

New APA President Vows to Restore Specialty's Credibility

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ATLANTA — American psychiatry is facing a “crisis of credibility,” said Steven S. Sharfstein, M.D., the new president of the American Psychiatric Association.

Dr. Sharfstein vowed at the APA's annual meeting to restore that credibility by advocating for patients and creating and enforcing ethical standards.

“Our profession is seen, by many, as an interest group, a trade association. And too often we have behaved like one,” said Dr. Sharfstein, who has served as president and chief executive officer of the Sheppard Pratt Health System, a non-profit psychiatric hospital system in Baltimore, since 1992.

Psychiatrists are failing to lead when it comes to problems such as lack of access, high costs, and unmeasured quality in health care. The problem, he said, is not a lack of sound policy proposals, but the profession's lack of credibility and leverage.

“When we speak, too few listen,” he said. “And to a large extent, we have only ourselves to blame.”

Dr. Sharfstein pointed to an erratic and inconsistent system of self-discipline, an unacceptable rate of medical errors, and gross disparities in health care. As a profession, psychiatry has frequently allowed itself to be corrupted by industry and has compromised the core value of patient confidentiality in an effort to guarantee payment and stay on managed care contracts.

“We must earn back our moral authority,” said Dr. Sharfstein, who succeeds Michelle B. Riba, M.D., in the 1-year presidential term. “We must regain the public's trust.”

The first step is to recommit the profession to advocating for patients. Patients with mental illness still face stigma, and they are often ignored and mistreated. Psychiatrists should advocate for better care with insurers and policymakers, Dr. Sharfstein said. He also encouraged psychiatrists to form “creative alliances” with groups such as the National Alliance for the Mentally Ill and the National Mental Health Association.

In addition, he urged psychiatrists to push for the restoration of funding recently cut from the federal portion of the Medicaid program. And that advocacy should also extend beyond the boundaries of the doctor-patient relationship to broader issues of public health.

For example, thousands of young people are incarcerated unnecessarily each night because community mental health services are not available. And adults with mental illness are shot and killed by police who have little or no training to deal with such situations. “This, too, must be psychiatry's concern,” he said.

Next, psychiatry needs to create and

enforce ethical standards. Dr. Sharfstein singled out the need to address the relationship between psychiatry and the pharmaceutical industry.

“It is my view that these relationships have been rife with the appearance of conflict of interest and frankly, with conflict of interest itself,” he commented.

Finally, Dr. Sharfstein said psychiatrists can help earn back their credibility by defending their core professional values, including confidentiality, academic inquiry, and scientific integrity.

Although it isn't proper in an age of terrorism to insist on total confidentiality of records, it's appalling that the Patriot Act allows the government to not only view patient records but to prevent psychiatrists from telling patients of such breaches. “Speaking up for confidentiality, even if we have a lone voice, is absolutely essential to our credibility and our professionalism,” Dr. Sharfstein said.

Academic inquiry is another area that must be defended. That means refusing to let drug companies withhold clinically important information from physicians and patients. The APA has made progress in obtaining access to data, and the group will continue to push for federal legislation aimed at establishing a registry of all clinical trials, he noted.

Psychiatrists also need to work to protect the scientific integrity of the field from attacks, including those from government officials. Dr. Sharfstein cited comments made by Rep. Ron Paul (R-Tex.), who is opposed to psychiatric care for children. Rep. Paul, an ob.gyn., has said that psychiatric diagnosis is inherently subjective and that mental health screening in schools has “no place in a free and decent society.”

Dr. Sharfstein fired back, calling Rep. Paul's comments “ignorant attacks.”

Dr. Sharfstein warned that threats to scientific integrity have also come from government agencies. For example, Bush administration officials recently instructed researchers presenting a study on suicidality among gay, lesbian, bisexual, and transgender individuals to not use the words gay, lesbian, bisexual, and transgender.

Telling researchers to delete those words is an insult to science and human rights, Dr. Sharfstein said, and psychiatrists cannot sit back and let that happen.

“If we abandon our core principles, then we lose our moral and professional authority—which is the light we must use to lead,” he said.

Dr. Sharfstein, whose research interests include the financing of psychiatric care, will focus on issues such as psychologists' prescribing, malpractice, and parity during his term as APA president. But his top goal will be to set examples for American medicine by transforming psychiatry. “It is the only goal worthy of our profession,” he said. ■

POLICY & PRACTICE

APA Wary of Florida Law

A recently enacted Florida law that is expected to reduce the number of drugs the state's Medicaid program will pay for “puts people with mental illness at serious risk,” according to the American Psychiatric Association. The APA expressed concern about the limited number of drugs allowed in each therapeutic category; although the association's press release said only the two most cost-effective drugs were allowed, Jonathan Burns, press secretary for the state's Agency for Health Care Administration, said two drugs was the *minimum* number permitted and that there was no maximum. The “most harmful aspect of the law is a requirement that—*each year*—a patient must first fail on the cheapest mandated medications before the patient is given access to the medication his or her physician believes is optimal, even where the patient has been successfully treated with the physician-chosen medication,” the APA noted. But Mr. Burns said that once a physician has gotten prior authorization to put a patient on one of the formulary drugs, “that's the medication the patient uses. We're not going to ask physicians to put patients back on medications that they've already tried and haven't worked for them.” He did acknowledge, however, that some drugs currently on the formulary will be eliminated and no patients will be “grandfathered in,” so that some patients may have to change medications. The new formulary, which allows the state to negotiate with drug manufacturers, is expected to save millions of dollars.

Drug Misuse Death Rates

Baltimore and Albuquerque had the highest death rates from drug misuse of 32 metropolitan areas surveyed, with more than 200 deaths per 1 million people, according to a Substance Abuse and Mental Health Services Administration report. Minneapolis-St. Paul and Buffalo, N.Y., had the lowest rates, at 53 and 56 deaths per million, respectively, according to data from SAMHSA's Drug Abuse Warning Network. “Amazingly, the vast majority of people who need but do not receive treatment for a serious drug or alcohol problem don't even recognize they have a problem,” SAMHSA Administrator Charles Curie said. “We must encourage those in need to enter and remain in treatment before it's too late, before they become a mortality statistic.”

The OxyContin Wars

The federal Drug Enforcement Administration's efforts to stop illegal use of the prescription painkiller OxyContin have “cast a chill over the doctor-patient candor necessary for successful treatment,” Ronald T. Libby, Ph.D., a political science professor at the University of North Florida, wrote in a policy analysis for the Cato Institute, a libertarian think tank. The DEA's campaign includes elevating OxyCon-

tin to the status of other schedule II substances and using “aggressive undercover investigation, asset forfeiture, and informers,” he notes. “By demonizing physicians as drug dealers and exaggerating the health risks of pain management, the federal government has made physicians scapegoats for the failed drug war,” Dr. Libby wrote. When asked for comment, a DEA spokeswoman referred to a recent statement by DEA Administrator Karen Tandy. “We employ a balanced approach that recognizes both the unquestioned need for responsible pain medication, and the possibility ... of criminal drug trafficking,” Ms. Tandy said, noting that physicians “are an extremely small part of the problem.”

Medicare Mental Health Drugs

The Centers for Medicare and Medicaid Services is requiring all health plans serving Medicare patients to include all antidepressant and antipsychotic drugs on their formularies starting in 2006, when the new Medicare drug benefit takes effect. In a document released in early June, the agency noted that in earlier guidance on the Medicare drug plan, it stated that “a majority” of drugs in these categories—as well as anti-convulsants, anticancer drugs, immunosuppressants, and HIV/AIDS drugs—would have to be on plan formularies and that beneficiaries should have uninterrupted access to all drugs in that class. But in training sessions and in answering user calls, “CMS has consistently explained that this meant that access to ‘all or substantially all’ drugs in these specific categories needed to be addressed by plan formularies,” the document stated. “This is because the factors described in our formulary guidance indicated that interruption of therapy in these categories could cause significant negative outcomes to beneficiaries in a short time frame.”

The Chosen Profession

“Be a physician” is the most common career advice that Americans give young adults, according to a Gallup poll of 1,003 adults aged 18 years and older. Twenty percent of survey respondents recommended that young women become doctors, while 17% suggested medicine as a career for young men. By comparison, only 11% and 8% suggested that women and men choose careers in computers, respectively. Nursing continues to be viewed as a women's profession: 13% thought women should choose nursing, but that choice did not even make the top five careers for men. Medicine has always been cited as a top career choice for men, although the percentages have been rising steadily over the years for women, as more pursue careers as physicians. “These poll results offer great encouragement for a profession facing a diversity gap and a workforce deficit,” said Jordan Cohen, M.D., president of the Association of American Medical Colleges.

—Joyce Frieden with staff reports