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e-interview

Bjarte Stubhaug

Bjarte Stubhaug is Medical Director, Division of Psychiatry, Haukeland University Hospital, Bergen, Norway. He trained at Haukeland, Valen and Haugesund Hospitals on the west coast of Norway. His special interests include stress medicine, psychosomatics, neurasthenia and chronic fatigue.

If you were not a psychiatrist, what would you do?
In the medical field: a family doctor; otherwise, a mountain ranger.

What has been the greatest impact of your profession on you personally?
It has taught me how to relate to people confronted by pain and helplessness, to develop empathy and respect for the ill and in gaining the skills necessary to deal with the effects of trauma and stress.

Do you feel stigmatised by your profession?
No, never.

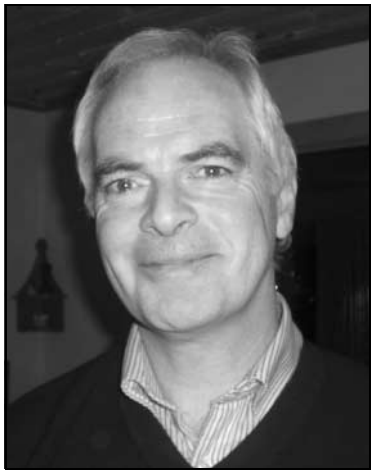
What are your interests outside of work?
Mountain life, kayaking, wine and literature.

Who was your most influential trainer, and why?
My first supervisors and trainers all had their influences on me, in their different ways, in teaching me what to do and how not to act.

What job gave you the most useful training experience?
My first training job at Valen Hospital, an old psychiatric institution and, previously, an asylum. This introduced me to the intriguing extent of insanity and recovery in psychiatry, and taught me the basic skills in being a psychiatrist.

Which publication has influenced you most?
The early articles and books describing the interface of medicine and psychology definitely influenced me. Later on, a modest publication on illness behaviour in rheumatology enlightened me and shifted my perspective on chronic illness.

How has the political environment influenced your work?
Mainly in positive ways. In Norway, psychiatry has been a political priority: funding and other resources have been provided. This has helped reduce the stigma of psychiatry and psychiatric illness. A special feature of Norwegian health policy has been the transformation of the role of the psychiatrist in mental healthcare, opening clinical leadership to psychologists



and the involvement of non-professionals in the management of general healthcare.

What part of your work gives you the most satisfaction?
Clinical work, meeting and treating patients motivated for change. Also, quality improvement work has been a source of enthusiasm and satisfaction.

What do you least enjoy?
Some of the bureaucratic paper work and Sisyphean reorganisation processes.

What is the most promising opportunity facing the profession?
Gaining more insight into complicated brain functions and the interplay of genes, environment, trauma, stress medicine and psychophysiology.

What is the greatest threat?
A wider medicalisation of normal stress, daily traumas and life worries, as well as a lack of trust in medical knowledge and psychiatric treatment that we can observe in the public at large. Also, the underestimation of the importance of an empathetic relationship and empowerment in therapy.

What single change would substantially improve quality of care?
Better housing for chronically ill patients and more resources to support the empowerment of people experiencing helplessness and the lack of hope.

What conflict of interest do you encounter most often?
Balancing the needs of the most ill patients who have limited capacity for improvement against those who are less ill and with greater potential for change in terms of family and social life.

What is the role of the psychiatrist in countries emerging from conflict?
Perhaps to offer skills and competence in resolving conflicts peacefully.

What is the most important advice you could offer to a new trainee?
Get as broad a range of experience as possible; see many patients, seek and accept supervision.

What are the main ethical problems that psychiatrists will face in the future?
Societal demands to medicalise normal reactions to abnormal environments in response to political and social injustice. This is a challenge both to professional integrity and the role of psychiatry and psychiatrists. It also threatens the legitimacy of the bio-psychosocial paradigm.

Do you think psychiatry is brainless or mindless?
Neither; I think psychiatry is now mindful of the brain in seeking new perspectives and insights.

What is the role of the psychiatrist in rebuilding healthcare systems?
To advocate on behalf of those burdened by psychiatric illness and to highlight the need for support for recovery and rehabilitation.

What single change to mental health legislation would you like to see?
In Norway, no single change really. We are fortunate to have an enlightened political system which enables continuous reform and improvement.

What single area of psychiatric practice is most in need of development?
The design and delivery of individualised and effective treatment programs for psychosis (schizophrenias and affective psychoses).

What single area of psychiatric research should be given priority?
The psychophysiology of stress and sensitisation and its impact on the wide spectrum of illness from psychosis through personality disorders to chronic fatigue.

How would you like to be remembered?
As a good man, an inspiring father and a competent professional. *Quaesivi bona tibi.*

Dominic Fannon

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