

Correspondence

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Predicting the future is a thankless task

'Never think of the future, it comes soon enough', said Albert Einstein.¹ Predicting the future is a thankless task, so Dr Shabbir Amanullah is admirably brave to share his thoughts about the future of medical and psychiatric treatment.²

Undoubtedly somewhat tongue-in-cheek, Dr Amanullah's future is one where surgeons have been reduced to machine operators and physicians replaced by machines programmed in the recognition of symptom clusters. Accident and emergency departments are thus without 'emotional tension'. Psychiatry is spared, however, and indeed prospers with the need for the treatments of 'robot phobia' and 'reminiscence therapy' for our now unemployed medical colleagues.

Even in jest, I suspect some of our fellow doctors would find Dr Amanullah's characterisation of their roles, and therefore future, rather objectionable. Are psychiatrists really so immune? We have in the past been at pains to argue how similar we are to other doctors in both our practice and the diseases we treat. It is therefore curious that in thinking about our future Dr Amanullah chooses to see us as invulnerable to the same pressures as those of other branches of medical practice.

If, as seems probable, our future holds impressive technological advances then it is unlikely that our understanding of and ability to manipulate human mental states will remain static. In an optimistic scenario, psychopharmacology will become so advanced that any psychiatric disorder will be banished by appropriate and side-effect-free medication. Psychological therapies could see equal upheaval. Indeed, cognitive-behavioural therapy has already been delivered via a computer with promising results.³ Although some future patients may lament the days when their disorders were treated by 'real doctors', others may find a computer's infinite patience and constant availability preferable. That is, of course, assuming it is programmed that way. The potential irony of having 'robot phobia' treated by a computer is duly noted.

Thinking more broadly and with even more optimism, one could hope that our future human societies – or 'society', should globalisation reach its natural conclusion – will be so harmonious, and their people so self-actualised that many of the societal factors we identify today as predisposing towards psychiatric disorders will be banished. A dystopian alternative, sadly illustrated by many places in today's world, is one where our society has deteriorated to the extent that concern about individuals' mental health is eclipsed by more basic survival needs. In either of these scenarios the future role of psychiatrists is unclear. Science fiction's predictions have been pessimistic. In Aldous Huxley's *Brave New World*,⁴ 'Soma', a mind-altering drug, is widely used as a method of control through pleasure, while Philip K. Dick's protagonist in *Do Androids Dream of Electric Sheep?*⁵ grows distant from his wife

because of her penchant for an electronic device which allows her to choose her moods (including depression).

These quibbles aside, Dr Amanullah has an important message for those of us working in healthcare today. Change is not just possible, but certain. It is likely that the job of today's newly qualified consultants will, at the conclusion of their careers, be radically different to that of the present day. In order to prosper in such an environment, we must all attempt to prepare for a future that is difficult to foresee.

- 1 Swainson B. *Encarta Book of Quotations*. Bloomsbury Publishing, 2000.
- 2 Amanullah S. There used to be surgeons too . . . [extra]. *Br J Psychiatry* 2011; **198**: 87.
- 3 Wright JH, Wright AS, Albano AM, Basco MR, Goldsmith LJ, Raffield T, et al. Computer-assisted cognitive therapy for depression: maintaining efficacy while reducing therapist time. *Am J Psychiatry* 2005; **162**: 1158–64.
- 4 Huxley A. *Brave New World*. Chatto & Windus, 1932 (reprinted Vintage Classics, 2007).
- 5 Dick PK. *Do Androids Dream of Electric Sheep?* Doubleday, 1968 (reprinted Gollancz, 2010).

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Possible source of bias

Bromundt *et al*¹ need to be commended for using sleep measures, an often neglected component of psychiatric disorders, to investigate the role of sleep and circadian rhythms in influencing cognition in patients with schizophrenia.

However, there is one major omission in their method: the time of day that the neuropsychological tests were conducted and whether these were consistent across groups. Previous research has shown that neurobehavioral functioning is correlated to the core body temperature and timing of melatonin secretion.² If the timing of the tests was inconsistent across the patients, it could account for at least some of the differences seen between the groups.

Also, in this study, the group with low amplitude had a delayed onset of melatonin secretion. This could be seen in patients with delayed sleep phase syndrome.³ Potentially, conducting these tests in the morning in patients with delayed sleep phase syndrome could result in poor performance compared with patients with normally entrained sleep. Future research would need to account for these differences and tailor testing times to minimise chances of bias.

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- 2 Wyatt JK, Ritz-De Cecco A, Czeisler CA, Dijk DJ. Circadian temperature and melatonin rhythms, sleep, and neurobehavioral function in humans living on a 20-h day. *Am J Physiol* 1999; **277**: R1152–63.
- 3 Wyatt JK, Stepanski EJ, Kirkby J. Circadian phase in delayed sleep phase syndrome: predictors and temporal stability across multiple assessments. *Sleep* 2006; **29**: 1075–80.

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