



e-interview

Moosajee Bhamjee

Moosajee Bhamjee is a Consultant General Adult Psychiatrist in the Clare Mental Health Service, Ireland. He trained in Dublin and Cork. He was the first South African Indian to be elected to the Irish parliament where he served for 5 years. His special interest is social psychiatry.

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

I would be a shop keeper in South Africa.

How has the political environment influenced your work?

It has forced me to recognise that budgets, the pressure of public opinion and voting power influence change more than medical personnel.

What have you valued most in your professional life?

The opportunity to offer a listening ear to the public and to provide political leadership.

Do you feel stigmatised by your profession?

No. People are intrigued and a little apprehensive that I may be analysing them.

What are your interests outside of work?

Politics generally and in the medical realm, as well as soccer, tennis, newspapers.

Who was your most influential trainer, and why?

Dr David Dunne in Cork because of his humane approach to people and their problems.

What job gave you the most useful training experience?

Working in Our Lady's Psychiatric Hospital in Cork, a long-stay unit with all types of patients. This provided a wide range of experience.

Which publication has influenced you most?

A Short Textbook of Psychiatry by Linford Rees.

What part of your work gives you the most satisfaction?

Assessing problems in the out-patients department.

**What do you least enjoy?**

Reading statistical research papers.

What is the most promising opportunity facing the profession?

The discovery of new drugs to prescribe along with novel psychological approaches to illness.

What is the role of the psychiatrist in countries emerging from conflict?

Developing simple programmes for psychiatric support and to influence new planning environments.

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

To recognise the importance of culture and complementary therapy in healing.

What is the greatest threat?

The discovery of the fundamental biological causes of psychiatric illness that may allow most treatment to be provided by general physicians.

What single change would substantially improve quality of care?

A greater realisation on the part of the public that psychiatrists cannot solve all difficulties and that individuals must accept responsibility for their own recovery.

What conflict of interest do you encounter most often?

To prescribe or not to prescribe for social problems, such as marital difficulties, bereavement, youngsters with challenging behaviour.

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

Learn the culture in which you practice and advise people accordingly; learn what the voluntary sector can add to patient well-being.

How would you entice more medical students into the profession?

Demonstrate interesting cases and link psychiatric practice to general medicine.

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

Should we be treating and incarcerating people who have not committed any offence; should we be society's jailors?

How would you improve clinical psychiatric training?

All trainees should have 6–12 months experience of general practice to learn about illness behaviour.

Do you think psychiatry is brainless or mindless?

Psychiatry is now directionless with many new unproven plans of care.

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

Less legalization, but a more humanistic approach when patients need detention.

How should the role of the Royal College of Psychiatrists/American Psychiatric Association change?

Provide less statistical research; promote more naturalistic studies and single-case reports. They should encourage psychiatrists to think differently rather than in terms of text-book diagnoses.

What is the future of psychotherapy in psychiatry training and practice?

More is needed when you consider that all of our contacts with patients are potentially therapeutic no matter how brief.

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

The promotion of natural, everyday approaches to the stresses of daily living.

What single area of psychiatric research should be given priority?

To determine the causes of violent behaviour and how to prevent it increasing.

How would you like to be remembered?

As the first Indian M.P. in Ireland and as a person never afraid to ask questions.

Dominic Fannon

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