Welcome to the 2017 winter edition of the Royal College of Psychiatrists’ Philosophy Special Interest Group Newsletter. Admittedly somewhat belatedly, we will begin by wishing you all a great year ahead. From our point of view, 2017 certainly looks like it is going to be an exciting year within the discipline of philosophy of psychiatry. There are several conferences happening over the next few months – details are included in this issue. We especially wanted to direct your attention to the SIG’s conference, which will be held on 5 and 6 October 2017. We have also had verbal confirmation that the next INPP conference will be held this year in Madrid; unfortunately, with no further details we can only advise you to check the INPP website regularly for more information. Finally, new books published in the field of philosophy of psychiatry are definitely worth checking out (maybe we can tempt you to pen a review?). Evidently, our discipline continues to grow, in the spirit of which we will close by inviting you to assist this growth with your contributions, like Dr Ángel Sánchez Bahillo’s thought provoking article on Rethinking Evidence Based Psychiatry, in this issue (on page 6).

Forthcoming Conferences

Philosophical Issues in Psychedelic Drug Use—Philosophy Special Interest Group Conference

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<tr>
<th>Date &amp; Time</th>
<th>Thursday 5 - Friday 6 October 2017 (Fee, time and CPD points TBC)</th>
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<tr>
<td>Venue</td>
<td>RCPsych, 21 Prescot Street, London E1 8BB</td>
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<tr>
<td>Audience</td>
<td>Any medical health professional with an interest in philosophy in psychiatry.</td>
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<tr>
<td>Book online</td>
<td>Registration has not opened for this conference yet. Please email <a href="mailto:emma.jacobson@rcpsych.ac.uk">emma.jacobson@rcpsych.ac.uk</a> if you wish to register your interest.</td>
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There is a growing literature on the effects of psychedelic drugs such as LSD and psilocybin on the brain. There have been a number of recent high profile publications which have studied the nature of the LSD experience and accompanying changes in the brain revealed by functional neuroimaging. There have been trials of treatment with these drugs in a range of conditions such as post traumatic stress disorder, depression, addictions and “existential anxiety” in terminally ill patients. It is likely that clinical use of these drugs will grow in the next few years. A conference looking at the philosophical and ethical issues arising from use of psychedelics is therefore timely. The impact of these drugs on the brain also brings into focus important issues in the philosophy of mind.

Professor Roland Griffiths, Johns Hopkins University School of Medicine, Baltimore, and Dr Robin Carhart-Harris, Imperial College, London have kindly agreed to attend the conference as keynote speakers. The conference is not restricted to psychiatrists and is open to anyone with an academic, professional or personal interest in this area. We hope to bring together speakers from different backgrounds with the aim of promoting an eclectic, multi-professional approach to the topic.

Call for papers: The Philosophy Special Interest Group invites submissions for oral and poster presentation at their Fourth UK Conference on Philosophy and Psychiatry. Submissions should be in the form of an abstract of a maximum of 300 words and submitted by email by 15:00 hours on Friday 14 April 2017. Applicants will be informed whether they have been accepted or not in early July 2017. Click here for how to submit your abstract.
EUROPEAN PSYCHIATRIC ASSOCIATION
COURSE ON PHENOMENOLOGICAL
PSYCHOPATHOLOGY FOR EARLY
CAREER PSYCHIATRISTS

Psychopathology and Clinical Practice

UNDER THE AEGIS OF
European Psychiatric Association Early Career Psychiatrists’ Committee
Scuola di Psicoterapia Fenomenologico-Dinamica

Organized by the
EPA Section on Philosophy and Psychiatry

Florence (Italy) April 5-7, 2017
4th Edition
Upcoming Conferences from the INPP Website

29th Annual Meeting of the Association for the Advancement of Philosophy and Psychiatry (San Diego, California | 20th–21st May, 2017)

*Philosophical Perspectives on Critical Psychiatry: Challenges and Opportunities*

Call for papers—Click here for more information.

International Colloquium “Phenomenological psychopathology: overcoming and opening” (Liège | 13th to 15th December 2017)

Call for papers—Click here for more information (Please note this colloquium will be held in French).
<table>
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<tr>
<th>Time</th>
<th>Session</th>
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<tr>
<td>13:00 – 13:30</td>
<td>Registration and light lunch</td>
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<tr>
<td>13:30 – 13:45</td>
<td>Welcome&lt;br&gt;Dr Abdi Sanati, Consultant Psychiatrist and London Division Regional Advisor</td>
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<td>13:45 – 14:30</td>
<td>FRED A Principles (Fairness, Respect, Equality, Dignity and Autonomy)&lt;br&gt;Dr Sanjay Khurmi</td>
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<td>14:30 – 14:45</td>
<td>Coffee Break</td>
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<tr>
<td>14:45 – 15:30</td>
<td>UN Convention on the Rights of Persons with Disability (CRPD)&lt;br&gt;Anne-Laure Donskoy</td>
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<td>15:30 – 16:15</td>
<td>Fusion Law (Merging MHA and Mental Capacity Act)&lt;br&gt;Professor George Szmukler</td>
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<tr>
<td>16:15 – 16:45</td>
<td>Q &amp; A&lt;br&gt;Dr Abdi Sanati, Consultant Psychiatrist and London Division Regional Advisor</td>
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<td>16:45 – 18:30</td>
<td>Networking</td>
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The Conference Committee reserves the right to change the programme without prior notice.

A maximum of 4 CPD points can be allocated to attending this event pending peer group approval.
Mind, Value and Mental Health: Summer School in Philosophy and Psychiatry
3rd Oxford Summer School in Philosophy and Psychiatry: 13-14 July 2017
An interactive, two-day summer school delivered by experts in the field with guest lectures and seminars on topics including philosophical psychopathology, empathy, trauma, depression/bipolar disorder and epistemic injustice and psychiatry. Sessions will consist of presentations by seminar leaders, and collaborative talks providing opportunities for substantial dialogue between philosophers, clinicians, scientists and others. To facilitate the discussion, participants will be sent a targeted reading list, and are encouraged to come to the School (if they wish) having prepared relevant material from their own experience - as clinicians, service users etc. - to share with the group (suitably anonymised if necessary).

For further details please check the website:

2nd International Conference in Philosophy and Psychiatry: 15 July 2017

A one-day international conference delivered by renowned experts in the field through keynote lectures. This will appeal to philosophers, scientists, psychiatrists and other mental health professionals, and service users. Both the international conference and the summer school are led by members of Oxford’s Faculty of Philosophy. Venue: St Hilda’s College, Oxford - a fabulous setting with excellent residential facilities and ideal for networking.

For further details, please check the following website:
https://www.conted.ox.ac.uk/courses/philosophy-and-psychiatry-international-conference
Evidence based Psychiatry is an epistemological approach to mental health which restricts the sources of valid information to those which follow a particular method. The aim of this article is to rethink the validity and utility of this approach, which has displaced others to become hegemonic.

The origins of the evidence based approach can be traced back to Descartes (1637), who developed the scientific method in order to displace the authority principle as the criterion for truth. The aim of this method was to guarantee the arrival to a clear and distinct truth to anyone who followed it, irrespective of his expertise, prestige or social status. Similarly, the evidence based method wrestles access to “truth” away from “experts” and makes it accessible to “outsiders”. Thus, it legitimizes politicians and managers to take decisions that have an impact on people’s health (namely, choice of treatment), instead of leaving the choice to clinicians (or patients).

At the basis of the evidence based approach lies its commitment to empirical proof and the hierarchization of the value of different research strategies. Thus, meta-analysis is considered as more valid than randomized controlled trials, which are seen as preferable to cohort studies, which in turn rate above the opinion of a group of experts in the field, etc.

The validity of this hierarchy of evidence is undermined by a logical flaw (Whitehead and Russell, 1910). Since it is generated by the opinion of “experts”, it can’t possibly work as the foundation for the strength of higher orders of evidence than that of opinion, which is basically the whole hierarchy. This logical flaw collapses the hierarchy of sources of evidence leaving us without support to assert, just on the grounds of the method used, the superiority of particular research strategies over expert opinion (irrespective of the value that the experts give to that research once they have looked both into its method and its content).

The field of applicability of the evidence based paradigm is also contentious since it is based on facts and events, that is, phenomena (Kant, 1781). Therefore, this empirical approach can usefully be applied to other phenomena. However, it is highly debatable that the human mind can be reduced to its phenomenological aspects. Kant (1788) considered that mind was a “noumenon”, something in itself that could not be reduced to facts and required a non scientific approach. Also, dialectical materialism (Marx, 1906) might be used to consider that even if mind is based on matter, its complexity gives rise to more complex dynamics which can’t be understood solely by studying its components. Alternative epistemological models have been proposed for the study of complex systems, namely systems theory (Von Bertalanffy, 1968).

It is noticeable how some therapeutic approaches, like psychoanalysis have struggled for decades to come to terms with evidence based Psychiatry. While this might reflect some cultural or institutional problems in these approaches, it might also denote the insufficiency of the evidence based approach to apprehend the content and value of these approaches.

This evidence based approach to mental health has been useful to identify adverse effects of some interventions and even to support the effectiveness of some treatments. Furthermore, it has facilitated access to important information to non-initiated people, providing a frame where politicians and managers can talk sensibly about issues like choice of treatment. However, as this approach has almost displaced all others, it appears as if clinicians, academics and other “experts” had nothing to add to the discussion and could not achieve meaningful insights or a deeper understanding than the one provided by “evidence” as defined and rated by the paradigm. Similarly, patient opinion and subjectivity would go out of the window, although political issues in democratic regimes and commercial mindsets seem to be deploying this avenue in parallel to the evidence based one.

I believe that losing the thinking process of the “experts”, however controversial their conclusions might be at times, is highly deleterious and that the use of a reductionist epistemological approach to the exclusion of others can lead to the proliferation of reductionist treatment orientations (as can be illustrated by the progressive closure of Psychotherapy services in the NHS) and the loss of the humanistic component of Psychiatry. As useful as evidence based Psychiatry can be at times, it should be complemented by other approaches.

References
Organised by the Collaborative Centre for Values Based Practice (VBP), this day conference focused on an important recent judgement by the UK Supreme Court, namely the case of Mrs Montgomery, a diabetic pregnant lady, who sued for not being told of the risk of shoulder dystocia (which occurred) in normal vaginal delivery, and not being offered an alternative, in this case caesarean section. The judgement is important, as it introduces a new test, specifically that doctors are not the only people who determine the importance of the risk and that the Bolam test does not apply in these situations. In acquiring consent, the doctor should consider a patient’s values and what would constitute significant risk from their point of view.

The details of the case were explained by Professor Jonathan Herring, a professor of law at Oxford University. The doctor is under a duty to take reasonable care to ensure that the patient is aware of any material risks of a treatment and the risks associated with reasonable alternatives. The material risk, as opposed to the theoretical or negligible risk, is then what a reasonable person in the patient’s position would be likely to attach significance to, or what the doctor is, or should be, reasonably aware that the particular patient would be likely to attach significance to. It is not merely a matter of percentage. The doctor’s advisory role therefore involves a dialogue, not just a bombardment of information. The patient also has the right not to know certain risks. Lastly, treating patients as responsible adults entails them accepting responsibility for taking risks affecting their own lives and living with the consequences of such choices. I found the judgement interesting and was particularly surprised by the last part (making patients accept responsibility). Unsurprisingly, one of the broadsheet papers had an opinion piece arguing against it, perhaps more unexpectedly claiming that doctors do know best. On the other hand, I found the repeated use of the phrase “reasonably” quite disconcerting, as it is a normative term that depends on the standards of reasonableness held by different people. Although it assumed that people generally have an idea of what is reasonable, I am sure it will cause problems for people being cross examined by lawyers who seek certainty in uncertain situations.

The conference continued with a discussion between a surgeon and his patient, which showed how values based practice can work in specialties such as surgery. It was certainly refreshing to see how a practice originating in psychiatry was now affecting surgery! This session was followed by Edward Piele, who spoke of values based practice in education and its integration into evidence based medicine (EBM), noting that consideration of patients’ values was an integral, if forgotten, part of EBM.

The key speaker was Baroness Hale, Deputy President of the Supreme Court and one of the judges of the Montgomery Case. Her talk focused mainly on the Mental Capacity Act (MCA), especially the criterion of weighing information. In my experience, this criterion is the most difficult to apply in the assessment of capacity. Baroness Hale rightly argued that this criterion focuses on reasoning, especially of a rational economic individual. Given the fact that humans are bad reasoners, it is no surprise that it is a hard criterion to apply. In weighing, we have to focus on more than reasoning and explicitly consider patients’ values. The recent case of Kings College Hospital v C is a clear example.

In the afternoon, Harry Cayton (CEO of the Professional Standards Authority) gave an interesting talk on regulations. I was glad to hear someone in his position acknowledge that regulations are not the best way to tell people what to do or to change their behaviour. Sir Andrew Dillon (CEO of NICE) told us how some people find NICE very prescriptive, while others see their guidelines as vague. Interestingly, to me the problem with guidelines such as those from NICE is that they are both vague and prescriptive, typically leading to more confusion in clinicians!

The day was informative and educational. The speakers and discussions were of high calibre. The Collaborative Centre for VBP should be commended for organising such a day, and I would definitely recommend their future conferences.

Conference Review by Dr Abdi Sanati (Consultant Psychiatrist, North East London NHS Foundation Trust)
Contributions invited for Autumn / Winter 2017 Newsletter—send us your book reviews!

We would be delighted to receive contributions and particularly welcome book and conference reviews and philosophically themed articles. Please send your material to either Dr Abdi Sanati (abstraxion@hotmail.com) or Dr Steve Ramplin (SteveRamplin@priorygroup.com) before the end of October 2017.