



RESEARCH ARTICLE

THE EXISTENTIAL CRISIS IN PSYCHIATRY

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ARTICLE INFO

Article History:

Received 13<sup>th</sup> October, 2017

Received in revised form

19<sup>th</sup> November, 2017

Accepted 21<sup>st</sup> December, 2017

Published online 19<sup>th</sup> January, 2018

ABSTRACT

Despite rapid development in most medical branches, Psychiatry has been slow in adapting to changes and is gradually losing its footing. The areas which were previously considered under the domains of psychiatry are slowly been taken over by other branches of medical Science. This article tries to express the need of mental health professionals to be vigilant and adapting to periodic changes in medical science.

Key words:

Psychiatry, Neurology,  
Dementia, ICD 11.

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Citation: Manjunadh Muraleedharan and Junaid Nabi, 2018. "The existential crisis in psychiatry", *International Journal of Current Research*, 10, (01), 64129-64130.

INTRODUCTION

Medical science has progressed a long way in last a few decades. It has divided itself in to multiple branches which are growing in all directions. Historically Psychiatry compared to other medical branches was reluctant to be aggressive in claiming the domains which belongs to it (Katsching, 2010). As a result, it's slowly losing its feet since other medical branches are slowly encroaching to the area which was classically considered as part of the branch. It should act as a wakeup call for all mental health professionals not only to save the branch but to adapt and employ more scientific and evidence-based management strategies. One area where psychiatry fell behind is developing subspecialties like Geriatric, child, Addiction psychiatry, sexology, not only the avenues in specialising in these areas are far and few but also most are contented without going for it. Contrastingly most other medical specialties are trying hard to expand their reach and developing more sub-specialties. Recently there is an ongoing debate to reclassify dementia in ICD 11 (WHO, 2014). Main argument in this favour is the demonstrable brain abnormalities in the condition. But what is futile in this argument is the "deliberate ignorance" of certain section of medical fraternity to wrongly classify psychiatry as a

functional branch. It is indeed unfortunate to see a branch like psychiatry which effectively integrates biological, psychological and social factors to good effect being sidelined claiming biological aetiologies of certain conditions. It is proved beyond doubt that all the mental and behavioural disorders have biological underpinnings. The purpose of a classificatory system is to systematically analyse and organise the corresponding disorder such that the treating physician is able to effectively manage the condition than purely being an aetiology based "book". Dementia is a syndromic diagnosis for which abnormality in cognition (mental capacity/higher mental function), behaviour, socio-occupational functioning is vital (Gauthier, 2006). It is not diagnosed based on a specific brain abnormality nor it has much significance in management, having said that the branch of psychiatry is fully capable in understanding the brain abnormalities and managing it accordingly. So, an argument that the dementia should be reclassified primarily in neurology because of etiological reasons is not only misleading but also questioning the credibility of psychiatry as a branch. The clinical profile of dementia regardless of aetiology fits in to a system of management based on bio psychosocial perspective. The inherent strength of psychiatry is its ability to integrate biological, social and psychological domains in its management protocol. Any approach in singular is insufficient to manage dementia. Another argument in favour of reclassifying is in the observation that all the patients of

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dementia may not have behavioural symptoms. Again, there is an inherent fallacy with this argument which sidelines mental health professional just to manage the behavioural aspect of a condition. Cognition which is primarily affected in dementia very well comes under the purview of psychiatry. It is imperative that we must tackle all the aspects before the damage sets in since all domains of symptoms are interlinked. There are some promising efforts worldwide to further develop and popularise the branch of geriatric psychiatry which would enable more efficient management of dementia worldwide. In India already, this branch is gaining momentum. In this juncture an effort to reclassify dementia in to neurology section would just backfire since it removes the mental health professional from the main picture. Eventually it will just add up to the stigma associated with psychiatry as a whole. Any new approach including a classificatory system should be to improve on current understanding or management of a situation, here by classifying dementia primarily in neurology nothing of that sort seem to be obvious except some dubious personal benefits and it's detrimental. As physician we are ultimately interested not in curing "diseases of the brain or disease of the mind" but rather- as the physician Maimonides reminded us eight centuries ago - in curing the diseased person (WHO, 2014), (Pies, 2004).

To achieve this goal, we must work as a team neurology and psychiatry as a single comprehensive and humanistic discipline.

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