



e-interview

Hélène Verdoux

Hélène Verdoux is Professor of Adult Psychiatry at the Université Victor Segalen in Bordeaux and Head of the Department of Adult Psychiatry at the State Hospital of Bordeaux, France. She trained in Bordeaux and London. Her special interests include the epidemiology of psychosis and pharmaco-epidemiology of psychotropic drugs.

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

Be a public health specialist, or perhaps a gardener (particularly during endless hospital meetings).

Do you feel stigmatised by your profession?

Not really, but I must acknowledge that in casual conversation, I sometimes do not disclose my specialty in order to avoid pseudo-compassionate comments about the difficulty of my profession.

Who was your most influential trainer, and why?

Robin Murray. For being at the one time a leading researcher, a great manager and one of the most wonderful and nicest people I have ever met.

What job gave you the most useful training experience?

My post as a visiting research psychiatrist in 1995 in the Department of Psychological Medicine at the Institute of Psychiatry, London. I discovered to what extent psychiatric research could be creative and fruitful.

Which book/text has influenced you most?

A book by Harold Searles entitled *Collected Papers on Schizophrenia and Related Subjects* that I read when I was a registrar. I was fascinated by how psychotherapists attempted to treat psychosis before the neuroleptic area.

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

Murray, R. & Lewis, S. (1987) Is schizophrenia a neurodevelopmental disorder? *BMJ*, **295**, 681–682.

What part of your work gives you the most satisfaction?

Teaching (motivated) students how to develop research projects and to write (published) papers.

What do you least enjoy?

Having a paper rejected for the third time.

What is the most promising opportunity facing the profession?

Remaining a distinct professional entity.

What is the greatest threat?

Becoming a subsection of neurology.

What single change would substantially improve quality of care?

More money for mental health services!

What conflict of interest do you encounter most often?

The relationship with drug companies, of course!

Do you think psychiatry is brainless or mindless?

Mindless.

How would you entice more medical students into the profession?

By telling them that psychiatry is the ideal choice for those susceptible to boredom.

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

To never reject or accept, *a priori*, a psychopathological or aetiological model, since (almost) none has been formally validated or discounted.

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

Genetic counselling and the temptation to use brain surgery for treatment of psychiatric disorders before having fully elucidated their pathophysiology.

How would you improve clinical psychiatric training?

By not recruiting dogmatic academic psychiatrists (i.e. those adhering to single theories) and by teaching students how to decipher the marketing messages of the drug companies.

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

The future of psychotherapy should be brilliant, but it should probably not play a prominent role in psychiatry training or practice. In France, at least, a large proportion of psychiatrists are exclusively practising psychotherapy. This is a real waste of public health resources, since a 10-year medical training is not required for this kind of practice.

What single area of psychiatric research should be given priority?

All areas should be given support; funding resources should not be restricted to genetic or brain imaging research.

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

A proactive approach towards the disability associated with psychiatric disorders and the development of remediation therapy, particularly cognitive remediation.

Dominic Fannon

doi: 10.1192/pb.bp.106.013805