What are your interests outside of work?**

Lifting small weights.

**Who was your most influential trainer, and why?**

Peter Agulnik, a rehabilitation psychiatrist from Littlemore Hospital. He taught me how to treat patients as equals and made me feel comfortable working with the voluntary sector.

**What job gave you the most useful training experience?**

Being visiting psychiatrist to two hostels for the homeless in Oxford. I saw everything from syphilis to catatonia, without the benefit of previous psychiatric notes. No trainee would be allowed to do that these days.

**Which book has influenced you most?**

The *Oxford Textbook of Psychiatry*, because the authors really cared about writing a good textbook and made the effort to give the book a single consistent style. I can't read multi-author textbooks, I keep falling asleep.

**What part of your work gives you the most satisfaction?**

When, after years of effort, a new discovery flicks up on your computer screen and no one knows about it but you.

**What do you least enjoy?**

Dealing with Vogons (the bureaucratic aliens in the *Hitchhiker's Guide to the Galaxy*, who keep failing to capture the heroes because it's time for lunch or because their pursuit authorisation form is not filled in properly).

**What is the most promising opportunity facing the profession?**

Greater specialisation, particularly if consultants have the opportunity to change specialty every few years.

**What is the greatest threat?**

Overpaid, poorly trained consultants with a bad attitude contrasting with polite, efficient, independent prescribers from less well-paid disciplines.

**What single change would substantially improve quality of care?**

Offering high quality psychological and pharmaceutical treatments in the same out-patient clinic.

**What conflict of interest do you encounter most often?**

The choice between speaking my mind and not damaging my career prospects.

**What is the most important advice you could offer to a new trainee?**

Stop making excuses and just try to be the best (but see conflict of interest above).

**What are the main ethical problems that psychiatrists will face in the future?**

Dealing with the increasing access of state bureaucracies to personal medical information.

**How would you improve clinical psychiatric training?**

There need to be more robust mechanisms for dealing with trainees who do not have the right personal qualities. Specialist registrars need to shoulder more responsibility and spend less time doing 'research'. They should all have the opportunity to achieve recognised qualifications in psychological treatments. Non-consultant career grade doctors need a properly funded career path to help them achieve consultant status.

**How should the role of the Royal College of Psychiatrists change?**

It should offer more structured training in psychological and pharmaceutical treatments.

**What single area of psychiatric research should be given priority?**

It doesn't really matter as long as the research is good enough and big enough to be definitive.

**What single area of psychiatric practice is most in need of development?**

The management of developmental or childhood-onset disorders in adulthood, particularly attention-deficit hyperactivity disorder and autistic-spectrum disorders.

Dominic Fannon