

A day in the life of a psychiatrist in 2050: reflections on the inaugural Praxis trainees' section editorial competition

Cate Bailey^{1,2} 

BJPsych Bulletin (2020) 44, 89–91, doi:10.1192/bjb.2020.26

¹East London NHS Foundation Trust, UK;
²Barts and the London School of
Medicine, UK

Correspondence to Cate Bailey (cate.bailey@nhs.net)

First received 10 Mar 2020, accepted
11 Mar 2020

© The Author(s) 2020. This is an Open
Access article, distributed under the terms
of the Creative Commons Attribution
licence (<http://creativecommons.org/licenses/by/4.0/>), which permits
unrestricted re-use, distribution, and
reproduction in any medium, provided the
original work is properly cited.

Summary The Praxis trainees' section editor reflects on the inaugural editorial competition, celebrates the winner and shortlist, and shares her own forecast for psychiatry in 2050.

Keywords Praxis; trainee; psychiatrist; psychiatry; competition.

Our inaugural Praxis editorial competition asked trainees, foundation doctors and students to produce a vision of a day in the life of a psychiatrist in 2050, 30 years hence. We were rewarded with a number of enthusiastic and high-quality entries. This type of task invites writers to decide whether they will create a dystopian vision (more clustering?) or imagine a psychiatric utopia (actual funding increases?). However, all of our authors were able to resist such simplistic traps and recognise that the future is likely to be somewhere between brilliant and terrible.

At a neural level the activity of anticipating the future engages the same brain regions as remembering, including the hippocampus,¹ suggesting that in some profound way we can only imagine what we already know. Phenomenological studies have found that future visualised scenes are more detailed the nearer in the future they are.² So asking our entrants to predict life in 2050 was no easy task.

Margaret Atwood, when reflecting on writing *The Handmaid's Tale*, said she chose to 'not put any events into the book that had not already happened in what James Joyce called the "nightmare of history"'.³ Her novel, imagining a future in which women's bodies are controlled for reproduction and dissent is brutally silenced, has many parallels in repressive regimes ancient and present. The past does indeed predict the future. Barring perhaps technological and engineering advances, as Shakespeare wrote in Sonnet 59, 'there be nothing new, but that which is hath been before'.⁴ Indeed, in writing this Shakespeare is paraphrasing Ecclesiastes 1.9 (KJV) 'no new thing under the sun'. His editors were obviously less stringent with

referencing and attribution than we are here at the *BJPsych Bulletin*.

Each of our entrants did seem to intuit Atwood's advice, drawing on many past and current concerns and recognising that they are training in a discipline fraught with ethical questions. Reassuringly, the central importance of the therapeutic relationship between patient and doctor was a common thread in all the imagined futures.

Surprisingly few of the entries described the effect climate change is certain to have on our practice, reflecting perhaps the difficulty we all have in facing a crisis in which solutions can seem politically distant. Temperatures predicted to far exceed the 1.5 °C warming at which life on earth is relatively liveable⁵ can be a painful reality for us to bear.⁶ From a mental health perspective floods, famines, migration and fires, such as those seen in Australia last year, are already creating immense psychological trauma. Air pollution even at current levels is associated with increased risk of dementia.⁷

However, we could usefully imagine a psychiatry in 2050 practised in a world in which fossil fuels have been rapidly removed, and following scientific advice, governments have responded appropriately to the scale of the crisis. An important step forward for psychiatrists in this regard was the decision by the RCPsych to divest from fossil fuels.⁸ Perhaps air pollution could be minimal and beneficial plant-based diets standard,⁹ and all academic professionals could employ available technology to interact across continents rather than flying to conferences.¹⁰

Reading the excellent submissions, I began to dream of my own 2050 vision. I pictured a psychiatry where people

with lived experience are co-producing all health services and research, working as genuine partners in positions as ‘patient-leaders’ as described by David Gilbert.¹¹ By 2050, there has been a steady erosion of paternalism and patients are involved in decision-making in all aspects of their care. The ICD-20 has been co-written by people with lived experience, and perhaps the construct of personality disorders has been replaced by a nuanced understanding of the effects of developmental trauma. MDMA-assisted psychotherapy has made recovery accessible and achievable for many survivors of trauma.¹² Advances in neuroscience, following the trend of growing understanding of functional neurological disorders,¹³ mean that ‘medically unexplained symptoms’ are now fully explained.

By 2050, education and training are co-created, from curricula development to examinations,¹⁴ and the value of lived experience is appropriately remunerated.¹⁵ Although no longer completed on paper since the banning of printers in the 2030s, ‘Paper’ A will include a module on historical use of language. Trainees are shocked at how freely expressions like ‘treatment resistant’ and ‘manipulative’ were used in the past in relation to people seeking help, for whom some of our treatments had failed. Following medical students’ early exposure to special study modules, including those on film, literature and mental health, longitudinal placements and student psychotherapy schemes,¹⁶ core psychiatry training is consistently oversubscribed. The number of specialist registrars approaching completion of training is just enough to meet demand for the thousands of new posts as funding for mental health finally reaches parity. A flexible, 4-day working week¹⁷ is now the norm, with benefits for the well-being of psychiatrists and patient outcomes. Retirement age has been deferred to 75, but all pension issues of the 2020s¹⁸ have been resolved.

Most of the entrants were more realistic in their visions than I. Indeed, many described technology or advances which are close to or already being used, such as voice recognition software, video consultations, monitoring apps, podcasts, or screening for autoimmune antibodies.

Excellent shortlisted entries included those from Rebecca Akroyd, Shevonne Matheiken and Sarah Orr. Rebecca Akroyd explored wearable technology for identifying relapse, as well as the use of capillary nail bed measurements to check full blood counts for patients taking clozapine, in what the judges described as an ‘original’ and ‘well-researched’ piece.

Shevonne Matheiken’s perspective of a medical student on placement reassured judges that technology was a support and not a dominating feature in ‘providing holistic, patient-focused care’. I also particularly enjoyed the reference to ‘bot-inclusivity mandatory training’.

Sarah Orr ‘articulated a hope that the future will see greater links between health and social care’. Her entry wryly cautioned against ‘automatic referrals from electronic therapists’ where a patient protests ‘I said I was going to the *SEA-side* but the computer just doesn’t understand the Scots accent’.

George Gillet’s ‘A day in the life of a psychiatrist in 2050: where will the algorithm take us?’¹⁹ was a standout overall winner. His piece utilised the dual perspectives of a patient and psychiatrist as they navigate a world of digital

phenotyping, questioning whether technology can predict or alter suicidal thinking. Resonating clearly from Gillet’s editorial is the fundamental importance of a human connection in therapeutic relationships. The judges described it as a ‘very engaging’, ‘well-crafted’, ‘wonderful, moving piece which melds future psychiatry with patient-centred care’. You will find George’s winning entry in this issue of the *BJPsych Bulletin*, and he will receive his award at a ceremony to be held during the RCPsych International Congress 2020.

We are grateful to our esteemed and generous judges, Simon Rose and Drs Ross Runciman, Kate Lovett and Ian Hall, who read and commented on the shortlist. *BJPsych Bulletin* editor Dr Norman Poole also deserves special mention for reading all the entries over Christmas and for managing to agree a shortlist with me.

Returning to the nearer future, the theme and judges for the 2021 Praxis Editorial Competition will be announced at the 2020 RCPsych International Congress. Keep an eye on the *BJPsych Bulletin* website and Twitter (#BJPBulletin) for further details. Thank you to all those who invested time in sending us entries this year, and for your thoughtful, hopeful, sometimes revelatory and occasionally terrifying forecasts. Margaret Atwood says the literature of witness, of documentation, is ‘an act of hope’.³ ‘Every recorded story implies a future reader’,³ so keep writing.

About the author

Cate Bailey MBBS, MRCPsych, MRes, is a Fellow in Medical Education at East London NHS Foundation Trust; an honorary clinical lecturer at Barts and the London School of Medicine; Traineesâ Section Editor of the *BJPsych Bulletin*; and Co-chair of the Older Adults Section of the Association for Psychoanalytic Psychotherapy in the NHS, UK.

References

- 1 Addis DR, Schacter D. The hippocampus and imagining the future: where do we stand? *Front Hum Neurosci* 2012; **5**: 173.
- 2 D’Argembeau A, Van Der Linden M. Phenomenal characteristics associated with projecting oneself back into the past and forward into the future: influence of valence and temporal distance. *Conscious Cogn* 2004; **13**(4): 844–58.
- 3 Atwood M. Margaret Atwood on What ‘The Handmaid’s Tale’ Means in the Age of Trump. *New York Times*, 2017 (<https://www.nytimes.com/2017/03/10/books/review/margaret-atwood-handmaids-tale-age-of-trump.html> [cited 2020 Feb 28]).
- 4 Shakespeare W. *Sonnet 59*. Shakespeare Online, 2009 (<http://www.shakespeare-online.com/sonnets/59.html> [cited 2020 Mar 1]).
- 5 Watts N, Amann M, Arnell N, Ayeb-Karlsson S, Belesova K, Boykoff M, et al. The 2019 report of The Lancet Countdown on health and climate change: ensuring that the health of a child born today is not defined by a changing climate. *Lancet* 2019; **394**: 1836–78.
- 6 Brenner I. Climate change and the human factor: why does not everyone realize what is happening? *Int J Appl Psychoanal Stud* 2019; **16**(2): 137–43.
- 7 Peters R, Ee N, Peters J, Booth A, Mudway I, Anstey KJ. Air pollution and dementia: a systematic review. *J Alzheimer’s Dis* 2019; **70**(s1): S145–63.
- 8 Royal College of Psychiatrists. *College Leads the Way in Responsible Investment*. RCPsych, 2020 (<https://www.rcpsych.ac.uk/members/your-monthly-ewsletter/rcpsych-ewsletter-february-2020/college-goes-greener> [cited 2020 Mar 1]).

- 9 Kim H, Caulfield LE, Garcia-Larsen V, Steffen LM, Coresh J, Rebholz CM. Plant-based diets are associated with a lower risk of incident cardiovascular disease, cardiovascular disease mortality, and all-cause mortality in a general population of middle-aged adults. *J Am Heart Assoc* 2019; **8**(16): e012865.
- 10 Green M. Are international medical conferences an outdated luxury the planet can't afford? Yes. *BMJ* 2008; **336**(7659): 1466.
- 11 Gilbert D. Rethinking engagement. *BJPsych Bull* 2019; **43**(1): 4-7.
- 12 Mithoefer MC, Feduccia AA, Jerome L, Mithoefer A, Wagner M, Walsh Z, et al. MDMA-assisted psychotherapy for treatment of PTSD: study design and rationale for phase 3 trials based on pooled analysis of six phase 2 randomized controlled trials. *Psychopharmacology* 2019; **236**(9): 2735-45.
- 13 Edwards MJ, Adams RA, Brown H, Pareés I, Friston KJ. A Bayesian account of "hysteria". *Brain* 2012; **135**(11): 3495-512.
- 14 RCPsych Person-Centred Training and Curriculum Scoping Group. Training in psychiatry: making person-centred care a reality. *BJPsych Bull* 2019; **43**(3): 136-40.
- 15 Soklaridis S, de Bie A, Cooper RB, McCullough K, McGovern B, Beder M, et al. Co-producing psychiatric education with service user educators: a collective autobiographical case study of the meaning, ethics, and importance of payment. *Acad Psychiatry* 2020; **44**: 159-67.
- 16 Royal College of Psychiatrists. *Guidance for Medical Schools*. RCPsych, 2019 (https://www.rcpsych.ac.uk/docs/default-source/become-a-psychiatrist/guidance-for-medical-schools-pdf.pdf?sfvrsn=20f46cae_2).
- 17 Henley Business School. *Four Better or Four Worse?* University of Reading, 2019 (<https://www.henley.ac.uk/fourdayweek>).
- 18 Trueland J. *Clinical Excellence Reworked – the tax bill that put a consultant's future at risk*. BMA News, 2019 (<https://www.bma.org.uk/news/2019/october/clinical-excellence-revoked-the-tax-bill-that-put-a-consultants-future-at-risk> [cited 2020 Mar 2]).
- 19 Gillet G. A day in the life of a psychiatrist in 2050: where will the algorithm take us? *BJPsych Bull* 2020, this issue.



EDITORIAL

Psych Socs: student-led psychiatry societies, an untapped resource for recruitment and reducing stigma

Haridha Pandian,¹ Zahra Mohamedali,¹ George E. Chapman,^{2,3} Patricia Vinchenzo,⁴ Suhana Ahmed,⁵ Zoé Mulliez,⁶ Helen Bruce,⁷ Wendy Burn,⁶ Ania Korszun,⁸ Derek K. Tracy^{9,10} 

BJPsych Bulletin (2020) **44**, 91-95, doi:10.1192/bjb.2019.88

¹Medical School, King's College London, UK; ²College of Medical and Dental Sciences, University of Birmingham, UK; ³Hampshire Hospitals NHS Foundation Trust, Hampshire, UK; ⁴Queen's University Belfast, UK; ⁵South West London & St Georges NHS Foundation Trust, UK; ⁶Royal College of Psychiatrists, UK; ⁷Great Ormond Street Institute of Child Health, University College London, UK; ⁸Centre for Psychiatry, Wolfson Institute of Preventative Medicine, Queen Mary University of London, UK; ⁹Oxleas NHS Foundation Trust, UK; ¹⁰Department of Psychosis Studies, Institute of Psychiatry, Psychology & Neuroscience, King's College London, UK

Correspondence to Dr Derek Tracy (derek.tracy@nhs.net)

First received 7 Jul 2019, final revision 23 Oct 2019, accepted 12 Nov 2019

© The Authors 2020. This is an Open Access article, distributed under the terms of the Creative Commons Attribution licence (<http://creativecommons.org/licenses/by/4.0/>), which permits unrestricted re-use, distribution, and reproduction in any medium, provided the original work is properly cited.

Medical recruitment and retention are national problems. Psychiatry has been more affected than many specialties, as a result of stigma from the public and other healthcare professionals. The Royal College of Psychiatrists has undertaken several initiatives to redress this, notably the 'Choose Psychiatry' campaign. In this editorial we argue that student-led university psychiatry societies are a wonderful but frequently untapped resource to help attract the brightest and best medical students to our profession. We describe the activities of three 'Psych Socs' across the UK and propose next steps to continue this work.

Declaration of interest None.

Keywords Psych Soc; psychiatry society; recruitment; stigma and discrimination.