



columns

## e-interview

**Povl Munk-Jørgensen**

Povl Munk-Jørgensen is professor of clinical psychiatry at the Aalborg Psychiatric Hospital, Denmark and editor of *Acta Psychiatrica Scandinavica*. He trained at Aarhus University, Denmark. His special interests include the epidemiology of schizophrenia and physical illness in the mentally disordered.

**If you were not a psychiatrist, what would you do?**

Train to be a psychiatrist – and if that turned out to be impossible, try to become a neurologist as a second choice.

**What has been the greatest impact of your profession on you personally?**

A scientific attitude to professional life.

**Do you feel stigmatised by your profession?**

Yes, in a positive way. It is a privilege to be at the interface between biology, psychology and epidemiology.

**What are your interests outside of work?**

Apart from my family, which is beyond competition, my passion is editing the *Acta Psychiatrica Scandinavica* together with Birgitte Christiansen. This requires strict structure and working discipline, combined with communication with hundreds of unique individuals in order to extract the very best of the new research in psychiatry worldwide.

**Who was your most influential trainer, and why?**

The late Professor Erik Strömberg and associate Professor Annalise Dupont, Aarhus University. Both of them opened my eyes to epidemiology as applied to everyday clinical phenomena, and taught me my motto in professional life: research is fun.

**What job gave you the most useful training experience?**

For a couple of years at the beginning of my career, I worked with the late chief consultant Elisabeth Florian Sørensen who was a gifted teacher. She gave her trainees a very free hand, while always being supportive. Every Friday afternoon over a cup of coffee and a biscuit she supervised us for a couple of hours, discussing our mistakes and not least, acknowledging our successes.

**Which book has influenced you most?**

Goldberg's and Huxley's book from 1980 *Mental Illness in the Community*, and its second edition from 1992 *Common Mental Disorders*.

**What research publication has had the greatest influence on your work?**

There have been a lot throughout my 25 year career in psychiatry, but I think one of the most outstanding is the article 'Excess mortality of mental disorder' by Harris and Barraclough, published in the *British Journal of Psychiatry* in 1998. It had a great impact when I started working within the field of physical illness in the mentally disordered.

**What part of your work gives you the most satisfaction?**

Supervising young researchers irrespective of their professional background. I enjoy their enthusiasm, engagement and curiosity.

**What do you least enjoy?**

Participating in meetings without any agenda other than to meet, discussing management and entertaining managers.

**What is the most promising opportunity facing the profession?**

After walking for approximately 40 years in the desert, many psychiatrists, especially the very senior and the very junior, have now started thinking and acting as medical professionals.

**What is the greatest threat?**

Management, lack of continuous education, and the growing trend whereby psychiatrists think of themselves as employees with fixed weekly working hours.

**What single change would substantially improve quality of care?**

Education, education and education.

**Do you think psychiatry is brainless or mindless?**

After being brainless for many years I think psychiatry is on the way to achieving a fine balance.

**How would you entice more medical students into the profession?**

Thinking and acting as medical doctors – not pretending to be social workers or psychologists.

**What is the most important advice you could offer to a new trainee?**

To study, read and do research.

**What are the main ethical problems that psychiatrists will face in the future?**

Lack of continuous medical education, and influence from pharmaceutical companies.

**How would you improve clinical psychiatric training?**

Facilitating young doctors in general to think and act like academics and not like employees working a fixed number of hours per week, and by providing continuous bedside education by CME-updated senior colleagues.

**What single change to mental health legislation would you like to see?**

Legislation protecting patients against overenthusiastic psychiatrists and staff who ought not to intrude into patients' private homes without being invited.

**How should the role of the Royal College of Psychiatrists/American Psychiatric Association change?**

As I am not a member of the Royal College of Psychiatrists or of the American Psychiatric Association, I am not in a position to advise my British or US colleagues. But in general I think we would get quite a way if each of us psychiatrists took responsibility for our own CME – and were a little less intimate with the pharmaceutical companies.

**What is the future for psychotherapy in psychiatry training and practice?**

A useful tool like psychopharmacology, neurological and clinical examinations, MRIs, ADL training, etc.

**What single area of psychiatric research should be given priority?**

Improving the quality of life of the patients of today and clinical research into common problems. For the future, neuropsychiatry.

**What single area of psychiatric practice is most in need of development?**

Good clinical practice in everyday clinical psychiatry – and in the long run neuropsychiatry.

Dominic Fannon