

# Reviews and reflections

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## Enhancing the Professional Culture of Academic Health Science Centers: Creating and Sustaining Research Communities

Thomas S. Inui (AQA, Johns Hopkins University, 1988) and Richard M. Frankel, editors  
New York, Radcliffe Publishing, 2013

Reviewed by Jack Coulehan, MD (AQA, University of Pittsburgh, 1969)

In the final chapter of *Enhancing the Professional Culture of Academic Health Science Centers*, Richard Frankel and Thomas Inui write, “We are encouraged by the generosity of spirit that fills these pages.”<sup>p190</sup> They then conclude the book with their vision of a new culture for biomedical



research, a multidisciplinary community of scientists “sharing our dreams, exchanging our inspirations, listening intently to our young, and setting out daily in new directions on the journey we have chosen.”<sup>p194</sup>

It’s an inspiring vision, but hardly the state of affairs in today’s cut-throat world of biomedical research. Neither sharing dreams nor listening to students ranks high among the priorities of America’s major research institutions. Yet, the genius of Inui and Frankel’s book—subtitled “Creating and Sustaining Research Communities”—is to show that a number of such multidisciplinary, relationship-based communities do, in fact, exist and at least some thoughtful scientists consider human relationships to be of fundamental importance in their research. The editors describe the process of appreciative inquiry, during which they conducted open-ended one-on-one interviews with twelve researchers of varied backgrounds and specialties, asking each individual to tell the story of one incident or situation “in which you have felt your best as a scientist.”<sup>p3</sup> Most of the book consists of these stories, supplemented by each narrator’s reflections on his or her institutional program and personal experience.

Appreciative inquiry is a technique that locates the energy or spirit of an institution in participants’ stories about their best work experiences; in this case, investigators and administrators relate stories of professional fulfillment. The reported incidents vary widely, but they cluster around a small number of themes: successful mentoring of trainees, persevering after initial failure, building trusting relationships with colleagues, using skills to help others, and convening or participating in a team “who loved to learn together.”<sup>p5</sup> Several chapters are devoted to fleshing out the “multidisciplinary community of researchers” concept. For example, in “Breaking out of the Silos in the Heartland,” Anantha Shekhar describes the creation of a statewide

Translational Science Laboratory in Indiana through the development of a network of institutional relationships and a successful application for an NIH Clinical and Translational Science Award (CTSA). The chapter on Seattle’s Group Health experience is another example. Eric Larson, Christine Tachibana, and Edward Wagner recount the development of the Group Health Research Institute (GHRI) and list a number of its myriad contributions to translational research. One important clinical example of synergy between Group Health’s clinical practice and GHRI is the team-based, patient-centered care model for patients with chronic illness, which arose from the findings of a number of GHRI studies.

Other chapters focus more specifically on interpersonal process. “The Relationship-Centered Care Research Network” by Richard Frankel and colleagues tells the story of the network’s creation and maturation during a series of informal meetings of eleven researchers that took place over four years, mostly at participants’ homes, with the help of an external facilitator. Network members attribute much of the group’s success to this context of freedom from “the ordinary constraints of ‘doing science,’” and being able “to relate to others personally as well as professionally.”<sup>p138</sup>

“Carrying a Center of Excellence through a Critical Transition in Leadership” explores interpersonal process at a different level, in this case an effective collaboration by senior investigators to steer a Department of Veterans Affairs Health Services Research and Development Center through an unexpected transition in leadership. The most significant lesson from this process was that “a successful center is built from strong relationships.”<sup>p183</sup>

Richard Gunderman’s story is one of the most engaging in the book. For nine years Gunderman helped care for a young man who suffered from

severe and progressive neurological disease. Many at the hospital criticized the team for investing so much time and effort prolonging the life of a patient who was “barely there” and terminally ill. When the young man died, his parents asked Gunderman to make some comments at the funeral. In reflecting on his own feelings, Gunderman realized that “there is something precious in a fragile, brittle life,”<sup>p110</sup> no matter how limited. This realization gave Gunderman a feeling of immense gratitude, when he “felt at [his] best as a scientist.” In the rest of the chapter, with the help of the Book of Genesis, Gunderman explores the role of dreams in science. Yes, you read correctly: dreams. The author is not referring here to random eye movements during sleep, but rather to the remembered content of dreams, as well as the generic use of that word for visions, ideals, and aspirations. The chapter’s title is “Cultivating the ‘Research Mind’—Reason, Dreams, Discovery.” Gunderman’s point is that creative imagination is just as essential to the “research mind” as is reason and it must be cultivated—not suppressed, as is often the case in academic environments.

In their epilogue Frankel and Inui evoke another dimension of the creative life: sharing one’s dreams. They explain that in some Australian Aboriginal traditions people gather around the fire each morning to share memories of their dreams to assist them in communal decision making. “It is thought that the dreams of children are most important . . . [because children] have fresher imagination, less confusion about the reality of their dreams, and are a more secure source of creative thought.”<sup>p193</sup> Application to biomedical research? Imagination, communication, trusting relationships, and willingness to learn from our students.

It is remarkable that the final thoughts of *Enhancing the Professional*

*Culture of Academic Health Science Centers* are about sharing and dreaming. Inui and Frankel’s appreciative inquiry represents out-of-the-box thinking about scientific progress because it puts a premium on the lived experience of research and takes community seriously. Their book is the third volume of a series from Radcliffe that has the overall title, *Culture, Context and Quality in Health Sciences Research, Education, Leadership and Patient Care*. If the others are similarly enlightened, the series should be a significant contribution to conceptualizing tomorrow’s academic health sciences center.

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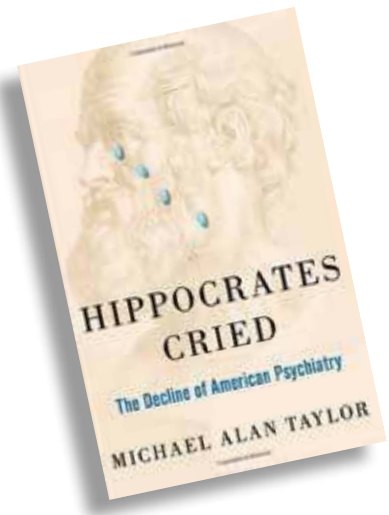
### **Hippocrates Cried: The Decline of American Psychiatry**

Michael Alan Taylor  
New York: Oxford 2013

**Reviewed by Michael Schwartz, MD**

*Hippocrates Cried: The Decline of American Psychiatry* by Michael Alan Taylor, is a trenchant commentary on the current state of American psychiatry. Dr. Taylor is with the University of Michigan, and prior to that he had been the Chairman of the Department of Psychiatry at Chicago Medical School. Dr. Taylor is extremely critical of what he considers to be psychiatry’s overreaching with regard to areas of claimed expertise and consequent ineffective and unethical methods of practice.

In the past year, the publication of



DSM-5, as well as a series of horrifying mass murders and attacks by mentally imbalanced individuals has kept psychiatry and the mentally ill in the spotlight. The medical profession and the larger society tend to view psychiatrists and their patients with ambivalence and suspicion. The broad range of conditions that psychiatrists must consider, the lack of laboratory-based diagnostic assistance, the shame, stigma, and discrimination associated with a psychiatric diagnosis and treatment, along with the micromanagement of practice and payments by third parties, challenge psychiatric clinicians and researchers on a day-to-day basis.

Freud’s explication of the dynamic unconscious and the principles of psychoanalysis (along with its myriad derivatives) in the early twentieth century, coupled with the discovery and development of modern psychopharmacology in the mid-twentieth century have been the driving forces in modern psychiatry. Despite advances in neurochemistry, brain imaging, and psychiatric genetics, psychiatrists remain stymied in their ability to understand psychopathology at its most basic level, i.e., at the level of the brain mechanisms that are responsible for psychiatric disorders.

Psychiatry’s status and power is seen as suspect because of its shaky scientific underpinnings and this has opened

the door to a cottage industry of critics of psychiatry and psychiatrists. Some critics espouse radical change while others see the necessity for incremental change. The best known contemporary critic espousing radical change was the late Thomas Szasz, who was of the opinion that mental illness is a myth, and that psychiatrists do not concern themselves with true illnesses; rather, they deal with personal, social, and ethical problems in living.

More conservative, politically entrenched psychiatrists have tended to worry about the erosion of psychiatric authority and the declining public trust in the field. They believe that there needs to be some sort of overarching officially sanctioned scientific paradigm that guides psychiatry and psychiatrists in their work; they just disagree on what that paradigm should be.

Into this fray jumps Dr. Taylor, whose philosophy appears to put him in the camp of the radical critics. It is Dr. Taylor's opinion that psychiatry is beset by many problems, including the outsize influence of psychoanalytically oriented psychiatrists and pharmaceutical companies, a scope of practice too broad to allow the specialty to put its efforts where needed, and diagnostic laziness and imprecision by its practitioners. Taylor directs his contempt at psychoanalysis, the modern editions of the *Diagnostic and Statistical Manual* (DSM), the current practice of psychopharmacology, the influence of Big Pharma, residency training in psychiatry, child psychiatry, and even the anti-psychiatry movement. Taylor believes that psychiatry should focus only on neuropsychiatric syndromes that have a clear basis in brain dysfunction. By this he means classical neuropsychiatric syndromes associated with seizure disorders, brain injuries, dementia, delirium, and other conditions like schizophrenia, manic depressive illness, melancholia, and certain anxiety disorders. He is dismissive of

psychiatrists interested in less "severe" (i.e., neurotic) conditions. Although many of these conditions are now understood to be the result of neurologically based differences in temperament, influenced and shaped by critical experiences during development, and ultimately manifested as maladaptive personality traits, Taylor believes that these conditions have no place in modern psychiatric practice. Moreover, he condemns the gold standard treatment for these conditions, psychoanalysis, as completely ineffective.

Taylor worries that psychiatrists do not commonly think about including neurological conditions, particularly seizure disorders, in their differential diagnosis. He is angered that the pharmaceutical industry has had undue influence on the way that psychiatry is practiced, effectively promoting expensive drugs that are not as effective as older medications. Finally, he accuses the field of having been seduced by a research paradigm mentality, while giving only lip service to the goal of clinical excellence.

Many of these criticisms will not be new to longtime practitioners and observers of psychiatry. Nevertheless, they demand thoughtful rebuttal. Unfortunately the tone of Dr. Taylor's criticism contains a degree of hostility and contempt for psychiatry and his fellow psychiatrists that I found off-putting. Successful psychiatrists learn early on that the key to facing the daily challenges of psychiatric practice is to maintain a positive and supportive attitude, in spite of the many challenges that face us and our patients.

The book is generously sprinkled with cases histories of patients who presented with complaints that proved resistant to standard psychiatric therapies and who were then referred to the tertiary centers that Dr. Taylor was associated with. When Dr. Taylor consulted, he often uncovered a neurologically based explanation for these

conditions. Besides being great cases to learn from, they remind us that it is all too easy to become intellectually lazy in the day-to-day practice of psychiatry and fail to consider medical and neurological conditions as part of the differential diagnosis of patients who do not respond as expected.

Dr. Taylor is a little more on target with his criticisms of the embrace of newer psychopharmacological agents. He contends that the newer medications have not delivered on the promise of either being more efficacious or safer than older medications. In fact, the older medications may be more effective. Furthermore the marketing of these medications as safer than older medications has led to widespread usage of psychotropic drugs and broadening of diagnostic categories to the point of meaninglessness in order to justify their use. He sees this process as driven by the pharmaceutical industry and influential academic psychiatrists who have colluded with them over the years.

Dr. Taylor asks whether psychiatrists will still be needed by the end of this century. Already most mental conditions are treated by nonpsychiatrists who are viewed by many as less expensive and equally effective. If psychiatry is to survive, he thinks that its salvation lies in the embrace of neuropsychiatry, a subspecialty that avoids the fuzziness of thinking that he obviously detests. While Dr. Taylor is clearly opinionated, he has earned the right to these opinions, and readers who can get past his cantankerousness will find much food for thought.

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