



columns

e-interview

Pamela Taylor

Pamela Taylor is Professor of Forensic Psychiatry in the Department of Psychological Medicine, Cardiff University. She is particularly active in the College as an elected member of Council and of the Forensic Faculty Executive as well as a member of a number of other advisory committees.

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

The only grandfather I knew was an artist, who taught me to paint and then forbade it as a career, but I can't have been driven enough for this or I would have done it anyway. My grandmother believed a gypsy's prediction 'a lot of ink will be used in your family'. I guess I would just write – apart from teaching of various kinds, it's what most of us do in our family.

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

Keeping me in neurotic crisis; I have learned so much and I know so little.

What are your interests outside work?

Family, friends, other people's books and paintings and music, plants.

What job gave you the most useful training experience?

Nothing can or should be singled out. It is the sum of experiences that counts, and there is always more to add.

Which book/text has influenced you most?

At one time I might have said Eve Curie's biography of her mother. In my adolescent mind that provided the original suggestion that a woman could 'have it all' – a terrific sense of purpose, a husband that shared it, a couple of Nobel prizes, a couple of children who turned out pretty well, one even with enough love to write such a book. Having fallen short of most of that, I think the most influential book was probably the forensic psychiatry text I co-edited with John Gunn, which provided the vehicle for the sense of purpose shared and taught me so much. It was also a tremendous burden, but we are just starting to shoulder it again.

What part of your work gives you the most satisfaction?

To have an idea and find that other people are excited by its possibilities too – there is a particular buzz when this happens after a period of solitary thought and a few hours of lone struggle with the literature.

What do you least enjoy?

Filling out the vast array of monitoring forms and other little bureaucracies.



What is the most promising opportunity facing the profession?

The best psychiatry brings a capacity for a truly holistic approach to research and practice alike. If we can master the art of integrating physical, psychological and social science and bringing the results of each to bear on treatment strategies, we will not only serve our own clientele well but also have a huge contribution to make to every other branch of medicine.

What is the greatest threat?

Our inability to make our services consistently desirable for those who need them. There will always be a few people who are too mentally impaired by their disorder to be able to access services they need, and if they pose some threat to themselves or others, some coercion into treatment may be necessary. How many people, however, have reached such a state only because existing services are too ill equipped to accommodate their wishes as well as their needs? How many more people who are safe but miserable or mad could feel better and have or resume a place in ordinary society if only services offered them sufficient time, quality, variety, flexibility, or even such basics as cleanliness and a fairly congenial environment?

What single change would substantially improve quality of care?

Development of a true sense of partnership between those delivering the services and each individual using them. Staff would need time to listen to those seeking a service and to talk with them; both would need the freedom to agree individualised care and treatment and to be liberated from much of the well-intentioned but intrusive 'strategic thinking', whether from government or insurers.

What conflict of interest do you encounter most often?

The difference between the perception of managing risk of harm as a result of mental disorder and delivering safety. It is a difficult balance to get right but in the UK, at least, we allow individual cases to have too much

influence on strategy, so we get higher walls, rigid procedures and formulaic assessments. If followed religiously, these approaches probably can give staff some protection from criticism, but to what extent do they protect anyone else and at what cost? As a psychiatrist I would prefer to see safety in enhanced treatment and new money spent on improving that.

How would you entice more medical students into the profession?

Psychology and psychiatry must be a lively part of the curriculum throughout training. It is difficult to recover from any injury or disease when in poor mental health. Psychiatrists could be more robust about what can be achieved. The database for what we do is growing at an exciting rate, and we need teachers with enough knowledge and charisma to convey that. The growing potential for harnessing technology in research will be most exciting for some; the understanding of mental mechanisms behind behaviour will be the main attraction for others. People with mental disorders need both kinds of approach, and they need us to be more imaginative about the links between them.

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

Sustaining clinically relevant research. People with impaired capacity for consenting to or remaining in studies are often those who most need research. However, psychiatrists must lead in safeguarding the autonomy of the individual. We need a new, radical debate between psychiatrists, allied professions, people with mental disorders and their families about how to balance these conflicting interests better.

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

Stated goals of current attempts at legislative reform for the UK seemed admirable – to make a radical review of provisions, to take account of changes in philosophy of service delivery, to fill gaps in provision and to simplify and clarify by bringing most pertinent legislation under one Act. Radical review and debate has occurred, with the unexpected bonus of uniting all parties outside government. The single change we need is for the government to be more accepting of the consensus.

Dominic Fannon