

Editorial

2002—Defining the 21st Century II

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It is a great sense of relief to bid farewell to 2002. It was a dog's breakfast of a year. The boom of war drums never let up from beginning to end and drowned out everything else that dared to take place. As the object of the declared war on evil changed from Bin Laden to Hussein, the little information that was given was viewed skeptically and as propaganda. We still do not know the casualties of the war in Afghanistan either of military or civilian personnel, even as a new conflict is well underway.

Within this context, the pace of life continues to accelerate. E-mail pours in requiring instant reply. Faxes chatter away, and one is never knowingly away from the cellphone. Children and adolescents are preoccupied on the Internet and the vast source of information it contains. It is less surprising that depression and anxiety complaints are on the rise.

While there are frequently raised question about the increasing number of children and adults diagnosed with attention-deficit hyperactivity disorder, perhaps an equally valid concern is whether this diagnosis should be applied to the entire pace of life. With both parents working to make a decent income and work coming home on the laptop, which is instantly connected, and with no extended family usually available to provide support, the pressure of living just keeps growing. The economy, already hit by "9/11," did not fulfill the promise made to recover. The scandals of big companies' lying and senior executive fraud led to the stock markets' hitting an unusual sequence of years in decline and reinforced the existing scare about investing.

In psychiatry we did not see the predicted increase in posttraumatic stress disorder despite the huge exposure of the world to scenes of violence. We did not see new products on the market, as most were new forms of existing medications. However, we did see continuing pressure, subtle and not so subtle,

from the companies to promote their products. Clauses in contracts requiring researchers to submit findings before publication and even the banning of information about adverse effects seemed to go beyond the limits of ethical requirements. Studies of the issues around the long-term use of medications are singularly lacking. As well, it is a personal observation that the audiences at sponsored events seem substantially to outnumber those at regular sessions. Incentives such as early information and invitation and provision of lunches and dinners seem to encourage this and then follow it with subsequent information releases.

There are a number of areas of real concern for psychiatry. The Romanow report mentioned that, among many recommendations, the area of mental health was in dire need of attention. In the media, after the first mention, this disappeared off the screen. Stigma remains despite the commendable efforts of individuals and organizations to correct this.

Recruiting trainees into psychiatry remains a crucial area, and recruiting into specialist aspects even more so, when the number of patients in need is considered. New forms of recognition and incentive are being considered but give rise to serious concerns that they may hamper in the long run, although initially successful. Will "child psychiatrists" be able to treat adults, as many do toward the end of their careers? Will "adult psychiatrists" be able to see and treat children and adolescents as, in many areas, they now do? Will the possible additional time required for training be an additional determinant?

The area of increased visibility and promise is genetics. This is advancing at an accelerating rate and may be about to give us a clearly identifiable diagnosis as an illness, rather than conformity with the consensus criteria we presently use. Unfortunately, it has become an area of controversy with the recent, still unverified, claim to cloning of humans.

Finally, there is a major concern that, as medications become effective, less time and attention is being given to psychotherapy and personal aspects of care. Psychiatry has moved from the couch to the chemical imbalance in the public view. There is a lack of clear, validated, and controlled research except for cognitive therapy, which few as yet practice. Perhaps those who practice psychotherapy so believe in it that they will not or cannot subject their actions to research viewing. More likely is that not using medication equals lack of access to the now most generous source of research funding. One could dream of all funding being put into a common pool, but this is unlikely to happen.

It is appropriate at this time to thank those who have contributed to the *Journal* in this year of new format. The editorial team included Cheryl Clarke, Caroline Kay, Janie Gilmour, Melinda Hodgins, and Smita Hamzeh. Cheryl has left us, and Paul Payson is rapidly filling her shoes using his experience from a decade of editing for the National Research Council Research Press. The Deputy and Associate Editors, Drs Roger Bland, Joel Paris, Mary Seeman, and Alain Lesage, have done an outstanding job in their various roles, as has Dr Paul Grof as the Book Review Editor. Finally, and most sincerely, our thanks to those who served as reviewers despite their stressful ongoing agendas and who are listed below and on page 4 in recognition of their contributions.

Thank You to the *Journal* Book Reviewers in 2002 Merci aux critiques de livres de la *Revue* en 2002

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