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Why I am Afraid to Write for this Journal – But Really Should Anyway

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Ethics in mental health is a critical area of our everyday life and work whether we are someone who lives with mental illness, or someone who works with those who do. Issues arise everyday that warrant attention, thought and analysis. With this journal, we now have a venue to discuss and share ideas with each other from a vast diversity of experience. Despite this, those of us who sit on the editorial committee frequently speak to people we know have something important to say, and yet are intimidated by the expectations they feel would need to be met to publish in this journal.

I am a psychiatrist, with an academic position at a University Department of Psychiatry, having been in that business for almost 2 decades, and yet I feel as well that I am unqualified to write intelligently for this journal, feeling that I lack the academic rigour to properly analyze my experiences in a way that would be suitable for publication. From the outside, some may wonder how that can be, but medical faculties now are often made up of people who are increasingly recognized academically for their contribution outside of the traditional publication and research component of the academic mission. At the same time, if I am too intimidated to write for this journal, then who else is similarly excluding themselves from this opportunity to be part of an important forum to advance ideas in mental health ethics?

This journal provides multiple ways to contribute beyond classic academic or research papers, but even something like sharing a case is intimidating for me, as to do so raises the question in my mind as to whether in fact my case will reflect my ignorance and unethical approach to practice. Fear of being wrong, or of making a mistake is recognized as being a major challenge in health care perhaps driven by an increasingly litigious world where mistakes can trigger law suits, but also perhaps because our slow retreat from paternalism as a profession has deprived us of the refuge of “doctor knows best”, even as it has advanced important issues of autonomy and consent, and significantly improved health care in the long run by promoting a shared partnership between a person with an illness and a care provider. The focus on safety in health care^{1,2} recognizes that creating an atmosphere in which errors can be discussed in a non-judgemental way that promotes self reflection can be an important driver in reducing errors in health care. Similarly, ethical practice will surely benefit from an environment in which we all openly discuss the situations that we face as the ethical issues usually best become clear in an open discussion with people from a variety of backgrounds. The biggest challenge for people working in the field, myself

included, then is to risk being seen as less than perfect, talk openly about what we do and the struggles we see, and share and receive feedback in a way that takes joy from the advancement of knowledge that arises from this to and fro discussion. As Peter Falk demonstrated in “Columbo”, the path to truth often requires a muddy and uncertain beginning.

With the tremendous explosion in numbers of journals, and opportunities for publication, as well as conferences at which papers can be presented, one would think that the opportunity to publish would expand proportionately. At the same time however, the desire for increasing academic rigour and the focus on evidence based decision making which values most work that reaches a certain experimental standard, may be leading to the removal of the voice of the clinician and the person with the illness from traditional vehicles for academic discussion. More and more journals require submissions with structured abstracts that fit an experimental model best, but make it difficult for clinicians for example to share their unstructured experience. Even in the midst of planning a revolution with Fidel Castro, Dr. Ernesto (Che) Guevara took time from his small practice in Mexico to present a paper at a conference on allergies, but increasingly conference proceedings in medicine are dominated by research papers that each follow a similar methodology, and are increasingly beyond the means of a single clinician providing front line care.

As a field ethics is somewhat unique at least within health care, in that the material of study is the experiences of all who exist within a system, whether they are people who have a particular illness, their family members or the people who provide care for such individuals. Thus if the only voice is that of the academic who is most equipped with the theoretical and background knowledge that facilitates the writing of a high level analysis of an ethical, the field is potentially deprived of the very material on which any analysis is based – the experience and voices of people from everywhere in the system.

The challenge then for me, and for others who are interested in this area, and who may have already enjoyed this journal, is to take the chance to speak out and say something, whether the language is correct or not, whether there are references or not that can be cited, and to risk being “wrong”. This journal has been founded with a goal of being broadly applicable to people with mental illness, front line clinicians, and more traditional academics, and to reflect all of those voices in the journal.

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1. Fracica P et al. Patient safety checklist: keys to successful implementation. *Physician Executive*, 32(4), pp 46-53, 2006.
2. Forster AJ. Improving patient safety: moving beyond the “hype” of medical errors. *Canadian Medical Association Journal*, 173(8), pp 893-4, 2005.

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