In Conversation With…Associate Professor Shuichi Suetani and Emeritus Professor Sid Bloch

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Host (00:01):

Hi there. Welcome to Mental Health Professionals' Network podcast series. MHPN's aim is to promote and celebrate interdisciplinary, collaborative mental health care.

Associate Professor Shuichi Suetani (00:18):

Welcome to this episode of MHPN Presents: In Conversation With, my name is Shuichi Suetani, I'm a psychiatrist based in Brisbane, and today I'm joined by Professor Sid Bloch, who's the Professor of Psychiatry at Melbourne University. Thank you for joining me.

Emeritus Professor Sid Bloch (00:37):

It's a pleasure. I'm very pleased to be here.

Associate Professor Shuichi Suetani (00:38):

I'm really grateful that you've agreed to let me pick your brains today. I'm a psychiatrist who just started my professional life, and I have so much to learn from someone like you. I've read many of your books, I read the Foundation of Clinical Psychiatry as a medical student. I read your Psychiatric Ethics as a registrar, as a trainee, preparing for my exams. And I've also read your Psychiatry: Past, Present and Prospect, which you edited with people like Stephen Green and Jeremy Holmes. And I have so much respect for your perpective and wisdom. I'm very grateful today that you've allowed me to ask you some questions to find out the things that inspire, sustain, and keeps you going in your psychiatric practice. Okay. So, I want to start off by asking you, why did you decide to work in the field of mental health? Why did you decide to be a psychiatrist?

Emeritus Professor Sid Bloch (01:37):

I guess a number of reasons, although I was never quite sure. I went through medical school, I had no idea what I wanted to be, et cetera, et cetera. So, I can't say there was a particular moment in time in my history, but just when I think back to it, there were two or three things that really left an impression upon me as I was becoming a doctor, learning to be a doctor. And one was growing up in South Africa, which at that time was apartheid-run, total racism. I did my bit to try and deal with my own sense of conscience and guilt by going off to mission hospitals, where I saw how mission doctors and nurses could relate to other people of another race and get to understand them. And I felt this was so important, to understand the other, and it sowed a seed.

(02:31):

And psychiatry eventually was the one area of medicine where you have to try to understand the other, because the other's, it's very personal, it's very deep. Sometimes it's very difficult to get into empathising with them. So that was one big thing. The other thing was that I did my internship in general medicine, and then I thought the brain, the brain's such a fascinating organ. And I did a year neurology, and as the year went on, I saw how complicated that organ was. There was no mental health involved in that. It was proper neurology and neurosurgery, but it just stirred my whole imagination about how does the brain function. So it was a combination really of the story of the other, people are persecuted because of their race and regarded as non beings, and the science, the wonders of the brain. And by the time I finished that year, second year, I thought maybe psychiatry lends itself to combining both those things. And so, I got in and it's worked out that way. And I think if people can benefit from working in mental health by thinking of both, if you like, the personal, the story, the inner soul, and the science, i.e. the brain, then that's all to the good for everybody.

Associate Professor Shuichi Suetani (03:51):

And I guess, I mean the thing about psychiatry is, and that's something that I love about psychiatry is, there are a lot of things going on. So, it's not just neurology. I think you talked about other people's stories, but there's all the cultural things, social things, political things, all sorts of stuff that can really impact on people's mental wellbeing, or mental health. And I guess, my second question is, as a psychiatrist, someone who's practiced psychiatry for such a long time, how did you navigate through the complexity of what you faced as a psychiatrist? How did you make sense of your world?

Emeritus Professor Sid Bloch (04:33):

I just love that question. The idea of navigating through complexity. If you're an orthopaedic surgeon, and I broke my ankle five years ago, I went to an orthopaedic surgeon, he repaired it, surgery, came out, bit of rehab, I now do bushwalks, et cetera, et cetera. Now, it's not quite the same with our field. And to navigate beyond the ankle joint, so to speak, I've found it's a lifelong endeavour, in my view. And the way I think I have, not resolved it, but dealt with it, is by regarding the contextual nature of the work. In other words, what are the contexts? Another word I could use is framework. I'll use the word context, just because it's perhaps the more useful word, the context within which one works. So, I don't only work scientifically, like I did in neurology with the brain, I don't just work in cultural terms, like you just mentioned, in other words, only know about Indigenous psychiatry and nothing about any other group or religion, and so on. So, I have to draw up a number of contexts. And then the complexity you were mentioning, just the other really interesting one, you have to then work out how these contexts are all

going to fit together. It's not as if, this is the context, and that's the other one, and this is the third one, and so on.

Associate Professor Shuichi Suetani (05:59):

Before we started this episode, you told me a little bit about your triangle?

Emeritus Professor Sid Bloch (06:04):

Well, I have used figures sometimes to help, and the triangle adds to what we're talking about, the complexity of navigation. The particular triangle that we were referring to, we could label, one point is science, the other point is art, and the third point is ethics. And I could add one or two others beyond the triangle, I'll just mention them anyway, the one that is not mentioned there is historical. And the reason for that is that, an historical context about all these things, art, science, ethics is relevant. So if you like, you need to know the historical background, or how things have worked themselves out, the forces that made a difference about this rather than that, and so on. So, that's the, what you might call, the historical underlying framework, let's call it that. And then I've got one here that's linked perhaps to ethical, but it's not completely the same.

(07:01):

I'll call it philosophical. And by that I mean, we all live our lives according to certain values. We have a certain perspective in life, certain political outlook and so on and so forth. And so, I have drawn heavily over many, many years on some of the great philosophers. You can call that part of the art, but I think it's a bit separate as we'll see shortly when we talk about the art. So, it belongs to the humanities, but it's saying, look, when I read some of the ancient Greek philosophers, it gives me such an insight into the nature of friendship. Now I'm, here I'm quoting Aristotle, 2,400 years ago, one of the greatest minds of all time. And in his book on ethics, he's got a chapter on the nature of friendship. And a lot of patients come in, they say, if only I had a friend, only, somebody I could relate to, and have a close tie with, and so on. So, that's what I mean. A bit about philosophy.

Associate Professor Shuichi Suetani (08:02):

I mean, maybe we can start from the science part of that triangle, and if you could expand the idea for us.

Emeritus Professor Sid Bloch (08:09):

Yeah, you can start at any, in a triangle you can start at any point. It's not a hierarchy, is it? It's a three point structure. Without science, mental health in every way, normal, abnormal, treatment, prognosticating, we might as well go and talk to wizards or magicians or whatever. And we've have to acquire knowledge. So, the word science comes from the Greek scientia, which means knowledge. And we're talking about knowledge of all kinds. Nowadays, it's mostly knowledge that's derived from a laboratory, or an epidemiological study of how many autistic cases do you find in such and such a group, and so on. So, it's when you can observe things, measure them and make sense of them, and even explain them. Psychiatry has a terrible reputation. Mental health, coming to any final truth about anything. 114 years ago, one of our forebears looked at the brain of Celeste, 52-year-old woman, and she had a degenerative disease.

(09:20):

And so, we had the beginnings of the first dementia case, that we know so well, right? 114 years later, we don't know about the nature of dementia, other than we can see certain changes in the brain, and so on and so forth. So, what we have to do in our field, and what I think we're obliged to do, is be scientists by looking for the underlying factors, or the explanations for certain behaviours, for certain events, for certain phenomena. I think a good example would be, if I may say, is genetics. So, we discovered the genome around 2000. Prior to the genome, we had a very primitive way of looking at the genetics, the inheritance patterns of certain major psychiatric illnesses, or mental illnesses. With genomes, we've come a little bit further, and we know, for example, in a disease like autism, there are about 120 or so genes that are variants.

(10:23):

They differ from the normal population, but we unfortunately don't understand what that means. So, it's just one of those, schizophrenia, same sort of thing, same sort of number. But if we could understand the genetic patterns of certain psychiatric illnesses, we would be miles ahead, because we could say, look, Huntington's disease, you've got a 50% chance of, and we know that from all the science, if we could say that about Alzheimer's, and many other disorders, we could rule out, we could get rid of a lot of diseases that are horridly impacting on us. So, that's one key example, let's say. And genetics has a huge role to play, and genomics, as they now call it, even bigger. I mean, it's the same sort of thing. The other example would be, say neuroimaging. When I grew up, as a young lad, we had something called the skull X-ray, and you looked at them, there was the skull, and the bone, and then with the soft tissue, and that was about it.

(11:28):

And we had one or two other primitive things. The encephalogram, still going, you could actually measure the electrical waves, patterns, and that was usually for your epilepsy, and put electrodes on the surface of the skull and blah, blah, blah. Hang on now, that was like two centuries ago. Now, we've got so much in the way of sophisticated neuro imaging. We all know about MRIs, Magnetic Resonance Imaging. Not everybody may know about functional MRIs, where you can actually get somebody to say something while they're in the MRI machine, say, I'm now hearing the voice that I hear all the time, and it's the voice of the devil. In other words, somebody's got a hallucination, and you can see the changes on the MRI pattern. So, examples like that, there are hundreds of them. The only snag, I don't want to be a pessimist in this, the only snag is, we have so much more to learn, you know, this area. And I can quote the, Tom Insel was the former director of the National Institute of Mental Health, the biggest research institute in the world.

(12:38):

And after many years of leading it, and he retired not long ago, he wrote a book just recently published, but he kept saying, we have wasted 50 bloody years. He was just lamenting, and why? Because we haven't studied neuroscience, the function of the brain we've not dealt with. And so, we are running to look at schizophrenia, and bipolar, and so on, when we don't know how memory works, or how this works, or that works. The thing is, are you going to wait 50 years while these people suffer? You ought to do something in the meantime. So, you try drugs, which hopefully will work. And they may not be based on a full blown finding in the brain, but they seem to work empirically, and so on. So, we soldier along. And one other thing, if I may just add, in the course of my 50 odd years in psychiatry, we have

acquired more science, scientific knowledge, than in all the centuries preceding that. Just have to think about it for a bit, in terms of psychopharmacology, and genetics, and epidemiology, and you name it. So, we've made some headway, and I think Insel's being a bit on the hard side.

Associate Professor Shuichi Suetani (13:52):

Yeah.

Emeritus Professor Sid Bloch (13:52):

So, that's science in a nutshell. And we could spend hours talking about the science.

Associate Professor Shuichi Suetani (13:57):

Before I go to the art angle of the triangle, I just want to say, I guess science, it's really exciting, but again, I don't want to be down about this, but we've had the genetic or genome study for 20 years now. We've had MRI, the brain scan, for what, nearly 50 years now?

Emeritus Professor Sid Bloch (14:19):

Well not, certainly a modern suspect, more recent, yes.

Associate Professor Shuichi Suetani (14:23):

But I don't do genetic testing every day for my patients. I don't scan people's brains every day. And I think there's that thing about, science is exciting, but we need to be mindful that sometimes these things take time, and it's a good starting point. We've come so far, but we've got so much to go.

Emeritus Professor Sid Bloch (14:46):

Well, you couldn't be more right. This is what I was implying in a sense, that as Insel said, we've just touched the surface and we have 50 more years to go, blah, blah, blah. But in the meantime, somebody's got to come to somebody who's suffering from the most severe depression imaginable, and they've tried everything under the sun. There's this neurotransmitter, supposed to work theoretically, and it doesn't. And then somebody says, we are attempting deep brain stimulation. What we do is, we insert an electrode into a particular part of the brain we think, we theorise, may be abnormal in treatment-resistant depressives, depressed patients. So, I've got colleagues in Melbourne who are doing very exciting work on DBS and I shudder, I think, putting down a needle. But they do that with other physical disorders, like Parkinson's disease. That's how it began. They are at the point, they are right at the vanguard of doing things, which in the end may be disbanded. I can't imagine we'll be using DBS later, down the track, when we know precisely why some people get so severely depressed, they don't respond to this, that and the other. But, guess what? We have discovered they'd respond to certain neurotransmitters, which we didn't even know about. So, we take from science what we can, because we can't afford to wait a hundred years, until we know exactly what Alzheimer's disease is about, and so on.

Associate Professor Shuichi Suetani (16:18):

Should we move on to the next part, which is the art of that triangle? Can you tell us a little bit more about what you mean by that?

Emeritus Professor Sid Bloch (16:22):

I get very excited. I was quite excited talking about science, but I've never really worked as a scientist, neuroscientist, but I really admire what people do in the lab, and the patients, and the perseverance and so on. But the art is something that everybody who's listening to this podcast can value, and enjoy, and get something from. And, I talk for myself obviously, and I hope you might be part of that story as well. We have spoken a bit about literature. Now, I can tell you, in a nutshell, that we are working with human beings. We're not working with ankles that break. And a human being comes and says, I am black, we heard this today at the Congress we were both at, and I have suffered as a victim of racism. That's the beginning of a story. Nothing to do with science, it's to do with themselves.

(17:20):

So, I have learned not only to hear the stories that I'm being told, it's called literature, let's say, testimonial literature of patients. Every patient's got a story, and each story is unique. So, that's the sort of, the substrate upon which I'm thinking now as we talk. But you can also go to some of the great writers, the great artists, the great musicians. And if we've got time, I can give you some quick examples of that. We discussed one or two not long ago. So, we discussed Tolstoy, the great Russian novelist, his short story novella called The Death of Ivan Ilyich. And we could refer you, those who are listening in, to that story. We'll give you the details of the story, but that's the name of the story. And look, in essence, in essence, it's about a man who's a lawyer. He's married, he's got children, and he's doing, he's ambitious, and he's doing pretty well.

(18:21):

And lo and behold, something goes wrong. He develops some symptoms, and the story then unfolds. And guess what? He's got a lethal disease and he's going to die, it's called The Death of Ivan Ilyich. And it's the nature of, if you like, hearing the news is not good, and the news gets worse and worse and worse. And then, the context around him is the family, and the family have always thought of him as a bit of a bugger, just ambition, never had time for us as family. And he dies quite lonely, in a lonely way. That story I've used with medical students for years, to reflect all sorts of things. We could spend an hour just talking about that very story. Hopefully, we could do that one day in the book club series. But, there are loads of bits of literature like that that we can draw upon.

(19:16):

Poetry's another thing, I'm not a great, I like poetry when it makes sense, but there's certain poems by William Blake, a British poet, no time for us to go into that, which will give you an insight into the nature of mother-bond relationships. Songs of Innocence, it's called, and it's better than anything you'd find anywhere else. There's also what they call testimonial literature. So, you've got a novelist like William Styron, American novelist, who developed the most ghastly depression on earth, and he called it darkness visible. It's become a classic, not long, originally printed as a sort of journal piece. And if you want to get an insight into the nature of depression, you go to William Styron, he's a patient and he's a

novelist at the same time. And there are many examples like that. Some people may know about Spike Milligan. He was a great satirist, great comedian.

(20:17):

He was the most severe bipolar disorder patient. And he did write about the nature of going high. You won't find that in the textbook. It is something that stands out. If I may just add a word or two about other forms of art, because the word is what we're mostly familiar with, because in mental health we use words a lot. But, guess what? We also use art therapy, music therapy, dance therapy. There are many other forms of art, for goodness sake, and they all express certain things. And also, just while we're talking about this, they're also very healing. To be a music therapist, I think it's a gift. If you love music and you can use music to help heal other people, what more could you ask for? So, I'll give you one example of that which will be sufficient. Schubert dies at age 31. Franz Schubert, 600 songs, he writes.

(21:11):

He also writes song cycles, and he writes one that's very well known by Schubert lovers. Winterreise, stands for Winter Journey, and it's 24 songs about a man. It's about the voice, and he's lonely, and he's dying. And it's a final journey of despair. And I took this particular song cycle through the voice of a very, very eminent singer and a pianist to a psychiatric congress in Adelaide several years ago. And the first opening session, the plenary session was, today we are going to be educating you about the loneliness of life. It's called the Winterreise. A lot of people in the audience knew, but most of them didn't, actually. And they take 70 minutes, they sang the song, and it was followed by about 50 minutes of most, very, very erudite discussion between the performers and the audience. It's one of the highlights of my life.

(22:19):

I'm not quite, it's exaggerating, but in terms of making the point about music and mental health. So, every congress should start with a Schubert song cycle, he wrote several on different themes, and then, should be a plenary, and then you should, not just a frivolous entertainment in the evening. I sing, by the way, I've sung since was age 24, in choirs, and I currently sing. And without singing, I sort of get quite fretful. So, singing is also very healing. It's spiritually satisfying. We all know about the benefits of music. Look, the other area, just to maybe wrap up this point about the arts, is art itself, visual arts. You know, I know, everybody who's listening to this will know, gosh, I know the work of Vincent Van Gogh, Starry Night, or they'll have a picture in mind, which is, when I see that picture, it gives me goosebumps or things of that kind.

(23:21):

But you can tackle art in a more, if you like, systematic way. So, I've done this with teaching as well, the most famous Norwegian artist of all time really, Edvard Munch. So, he lives in the 20th century, impressionist art. And I won't really have the opportunity now to go into the detail, but I would invite everybody who's listening to just Google Munch, and just get an idea about the nature of his art, and look at some of his pictures, and get your own impression about what can this fellow tell you about the nature of mental health, not mental ill health, mental suffering, or ill being, that type of thing. Everybody must know his most famous painting called The Scream. Many, many versions of the Scream.

There's a fellow who's crossing a bridge. He's behind two others with whom he no doubt was in company with, screams of red above him.

(24:30):

This is like a violent sunset. And he's quoted as saying, I felt as if I was screaming. I can't remember the phrase, but it's like, I was psychotic. I mean, that's what it amounts to. So, he had his illnesses at different times. He was quite lonely towards the end of his life. You could follow his art right through and learn a lot about the nature of mental health, and mental ill health. There are thousands of artists who attract us because they are doing what we are just talking about. They're demonstrating the inner life of people. And if they've been able to talk about it, like Munch did, it doesn't matter if they did or didn't, because we know a lot about Van Gogh, for example. I mean, he killed himself, 36. He was clearly a morbidly depressed sort of character, cut off his ear and things like that. So, we can learn a lot about what was going on in his own life, and what was going on in his painting, as a fact in his painting.

Associate Professor Shuichi Suetani (25:37):

And I guess it kind of comes back to what you were saying about getting to know the patient or getting to know the person with mental illness or distress. And I know we talked about famous people and famous pieces of art, but in some ways, every story that people tell you, that's kind of like a piece of art.

Emeritus Professor Sid Bloch (26:00):

I think that's absolutely right. Over the years, I have struggled, I'll have to say, to get Allied health, so people like occupational therapists, social, sorry, dance therapists, to be employed. But they're regarded as, that's a bit frivolous, we need extra nurses, and it's true, we need nurses. Because those sort of people, if they've been trained well, can help our patients tell their stories in not just through an interview, tell me when your symptoms began, but by drawing pictures. I've been involved with, just in one word, with the Eric Cunningham Dax Collection. It's about 17,000 works of art by people who were mentally ill while they were painting. And it's the largest collection of its kind in the world, based in Melbourne. Eric Dax was a good colleague and friend. He essentially established art therapy in England, brought it to Australia. We've used that art for teaching purposes. And these are patients, they're not famous artists, obviously, along the lines of your question.

Associate Professor Shuichi Suetani (27:13):

Now, I want to move on to the next part of the triangle, and I guess we talk a lot about science of psychiatry. We talk quite a bit about art of psychiatry, but you mentioned that the other angle of the triangle is the ethics. What do you mean by that? Can you explain what that means?

Emeritus Professor Sid Bloch (27:32):

Do we have four hours, or three? I think we have to have a follow-up conversation on what do we mean about ethics in psychiatry, or in mental health? Well, look, this is a summary. This is the sort of headline. If we don't work in an ethical context, with an ethical pair of specs, all the things we've been talking about, science, art, and so on, forget about them. If you work in a way that's disrespectful, it's in some ways not recognising and being aware of the values of the patient, or where they're coming from, and so on and so forth. I think the best way I can explain this or clarify it, I'm a trainee, youngish, I've not

seen many patients. A 26-year-old nice guy comes in, I say, how can we help you? He's been admitted to the unit that I'm working in. To cut the story short, he's there because the police said, if you don't go and get psychiatric help, we will be charging you, charging you with loitering with intent. This is in the days when homosexuality is a crime, and loitering, you know what that means? I mean, you just don't loitering. No pickups allowed. So, this really nice guy, obviously he doesn't want to be there. My values say, I don't want you to be here either. Why are you coming to me? But my boss says, oh, look, we can help this guy to convert to heterosexual. I read the literature, by the way, at this time.

Associate Professor Shuichi Suetani (29:14):

How long ago was this, are we talking about?

Emeritus Professor Sid Bloch (29:17):

Late 1960s?

Associate Professor Shuichi Suetani (29:18):

Right? Okay. Yeah, gosh.

Emeritus Professor Sid Bloch (29:19):

Seems like another century, doesn't it?

Associate Professor Shuichi Suetani (29:21):

Yeah, it does, yeah.

Emeritus Professor Sid Bloch (29:22):

I mean, it's in my lifetime, and bearing in mind that homosexuality was only removed from the American psychiatric classification, DSM, in '73, which is what, 50 years ago, not that long ago. Anyway, look, this guy is not there out of any wish of his own. My boss says, look, we can help the guy. And my boss was not a horrible man, or anything. And guess what, Tom, our psychologist is an expert in this, what we call the treatment is aversion therapy. And what Tom has done is create a set of slides. Some of them are of heterosexual themes, and others of homosexual themes, and what we do is that we give electric shocks to him, to the person, when they see a homosexual theme.

Associate Professor Shuichi Suetani (30:15):

A little bit like that movie, the Clockwork Orange, I think.

Emeritus Professor Sid Bloch (30:20):

Clockwork Orange, you got it, you won.

Associate Professor Shuichi Suetani (30:21):

Oh, gosh.

Emeritus Professor Sid Bloch (30:23):

I looked up the literature, and I see an article coming out of Oxford from John Bancroft. I ultimately landed up in Oxford as a worker, and I met John and got to know him very well, and he was man interested in sexual deviations then called. Nowadays, we call it paraphilias, fancy Greek title. Anyway, this guy had to go through this, damn, I feel like swearing. I feel very angry about this. But, was I unethical or was I just unaware? I thought, well, this is the way it is, it works. We must try to make people normal. And now of course, we have this gigantic political battle going with transgender. I've been quite involved with that for, we won't talk about it today, but it's gone right into contemporary politics. But anyway, that made me - by the way, the paper by John Bancroft was in the British Journal of Psychiatry, 12 patients given aversion therapy, not a double blown trial or anything, just a pilot trial saying, we have managed to change the sexual thoughts, feelings of seven of the 12 with aversion therapy.

(31:31):

It's just mind blowing now, when I think about it, it's like another century, another culture. Anyway, look, a rush to what happens just a little while later in my own career, and I'll make this very brief because it has shaped my entire life. Career wise, I mean. I see it, a little letter in a British journal saying, we the undersigned have reason to believe that the Soviet psychiatric profession has been using psychiatry as a means to suppress political and religious dissent, opposition. That's all it said, more or less. If you are interested, please drop us a note and join our working group, that was what it was called. Well, I couldn't believe my ears, my eyes, what? All psychiatrists, all doctors, all healthcare professionals are decent, ethical people, aren't they? Anyway, I just joined this and for the next many years, wrote two books, several articles, and was flying, protesting against this pervasive abuse of our profession, psychiatric profession actually, as it happens, but with the other healthcare professions involved as well, until we got rid of it in '85 when the Soviet Empire collapsed.

(32:47):

The book was called Russia's Political Hospitals, published in '77, and essentially, we managed, I together with another academic, political science type guy, Russian history major, we managed to identify over 200 examples of this labelling of dissent as mental illness, and we got a lot of help from Amnesty International, and so on and so forth. Look, these are two extreme examples of how the mental health professions have been misused, perverted from the noble aim of helping humanity. But since those days, and going now much more into the mainstream, I'm a great believer that you've got to be aware of all the decisions you make, day in, day out. I am having to lock this person up because he's screaming that he's the devil, and he's just about to tear down his family apartment. Is it ethically permissible? Well, it must be surely, but you've got to, it's a weight upon your shoulders.

(33:54):

You've got to think through this very carefully. So, mental health law about coercion, and about detention, and then about persuading people to do this rather than that because you think it's in their interest, and so on. So, right now, as we are meeting in the course of a psychiatric congress, I'm giving a

paper on Codes of Ethics. For 50 years now, we've had documents, they're called Codes of Ethics, introduced in 1973 by one particular association in the US, and now imitated by 15 others. So, out of 143 associations we looked at. Which says, look, you should respect confidentiality, you should always ask for informed consent, or get informed consent, you should, and so on. So, there are 10 principles in the code that I have been involved with for 30-odd years now, five editions. Things have moved along quite nicely. But all I would say is, look, anybody who's listening to this, if you could bear in mind that anything and everything you do in mental health is to nought, is to no purpose, unless you're mindful and sensitive to the ethical dimension of the work. You can pick up the code, by the way, through the website.

(35:13):

We'll provide that with an address. That's our code, the other codes too.

Associate Professor Shuichi Suetani (35:19):

It might sound a little bit funny, but I have to say, when I face a clinically complex, I'm going to say case, but situation, or patient, or person with mental illness, I often find myself trying to step back a little bit, and try to use principles of ethics. Or actually, it's a lot simpler than that. I often think, what would I want to happen if this patient was my mum, or my brother? And that's kind of my way of trying to make sure that what I'm doing is ethical, but I think it's a very, very important part of what we do.

Emeritus Professor Sid Bloch (36:02):

Yeah, well, that's a terrific point you're making. I'd say empathy is closely related to that. You empathise with what you can empathise. A psychotic who's talking as if they're from another planet, it's very difficult to empathise, impossible you'd say. But if you say, look, she feels like she's my uom, as if in her depressive state, or whatever. That's a lovely way of sensitivity, compassion, empathy, awareness, understanding of others. No, I go along with that. You can't afford to do too much of that.

Associate Professor Shuichi Suetani (36:39):

No.

Emeritus Professor Sid Bloch (36:40):

Because then you've got to still be detached in the end, because you've got to make a decision. Is she treatment resistant?

Associate Professor Shuichi Suetani (36:48):

But when things get hard, it's kind of nice to, well, it's kind of useful to step back a little bit and reflect.

Emeritus Professor Sid Bloch (36:55):

Look, I've got a note here. I just took down a note about what messages do I want to leave people with.

Associate Professor Shuichi Suetani (37:00):

I want to ask you so many more questions, but this is my last, final question for you today, Sid, and it is, look, I only finished my training three, four years ago. I'm just starting my professional life as a psychiatrist.

Emeritus Professor Sid Bloch (37:15):

Good luck!

Associate Professor Shuichi Suetani (37:16):

And you've been a psychiatrist for what, 40 years?

Emeritus Professor Sid Bloch (37:20):

Don't remind me, for God's sake. That's called unethical!

Associate Professor Shuichi Suetani (37:26):

So, what I want to ask you is, what kind of advice would you give to someone like me? What kind of advice would you give to me, who's starting this journey?

Emeritus Professor Sid Bloch (37:35):

Look, there's this Greek word, hubris, pride. I'm not going to be, hubristically, there's a word like that. Neither should I be so humbled as if to say, oh, I've got nothing to offer. When you've worked in the field for a long time, and I have studied, and I've done a lot of research, and a lot of writing. I'm proud of what I've managed to achieve, but there's always more to achieve. But this is what I would say. The first one is humility. And I learned this from, I'm Jewish, from one of my Jewish forebears, Maimonides, great Jewish physician among other things, 11th century, and talking about medicine. He wrote 12 medical books, and very short things. In the various writings, you pick up the notion of humility. He says, look, don't pretend you know things when you don't. Don't be arrogant, and that sort of thing.

(38:35):

So, humility, I think in mental health is particularly well, I think in all of healthcare, is vital because there's so much we just don't know. We started right at the beginning saying, there's so much more to learn. So, look, if you don't know something, say, look we are not really sure about this eating problem, you tell a mum about her 16-year-old kid, but we're going to do our best to look into it and try and get an idea, and an assessment, and tests and so on. So, that's what humility, it's a big word, but humble, to be humbled, humble is another way of putting it. The other thing I would pass on to you, Shuichi, is perhaps one of the most important things in my life, which is something I'd call openness, and another word that people use is receptivity. If I determine that X equals Y, and I stick to that faithfully, you're four years out, 40 years later, you say, no, X equals Y, I know that.

(39:38):

I said, how do you know that? And so on, and so forth. But somebody then, an Einstein type character, comes and says, no, that was what we thought. Then, now we've discovered through MRI, or this or that, the other, it's completely up the other way around. So, ears open, eyes wide open, and be open to anything and everything that may shape and change the way you see things. And something like lifelong learning. Some people say, I've finished my degree and I did my accredited training, and now I'm ready to go. I think it's the wrong way of looking at it, I'm ready to start.

Associate Professor Shuichi Suetani (40:28):

Yeah, yeah, no, that's not true, yeah.

Emeritus Professor Sid Bloch (40:30):

And you've done four years, in four more years when I ask you something, hopefully you'll be saying, look, I've learned a lot about whatever, family, work, but what I still haven't learned much about is some other subject.

(40:48):

Aristotle said, you live your life learning until you die. Called it phronesis in Greek. And eventually, translated roughly as practical wisdom. And I don't know if you're ever wise, I'm not wise, and maybe you'll be wise, but practical wisdom means that you know how to do certain things better than you did. If you can only be phronetic, achieve phronesis 30 years earlier, it would make life, it would help us a lot. So, I think those are some of the things that have left me, well, as important landmarks. If I may just give one other one, which is a bit on the amusing side actually, and it doesn't quite make sense intuitively, but I'm going to call it stumbling. Now, when you stumble on a banana peel, what happens? You may fall, you may break a leg, or you may slip and say, oh, gee, I didn't know I had this, something, you discover something about, oh, I thought my balance was far better there. So, I once interviewed Sir Dennis Hill, who was one of my teachers, when he'd retired. Sir Dennis Hill, the interview has been published, and we can again put them on as a resource. And I said, Sir Dennis, you've worked in all sorts of interesting areas. How did you go from one to the other, and achieve as much as you did? He said, I stumbled upon them. And he gave examples, and I won't, we haven't got time, you can read the interview. And by which he meant that, I was doing work in the prisons, and then the warder said such and such, and I stumbled upon the idea, or I noticed that, for the first time ever, when you stumble upon something, it takes you by surprise. So, do you recommend stumbling in becoming a proficient and experienced healthcare specialist? And that's more or less what he said, and I've stumbled many times. Sometimes you stumble and you break a bloody bone, and it's not pleasant, but you have a go, and you've got to have a bit of courage, and some stumbles don't work out and others do. Not all stumbles work, by the way.

Associate Professor Shuichi Suetani (43:09):

I think that's probably a good point to finish. Thank you, thank you Sid. I really, really appreciate it. Thank you for joining us on this episode of MHPN Presents: In Conversation With. You've been listening to myself, Shuichi Suetani, and Professor

Emeritus Professor Sid Bloch (43:26):

Sidney Bloch, and I want to thank Shuichi for being such a wonderful, not an interviewer, I think it was more like a conversation, I've really enjoyed the opportunity.

Associate Professor Shuichi Suetani (43:36):

Thank you, Sid. So, we hope you've enjoyed this conversation as much as we have. And if you want to learn more about Sid, or myself or me, or if you want access to the many resources we've referred to, go to the landing page of this episode and follow the hyperlinks. You can also go to the landing page to find a feedback survey. MHPN values your feedback, please follow the link and let us know if there's anything we can do to improve our podcast in the future. Stay tuned for future episodes in the series of In Conversation With, or listen to other MHPN podcasts. Thank you very much for your commitment to, and engagement with, interdisciplinary person-centred mental healthcare. So, with that, it's goodbye from me.

Emeritus Professor Sid Bloch (44:27):

And from me. Thanks very much.

Associate Professor Shuichi Suetani (44:28):

Thank you.

Host (44:30):

Visit mhpn.org.au to find out more about our online professional program, including podcasts, webinars, as well as our face-to-face, interdisciplinary mental health networks across Australia.