

e-Interview



Peter F. Buckley

Peter F. Buckley, MD, is currently Senior Associate Dean for Leadership Development, School of Medicine, and Professor and Chairman in the Department of Psychiatry at the Medical College of Georgia, Augusta, USA. He trained at University College Dublin School of Medicine in Ireland, St. John of God Psychiatric Services affiliated with University College Dublin. His research interests include the neurobiology of schizophrenia, comorbidities in schizophrenia, the psychopharmacology of schizophrenia, and the development of academic leadership.

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

Both my parents were family practice doctors and so it is highly likely that – had I not been so excited by psychiatry as a medical student – I would have become a general practitioner. Fortunately, or otherwise, I had no other professional ambitions beyond medicine.

What has been the greatest impact of your profession on you personally?

I am constantly humbled and in awe of how people with serious mental illness – especially with schizophrenia, which is where I focus professionally – go about their lives and recovery. This has had a profound impact on my view of life. I feel very fortunate with the gifts that life has given me and I feel privileged to treat people with mental illness.

Do you feel stigmatised by your profession?

Yes. It's hard not to, especially when working in an academic setting. Despite all our efforts (including treating a sizeable number of the relatives of our colleagues!)

to portray our profession as the same as others, we remain subject to jokes and the persistent undertone that we are not 'real doctors'. We certainly see our patients fairing worse on medical and surgical wards, in some part related to the stigma of their mental illness. (This is not just my opinion – there's quite a compelling literature on this.) However, it makes no sense to 'go to war' about this and I usually just laugh off the inevitable jokes. I think humour is helpful here.

Who was your most influential trainer and why?

That's a hard question to answer, in the sense that we are powerfully influenced by many people at different stages of our careers. I would have to say that I am most grateful to Professor Conall Larkin, FRCPsych, who was my clinical tutor in Dublin and has remained a good friend all these years. Conall is a superb clinician and a wonderful mentor. He inspired me to focus on schizophrenia research. I was also very grateful to Professor Eadbhard O'Callaghan, who was a wonderful colleague to me. I have also been very fortunate to have been mentored by several other leaders in schizophrenia research – John Waddington, Chuck Shulz, Herb Meltzer, John Kane and Nina Schooler.

How has the political environment influenced your work?

Working now in the USA for over 18 years in academic psychiatry, politics and money dominate. I run an academic department and so keeping things running 'in the black' is a daily priority. It influences how psychiatry is perceived in the medical school and, ironically, also then how many resources come back to us from the school. We are constantly aware of the politics in our institution-to-department, department-to-department, hospital-to-school, school-to-university. It's important to keep attuned to these and it's my job to represent our department and keep on top of our politics. Mental health politics are, of themselves, very complex in the USA. Funding is very light and services are underdeveloped and/or fragmented. Over time, I have become much more involved in mental health politics and advocacy. I see this as a key part of our jobs.

What part of your work gives you the most satisfaction?

Seeing people with schizophrenia succeed in their recovery journey.

What do you least enjoy?

Professional disagreements/failures. As chairman, I have had unpleasant experiences as an unavoidable consequence of leadership. It is never fun having to supervise people when they become disgruntled.

What conflict of interest do you encounter most often?

Conflict of interest with pharmaceutical companies has consumed American psychiatry. It is an extremely complex issue. I have also observed how polarising this issue has become among our profession. I am hopeful that we can reach a new point of equipoise – with respect and professional integrity to the forefront.

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

Learn as much as you can as a trainee. You are being paid to learn – it's a real gift. Read voraciously. You owe it to your current – and all future – patients to become the very best (and always most knowledgeable) psychiatrist you can be.

What single change to mental health legislation would you like to see?

In the USA, we have passed mental health parity reform – that is, people cannot be discriminated in their healthcare insurance and care because they have a mental illness. This is a major achievement – at least 'on the books'. We need to see that realised now in our services. Many people worked very hard to ensure that this parity was preserved in the new US Healthcare Reform legislation. We will have to wait and see how all this shakes out.

What single area of psychiatric research should be given priority?

Although my own focus of research is largely biological, I am constantly struck by how little we understand the resilience of humans. We, of course, spend our efforts helping people recover from mental illness, but understanding how it is that (more) people do not get mentally ill (in the face of great human tragedy and personal adversities) and how others cope with illness would be incredibly powerfully information to have. This resilience also seems to transcend mental illness and is pertinent to all illness. Understanding resilience and human capacity better could be transformative.

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