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Editor-in-Chief

These essential principles govern the relationship of psychiatrists with their patients

The DNA of psychiatric practice: A covenant with our patients

As the end of the academic year approaches, I always think of one last message to send to the freshly minted psychiatrists who will complete their 4 years of post-MD training. This year, I thought of emphasizing the principles of psychiatric practice, which the graduates will deliver for the next 4 to 5 decades of their professional lives. Those essential principles are coded in the DNA of psychiatric practice, just as the construction of all organs in the human body is coded within the DNA of the 22,000 genes that comprise our 23 chromosomes.

So here are the principles of psychiatry that I propose govern the relationship of psychiatrists with their patients, encrypted within the DNA of our esteemed medical specialty:

- Provide total dedication to helping psychiatric patients recover from their illness and regain their wellness.
- Maintain total and unimpeachable confidentiality.
- Demonstrate unconditional acceptance and respect to every patient.
- Adopt a nonjudgmental stance toward all patients.

- Establish a strong therapeutic alliance as early as possible. It is the center of the doctor–patient relationship.

- Provide the same standard of care to all patients—the same care you would want your family members to receive.

- Provide evidence-based treatments first, and if no response, use unapproved treatments judiciously, but above all, do no harm.

- Educate patients, and their families, about the illness, and discuss the benefits and risks of various treatments.

- Do not practice “naked psychopharmacology.” Psychotherapy must always be provided side-by-side with medications.

- Support the patient’s family. Their burden often is very heavy.

- Emphasize adherence as a key patient responsibility, and address it at every visit.

- Do not hesitate to consult a seasoned colleague about your complex clinical cases.

- Deal effectively with negative countertransference. Recognize it, and refer the patient to another colleague if you cannot resolve it.

- Always inquire about thoughts of harming self or others and act accordingly.

- Always ask about alcohol and substance use, and about over-the-counter

To comment on this editorial or other topics of interest:
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drugs as well. They all can complicate your patient's treatment course and outcome.

- Never breach boundaries with your patient, and firmly guide the patient about breaching boundaries with you.

- Uphold the medical tenet that all "mental" disorders of thought, mood, affect, behavior, and cognition are generated by disruptions of brain structure and/or function, whether molecular, cellular, or connectomic, caused by various combinations of genetic and/or environmental etiologies.

- Check your patients' physical health status, including all treatments they received from other specialists, and always rule out iatrogenesis and disruptive pharmacokinetic interactions that may trigger or exacerbate psychiatric symptoms.

- Learn and use clinical rating scales to quantify symptom severity and adverse effects at baseline and at each visit. Measuring the severity of psychosis, depression, or anxiety in psychiatry is like measuring fasting glucose, triglycerides, or blood pressure in internal medicine.

- Use rational adjunctive and augmentation therapies when indicated, but avoid irrational and hazardous polypharmacy.

- Document your clinical findings, diagnosis, and treatment plan conscientiously and accurately. The medical record is a clinical, billing, legal, and research document.

- Advocate tirelessly for psychiatric patients to increase their access to care, and fight the unfair and hurtful stigma vigorously until it is completely erased. A psychiatric disorder should have no more stigma than a broken leg or peptic ulcer, and insurance parity must be identical as well.

- Establish collaborative care for each of your patients and link them

to a primary care provider if they do not already have one. Disorders of the body and the brain are bidirectional in their effects and psychiatric patients often suffer from multiple organ diseases.

- Do some pro bono care for indigent or uninsured patients, and actively ask companies to provide free drugs to patients who cannot afford the medication you believe they need.

- Recognize that every treatment you use as the current standard of care was at one time a research project. Know that the research of today is the treatment of tomorrow. So support the creation of new medical knowledge by referring patients to FDA clinical trials or to National Institutes of Health-funded biologic investigations.

- No matter how busy you are, write a case report or a letter to the editor about an unusual response or adverse effect. This generates hypotheses that researchers can pursue and test.

- Volunteer to serve as a clinical supervisor for medical students and residents from your local medical school. Most academic departments of psychiatry appreciate their community-based volunteer faculty.

You, the readers of CURRENT PSYCHIATRY, include thousands of experienced psychiatrists with years of practice in the real world. I invite you to add to this list of principles by writing to me at henry.nasrallah@currentpsychiatry.com. Join me in providing the freshly minted psychiatrists words of wisdom about the DNA of psychiatry to guide them before they embark on their careers as psychiatric physicians.

A handwritten signature in black ink that reads "Henry A. Nasrallah".

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Editor-in-Chief