

# BOOK REVIEW

## Is Evidence Based Psychiatry Ethical?

**Author: Mona Gupta**

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The title of Mona Gupta's book effectively jolts one out of the inclination to ask, "Is non-evidence-based psychiatry ethical?", where the expected answer would probably be "NO!" The author is well aware of the alignment of evidence-based practice with the increasingly prevalent good practice guidelines used in clinics in many different health care systems and does not question the need for an evidence base for psychiatric interventions. Tellingly, she notes "adopting EBM [evidence-based medicine] leads psychiatry to take on EBM's assumptions about diseases and treatments thereby cementing a commitment to a particular theory of mind and mental experience"(7). Gupta then turns to these assumptions and particularly the idea that EBM is committed to certain ethical values apart from "the intellectual and moral virtues involved in responsible scientific knowing"(8): "When EBM directs psychiatrists' attention towards one kind of problem and away from another, it cannot help but be making an ethical judgment about who deserves care and treatment and who does not, about which kinds of problems are worth spending health care resources on and which are not" (168). Those values revolve around EBM's conception of evidence and its marginalising of nuanced clinical judgment (despite repeated protestations to the contrary).

The tendencies Gupta identifies, as distinct from the official position of EBM proponents, echo for me a sad conversation with a young, and almost Eleven, psychiatric resident in Finland who was quitting her training because she could not bear the thought of living life as a "recipe book" doctor, making stereotyped diagnoses and dispensing guidelines generated remedies all of which necessarily had the form of a circumscribed intervention in a patient's life to "fix the problem." By contrast to this increasingly prevalent modernist way of doing psychiatry in well-run health systems, Julia Kristeva has observed "analysts who do not discover a new malady of the soul in each of their patients do not fully appreciate the uniqueness of each individual (New Maladies of the Soul: NY Columbia, 1995, p. 9). Mona Gupta clearly has many of the same sensibilities even as she acknowledges among the hierarchies of evidence used by EBM "N of 1" trials and the possibilities they offer (these include the possibility of the patient forming their own control in an on-off blinded and randomised design where comparisons between blocks of treatment allow evidence based conclusions). She remarks on the way that such an individualised methodology for clinical research suits the complex

comorbid, and chronic nature of mental disorder and the need for a skilled clinician to weave something unique out of a combination of essentially generalizable, quantitative and qualitative information as it applies to an interactive, caring encounter (80).

Gupta's realistic view of the psychiatric care of real people among whom we live and move and have our being is approached through the study she has done where she has spoken in depth to a diversity of experts – ethicists, psychiatrists, EBM proponents – to gather the type of evidence not easily aligned with the methodology of EBM and to question its assumptions: "that a diagnosis is a relatively precise definition that classifies the patient into a uniform group of patients with various shared characteristics, including clinical presentation and prognosis"(99). The model of a specific deficit and a causal remedy with an active ingredient whose effects can be distilled from an apparently chaotic situation relegates other aspects of a real and ongoing patient encounter or clinical course to a subsidiary role in psychiatric thinking whereas many of us have argued that a more discursive and nuanced approach puts the ethical front and centre so that caring for a troubled soul becomes what psychiatrists (and other mental health professionals) do and the knowledge they gain is from a kind of circumspection. The task of holding someone in being (Lindemann-Nelson) even while assessing them and gaining knowledge about their suffering is, in a number of areas of psychiatric care, ever so pressing as when suicide is in the offing. In relation to that tragic and deeply human event we are, arguably, served very inadequately by depersonalising the clinical encounter and leaving the increasingly alienated and disaffected person to *stew in their own* isolated (if judiciously spiked) psychic (or neuro-humeral) *juice* (or humours). A widespread need to belong, and to be connected and cared for has, arguably, never been greater than in contemporary society and Gupta offers us a timely critique of an approach to clinical care that categorizes, isolates and intervenes in human lives as if we were a range of variously faulty and mostly well-functioning machines to be poked, prodded, soothed and where necessary tweaked. The possibilities and need to do such things to people is, disturbingly, as and when the appropriate poisons are being promulgated through orchestrated campaigns of social and professional marketing replete with promises couched in terms of desirable effects (themselves often manipulated beyond nature and reason). Gupta identifies the unethical biases and unscientific tendencies throughout contemporary institutionalised psychiatry, some of

which seem ironically to be an artefact of the EBM approach to the human psyche (effective causal intervention in a neurobiological system): “taking into account the published and unpublished trial data concerning four antidepressant medications, these drugs showed no benefit ... [or] ... minor benefit over placebo ... Nevertheless, within mainstream psychiatric practice these medications are accepted to be effective.”(59). The dominance of a model of the mind fuelled by de-personalising theories of the human condition and the sparse ontology of the human that is required to support the core assumptions of EBM is a plausible interpretation of the clinical stupidity (doing what has proven to fail in the irrational hope that it will succeed this time) in evidence here. We do repeatedly turn to neurobiology and pharmacological breakthroughs in a society where young people can be gunned down or imprisoned because of their race, indigenous people can feel alienated in the land of their ancestors, and urban society abounds with loneliness in the midst of crowds. Psychiatry is called on as the ambulance magically expected to put together whatever broken beings are found at the base of these cliffs surrounding our shared post-modern existence. Gupta’s book tellingly gestures towards systems theory and the Bio-psycho-social model as a more inclusive path towards understanding what is going on from our position of turmoil in the midst of it. These strands of an emerging consensus are themselves areas of medical thinking that need a great deal of conceptual and philosophical work but she is surely right that it is in this more inclusive understanding of psychiatric practice in an increasingly technological and alienating world that we will come to be able to care more adequately for those who turn to psychiatrists and clinical psychologists – alienists - for help.

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