Letters

"...why are you going into psychiatry?"

I was delighted to see John Greden, M.D., and his team on the cover of the Summer 2002 issue of *Medicine at Michigan*. Under his leadership, the Department of Psychiatry at Michigan has achieved well-deserved prominence as a first-rate program. John has worked tirelessly to promote a greater awareness of depression and other psychiatric disorders, both within the medical profession and in the public-at-large. The establishment of the University of Michigan Depression Center, a project dear to his heart for some time now, is a fitting tribute to his efforts.

Nor should the obstacles he has had to surmount be underestimated: I will never forget the exit interview I had in Med Sci II upon nearing graduation, in which the dean with whom I was meeting looked up from my transcript to observe, "You're a pretty good student...why are you going into psychiatry?" Noting in this same issue of *Medicine at Michigan* that only two of 159 graduates of the Class of 2002 matched into psychiatry, it's clear that John's work at Michigan is not yet done. Fortunately, the institution could not have a better advocate on behalf of psychiatry and mental health.

Lawrence H. Price
(M.D. 1978)
Providence, Rhode Island

While the recent *Medicine at Michigan* highlights development of a depression center at U-M in Ann Arbor, a real plus for the University, it was also striking to read that only two of the 2002 graduates of the Medical School have elected to take a residency in psychiatry. This is way below the national average and even lower than in 2001 (when the number was also below the national average). What seems to be happening is that a department of psychiatry that rightfully prides itself as being a leader seems not to be inspiring its medical students to enter the field.

Donald J. Carek, M.D.
(Residency 1963)
Charleston, South Carolina

Psychiatry faculty reply:

This is an important problem, and one that is not exclusive to Michigan. A long-standing national trend of decreasing medical school graduates selecting this specialty appears to be reversing, and numbers of psychiatric residents have actually begun to rise. The demand for psychiatric services nationally is at an all-time high and continues to increase. Recognition of psychiatric disorders as a major public health problem has grown in parallel with appreciation of the effectiveness (including cost-effectiveness) of psychiatric treatment. Social stigma is fading and more patients are willing to seek care. Neuroscience and behavioral advances are exploding in truly exciting ways. This confluence of factors has helped begin to reverse the national trend.

A major factor we are examining at Michigan in terms of accelerating the trend and meeting the demand for increased psychiatric services is how medical students select specialties for postgraduate training. Overwhelmingly, graduates going into psychiatry choose the field during their clinical clerkships when they are first exposed to a variety of intensive clinical experiences. In a recent study of the medical schools consistently producing the largest numbers of psychiatry residents, the single factor that emerged most prominently was the time students spent working in the field. The more medical students see of psychiatry, the more they are drawn to it.

Currently, the U-M Medical School offers a four-week clerkship in psychiatry, the shortest time allowable for licensing in most states. This little exposure to the field has consequences not only for the number of graduates choosing psychiatry, but also for those going into primary care, where many patients with psychiatric symptoms are first seen. In a major revision to the Medical School's curriculum, highlighted in this issue of Medicine at Michigan, *the School is working diligently to allocate precious educational time to priority experiences, including psychiatry, to improve students' ability to choose specialties based upon more and earlier clinically-oriented experiences.*

The U-M Depression Center opens the exciting prospect that students will see more of psychiatry at its best. The Center will provide opportunities for students to work with leading researchers, clinicians and educators, learning firsthand the underlying neuroscience, behavioral science and health services data that form the foundation of good treatment, and seeing its implementation in a state-of-the-art facility. We are heading in the proper direction, but we need to increase the speed of our momentum. We thank readers for calling attention

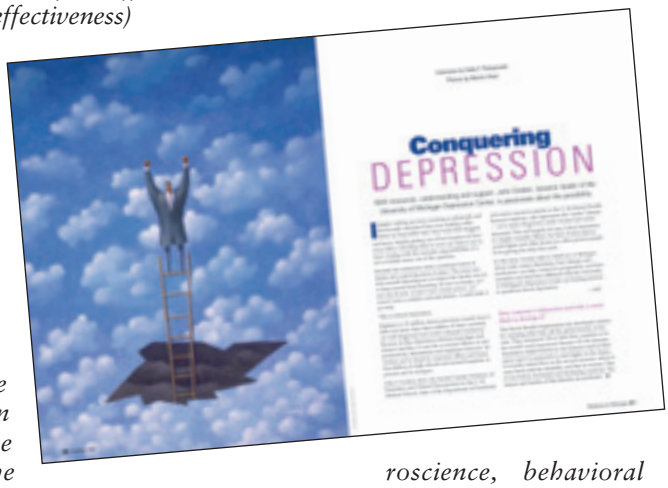


Photo: Martin Vloet

On September 11, a candlelight vigil was held on the Diag in tribute to those lost in the tragic events of one year ago.

to a significant issue for which we share great concern.

John F. Greden, M.D.
Rachel Upjohn Professor of Psychiatry and Clinical Neurosciences
Chair, Department of Psychiatry
Executive Director, U-M Depression Center

Michelle Riba, M.D.
Clinical Professor of Psychiatry
Associate Chair for Education and Academic Affairs

Michael D. Jibson, M.D., Ph.D.
Clinical Associate Professor of Psychiatry
Director of Residency Education

Medicine at Michigan: A Tribute to the School

Yesterday I received my Summer 2002 copy of *Medicine at Michigan* and took the opportunity to read it promptly (which rarely happens). I just want to tell you how impressive the magazine is, in my view. I am familiar with magazine editing and publishing, and the continued issuance of such a quality product is a tribute to the U-M Medical School's effectiveness and vitality.

I was especially taken with your treatment of the Udo Wile issue. Partly this is because I have known Dr. Mike Franzblau for years, professionally and personally. He is a dedicated warrior on social issues and, although I may not always agree with him, I hold his commitment to those values in the very highest regard. His concluding letter reveals the statesmanship he possesses. We can all be very proud of the way the matter was handled by everyone involved.

Amy Belser
Sausalito Vice Mayor
Sausalito, California

(Amy Belser's father, Walter Belser [M.D. 1929, Residency 1933], was a long-practicing physician in Ann Arbor.)

"Try to help...when you can..."

Although by no means am I attempting to stand in disagreement with Dr. Franzblau's position regarding Udo Wile in his letters to the editor in the Summer 2002 issue of *Medicine at Michigan,* there is a tiny statement that may need clarification.

Franzblau states, "Wile's experiments violated the code of medical conduct then in force, the AMA Code of Medical Ethics of 1847, which was derived from the Hippocratic Oath and had as its basic premise, *primum non nocere;* first do no harm."

I will not address whether the experiments violated the AMA Code of Medical Ethics of 1847. However, I would like to point out that section D of the Code states, "...the duties of a physician were never more beautifully exemplified than in the conduct of Hippocrates, nor more eloquently described than in his writings." Reference specifically to the "Hippocratic Oath" is made nowhere in the document.

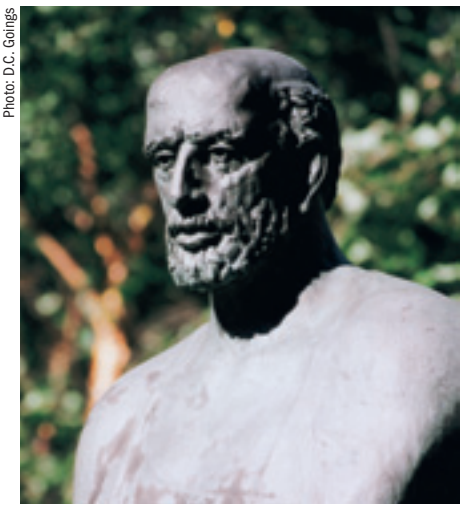
More importantly, the phrase *"primum non nocere"* does not appear in the AMA Code of Medical Ethics of 1847. Of course, the phrase *"primum non nocere"* does not appear in the Hippocratic Oath either, as that phrase is Latin and the Hippocratic Oath was written in Greek. A.R. Jonsen, in an article in the *Annals of Internal Medicine* (1978; 88:827-32) points out that the original Greek text translates loosely as, "As to diseases, make a habit of two things: to help, or at least do no harm." He further notes that the Latin term *"primum,"* with its implications of "first and foremost" or "above all," is simply not supported by the Greek text. Furthermore, the origin of *"primum"* in this context is obscure. I'm not personally aware of anyone identifying the particular instance of where this phrase was first noted in print.

As J.D. Shelton comments in the *Journal of the American Medical Association* (2000; 284:2687-8), there may indeed be harm in "doing no harm," and this concept can ethically tie a physician's hands. This was of course in the context of present day medical care; but I can see where many of the ideas here could be addressed to Udo Wile's situation back in the early 20th century, too.

Jay Siwek, M.D., editor of *American Family Physician* (2001; 64:1942) opines, "It would be better to embrace the meaning of the original text, which seems to say: 'Try to help your patients when you can, and when you can't, at least try not to make things worse.'"

Dwight R. Klettke
(M.D. 1977)
Park City, Utah

Photo: D.C. Goings



Hippocrates statue in the courtyard adjacent to Taubman Library