Mind and body conversation at the heart of medicine

The training of doctors is under review following publication of the ‘Shape of Training Review’ by Professor Greenaway (www.shapeoftraining.co.uk/). There is a need to balance doctors with generalist v. specialist skills, but the risk of shortening the length of training and removing provisional registration is causing some concern about patient safety, especially at a time when clinical decisions are becoming more complex and scientific advances are flourishing (www.gmc-uk.org/news/26114.asp; www.bbc.co.uk/news/health-31048279). The ability to marshal evidence and guidelines has never been more in need; thankfully, there is recognition that clinical academics are a vital part of medicine and that academic career pathways also need to be strengthened.

Teaching psychiatry to medical students is known to be essential to produce doctors that can communicate, empathise, listen and be alert to the links between mind and body. All doctors need to recognise common psychiatric disorders, given their high prevalence in hospital, primary care and community settings. We are failing to attract students to psychiatry, yet the need for and potential impact of psychiatrists, in the UK at least, has never been greater. The importance of and exposure to psychiatry teaching at medical school is a key determinant of choosing a career in psychiatry. A rounded medical school curriculum should provide not only physiological maps of how the body is represented in brain cortex, but also an appreciation of how the mind maps onto the body and the brain, and the power of emotions to influence health and an individual’s interactions with the wider world.

Understanding the nature, source and impact of emotions is vital in neuroscience and applied psychiatric research but more generally in medicine and ethical clinical decision-making. More research is needed on normative mechanisms of emotional expression, and symptom formation when these mechanisms fail. Emotions can be considered relevant at the level of sociocultural expressions, and symptom formation when these mechanisms fail. And Forbes et al’s (pp. 237–244) show that post-deployment mild traumatic brain injury is more often found in those with inconsistent accounts of experiences of head injury and trauma. As we become more refined in identifying biological mechanisms, so we must improve our classification systems. Nelson et al (pp. 237–244) show that post-deployment mild traumatic brain injury is more often found in those with inconsistent accounts of experiences of head injury and trauma. As Forbes et al (pp. 245–251) interrogate ICD-11 diagnostic criteria, suggesting that alternative classifications better fit patient data and indicate a higher prevalence of post-traumatic stress disorder.

We need more doctors, generalists and specialists. Psychiatrists are trained to work within integrated social settings, community services, primary care and hospital and very specialist medical services. They deploy the fullest range of social, psychological and biological evidence, and are skilled at stitching together diverse bodies of evidence from the medical humanities, ethics, arts, as well as the neurosciences and clinical medicine. Research in psychiatric disorders and interventions to prevent and treat mental illness is flourishing. Future doctors will need to embrace and excel at psychiatric research and clinical practice, and a range of non-specialist medical and leadership skills. The priority given to psychiatry on the medical school curriculum and in the training of doctors warrants a progressive reevaluation, especially the place of research in evidence-based practice that is safe, humane and person-centred.


18 Brod S, Rattazzi L, Piras G, D’Acquisto F. ‘As above, so below’ examining the interplay between emotion and the immune system. Immunology 2014; 143: 311–8.


