

# 16 New Year's resolutions for psychiatrists in 2016

**Making New Year's resolutions is an interesting ritual with a notoriously short half-life. Those who go through the exercise, however, exhibit a certain degree of commendable self-reflection and insightfulness about the need for necessary adjustment in one's life.**

Such decisions can be made at any time, but the dawn of a year is a powerful signal of a new beginning—another lease on life, a potential turning point. Imbedded in those resolutions is a subliminal sense of urgency to correct one's long-neglected shortcomings as the calendar ruthlessly points to inevitable aging and the relentless march of time.

## A psychiatric perspective

For psychiatrists, New Year's resolutions transcend the (often ephemeral) impulse to go on a diet or buy a membership at the local gym. We have a unique perspective on the challenges that our patients face every day as they cope with the complex demands of life despite their anxiety, depression, or psychosis.

We are aware of the many unmet needs in managing complex neuro-psychiatric brain disorders and the major challenges of erasing the burdensome stigma that engulfs our patients and the practice of psychiatry itself—despite its noble mission of repairing

fractured brains, mending tortured souls, and restoring peace of mind and wellness. We are proud of our clinical and scientific accomplishments but are painfully cognizant of our limitations and the huge chasm between what we know and what we will *eventually* know once the brain reveals its glorious mysteries through neuroscientific research.

## What can you resolve?

Here is my proposed list of pragmatic resolutions that most psychiatrists would regard as part of a perpetual to-do list—a must-do bucket of cherished goals and brave new horizons to bring complete mental health for our patients and immeasurable gratification for us, who dream of cures for brain disorders that trigger various ailments of the mind.

- **Practice like a physician** to emphasize the medical foundation of psychiatry: Always check on a patient's physical health, and monitor his (her) cardiometabolic status. Wear the symbolic white coat that often enhances the physician–patient relationship.

- **Dedicate a significant percentage of your practice to the sickest patients.** There are enough non-physician mental health professionals to handle the walking wounded and worried well.

- **Advocate relentlessly** throughout your sphere of influence, and publicly, for true parity between psychiatric and non-mental medical disorders—not only for insurance coverage but for



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**Resolution No. 5:**  
**Adopt evidence-based psychiatric practice whenever possible to achieve the best outcomes. Implement off-label practices when there are no alternatives**

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overall societal acceptance and compassion as well.

• **Lobby vigorously for hospitalization** instead of imprisonment of the seriously mentally ill because psychosis is a brain disease, not a criminal offense.

• **Adopt evidence-based psychiatric practice** whenever possible to achieve the best outcomes. Judiciously implement off-label practices, however, if no evidence-based treatments exist for a suffering patient.

• **Avoid senseless and irrational polypharmacy** but do not hesitate to use rational, beneficial combination therapy.

• **Provide 1 hour a week of pro bono psychiatric work** for the indigent and underserved. The rewards of giving what amounts to 1 week a year are immeasurably more gratifying than a few more dollars in your bank account.

• **Resist calling an ill person a 'client' or 'consumer'**—at least until oncologists and cardiologists start doing so. Refuse to give up your medical identity in the many de-medicalized mental health clinics.

• **Never let a patient leave your office without some psychotherapy**, even as part of a 15-minute med-check.

• **Stay current** and on the cutting edge of evolving psychiatric practice by logging into PubMed every day (even briefly) to read a few abstracts of the latest studies related to patients you saw that day.

• **Think like a neurologist** by identifying the neural circuits of psychiatric symptoms. Act like a cardiologist by doing everything medically possible to prevent recurrence of psychotic, manic, or depressive episodes because they damage brain tissue just as a myocardial infarction damages the heart.

• **Support research with words, money, and passion.** Psychiatric neuroscientific breakthroughs generate superior treatments, erase stigma, and

advance the quality of life for patients. Donate annually to the researchers of your choice, at the medical school where you were trained, or at a non-profit research institute.

• **Make time to write for publication**, annually, at least 1 case report or a letter to the editor about observations from your practice. You can contribute immensely to the discovery process by sharing novel clinical insights.

• **Never give up on any patient** or set expectations too low, regardless of the diagnosis or severity of illness. Giving up destroys hope and ushers in despondency. Get a second opinion if you run out of options for a patient.

• **Always set remission followed by recovery as the therapeutic goal** for every patient. Let the patient know this and ask him (her) commit to that goal with you.

• **Be genuinely proud to be a psychiatrist.** You assess and rectify disorders of the mind, the most complex and magical product of the human brain that determines who we are and how we think, emote, communicate, verbalize, empathize, love, hate, remember, plan, problem-solve, and, of course, make resolutions.

#### Back to diet and exercise— for our patients and for us!

It's OK to include, among your New Year's resolutions, a pledge to strongly encourage patients to diet and exercise. Given the tendency of many of them to gain weight and die prematurely as a consequence of obesity-related cardio-metabolic risk factors, you should urge them to eat healthy and exercise every time you see them, not only on New Year's Day.

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