



Hagop Akiskal

Hagop Akiskal is Distinguished Professor of Psychiatry and Director of the International Mood Center, Department of Psychiatry, and Division of International Health and Cross-Cultural Medicine at the University of California at San Diego, USA. He trained at the University of Tennessee (Memphis) and University of Wisconsin (Madison). His special interest is affective disorders in the broadest sense and the field of temperament.

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

Journalism or philosophy.

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

More 'understanding' of people.

Do you feel stigmatised by your profession?

No.

What are your interests outside of work?

Reading literature, visiting museums worldwide (shared pleasures with my wife Kareen Akiskal).

Who was your most influential trainer, and why?

Dr Vahe Puzantian, a British-trained psychiatrist, who exposed me to the science and art of phenomenology. He was an incomparable clinician.

What job gave you the most useful training experience?

Working in a mental health centre on the periphery of Memphis and being exposed to patients with the full spectrum of pathology. Incidentally, this is the clinical context that led me to introduce the concept of subthreshold depression (dysthymia) and bipolar spectrum ('soft' bipolarity).

Which publication has influenced you most?

Kraepelin's *Manic-Depressive Insanity* and Kurt Schneider's *Psychopathic Personalities* have had an equal influence on me.



How has the political environment influenced your work?

I have a great distaste for politics in its strictest sense, as well as what we see in academia and hospital practice. I do my utmost to avoid both forms as one does the plague.

What part of your work gives you the most satisfaction?

As Editor-in-Chief of the *Journal of Affective Disorders*, I have the opportunity to introduce new talent into the scientific literature. The same is true for introducing trainees and other young collaborators to clinical research.

What do you least enjoy?

Administrative or departmental meetings.

What is the most promising opportunity facing the profession?

How genes involved in behaviour operate in different environments.

What is the greatest threat?

Losing our identity as psychiatrists.

What single change would substantially improve quality of care?

To be provided with greater time with patients.

What conflict of interest do you encounter most often?

Non-medical administrators (including physicians who behave like administrators)

who impose rulings supposed to improve healthcare but in reality turn out to be contrary to the best interest of patients.

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

See as many patients as possible.

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

I am not a soothsayer.

Do you think psychiatry is brainless or mindless?

Our field is in grave risk of becoming one or the other.

What is the role of the psychiatrist in rebuilding healthcare systems?

Making sure they are designed to serve the needs across the full sociodemographic spectrum.

What single change to mental health legislation would you like to see?

Parity in healthcare insurance coverage not just as a philosophical ideal but in actual practice.

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

Mental health services – especially those with affective spectrum disorders – in non-psychiatric medical settings.

What single area of psychiatric research should be given priority?

Clinical, by which I mean research in the clinical practice setting.

How would you like to be remembered?

A provocative professor and clinician, who also learned from patients and trainees and transformed their lives while changing the field of psychiatry through collaborative research in most parts of the world.

Dominic Fannon

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