

# Psychiatry and medicine of the future

Professor N. Sartorius, MD, PhD, FRCPsych  
Geneva, Switzerland

# Trends on the way to the future

- Several major trends interacting with one another are affecting humanity now and will, with their consequences define our future and the future of medicine
- They include
  - Urbanization
  - Comoditification
  - Digitalization
  - Demographic changes
  - Horizontalization
  - Decivilization

# Urbanization and medicine

## Rapid urbanization

- destroys communities so that community care for chronic disease is not longer a viable strategy
- increases the burden on carers at a time when their number is being reduced (fewer children, high divorce rates, change of morals)
- increases the probability of epidemics of zoonoses
- Increases probability of epidemic spread of contagious diseases

## But it also

- Facilitates access to health care (for those who can afford it and find it)

# Commodification and health

## Commodification

- makes health care an economic opportunity (or risk) rather than an ethical imperative for society and its members
- Has particularly harmful effects on countries (and individuals or groups) with few resources
- Decreases attention and support to diseases with lasting impairments
- Reduces social capital and thus also community cohesion

# Digitalization and health care

## Digitalization

- makes access to information and its exchange easier and efficient (but users pay for it at the input points)
- contributes to dehumanisation of medicine
- Underlines the handicaps of the poor (who cannot afford it ) and of the elder and less literate persons (who cannot easily use it themselves)
- Facilitates research and discoveries using huge data sets

# Demographic change and health care

The change of the demographic structure of most of the world's countries (increasing the proportion of the elderly in the population)

- Requires a change of priorities in health care (for children and elderly)
- Gives additional weight to problems caused by urbanization and digitalization
- Requires a change of orientation of research
- Increases the cost of care because of the need for additional facilities (including food, transportation, follow-up)

# Horizontalization and health care programs

Horizontalization is growing even in areas previously famous for its praise of tradition and respect of the elders

- It reduces the survival of traditional methods of protecting health (previously transmitted by the elderly and the parents)
- It requires a reorientation in the provision of health care information
- It facilitates the appearance of infodemics
- It changes all relationships, including the doctor-patient relationship
- In class and race conscious states it further complicates the spread of information and efforts to reduce prejudice, including stigma.

# Decivilization and health services

Decivilization is the process of reduction of care and concern which a society has concerning its feeble members – such as children, the old, the impaired. It is spreading and affects health care efforts by

- Reducing support necessary to help the impaired,
- Facilitating the appearance of stigmatization and related discrimination
- Promotes self-help and self-reliance instead of mutual help
- Decreases the mass and the growth of the social capital

# Other developments relevant to medicine and psychiatry of the future

- It is probable that the pharmaceutical and other e.g. nano-industry will produce new medications and tools which will help to overcome impairments
- It is also possible that the increase of productivity e.g. following the massive use of artificial intelligence will provide additional support to health care efforts.
- It is further possible that humankind will become more conscious and ready to act against pollution and other factors leading to human-made disease

# The physicians (including psychiatrists) of the future

Better – we hope – equipped and armed with new knowledge the physicians of the future will face new as well as some of the old challenges. These will include

- The problems related to the fragmentation of medicine
- The management of the multitude of minor problems previously resolved in large families and functioning communities
- The problems of burn-out (and changes of world view) of carers and personnel
- The increasing importance of raising resilience, moral, health states of elderly and disabled persons

# The psychiatrists of the future

- The psychiatrists of the future will in addition have to
  - Promote the primary prevention of mental and neurological disorders
  - Deal with comorbidity of mental and physical disorders
  - Remain competent in the management of mental disorders and in the use of relevant technology
  - Influence decision makers controlling measures relevant to psychiatry
  - Accept and promote “unusual forms of treatment”

# “Unusual forms of treatment....”

- Recent years have seen the introduction of some new and some re-awakened forms of treatment, generally disregarded by psychiatrists, such as
  - The reintroduction of “weglaufhäuser”
  - Peer support networks
  - “Free-floating” social workers
  - Co-rented apartments
  - Collaboration with alternative medical practitioners
  - Self-help schools

# Preparation for the new world

- In order to be prepared for the world to come we should
  - Revise the way in which future doctors are selected
  - Revise the undergraduate and postgraduate education
  - Carefully examine laws regulating health care and ensure that they have **sunset** clauses
  - Introduce training about health and its promotion into general education
  - Introduce measures which will make society better able to accept those who are different or less than perfect (e.g. by early inculcation of attitudes and other measures reducing stigmatization of those different)

# Conclusion and coda

- The world of tomorrow will bring many changes: most of them can be predicted
- The focus and field of work of medical doctors including psychiatrists will change but its basic elements – such as need for empathy and for technical competence will remain the same.
- We could ease the transition into the future by changing the contents of medical and postgraduate training now and by using opportunities to get ready for changes of tomorrow.
- To be able to do so we should think of the future while correcting the past and living the present.