

BOOK REVIEW

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Introduction

Dr. Mona Gupta is a psychiatrist and bioethicist who seeks to answer an important question: Is evidence-based psychiatry ethical? Her answer is no, at least not in evidence-based medicine's (EBM's) own terms, that is, as a complete (superior) paradigm for clinical practice. Gupta's book leads the reader through each stage of her argument. She establishes the content of EBM and of psychiatry and maps the ethical range of each. She convincingly demonstrates that the ethics of EBM are incompatible with the ethics of psychiatry and inadequate to the complex ethical issues with which psychiatry as a field must grapple. Gupta recognizes that EBM offers scientific legitimacy to a field of medicine that longs for it, but she concludes that an ethical psychiatry is best served by a more modest EBM and a more extensive engagement with bioethics.

The book is methodical - almost to a fault. It proceeds stepwise through a lengthy series of very short sections, which may be appropriate to a volume about psychiatry or bioethics, but which this reader found occasionally tedious. On the other hand, Gupta masters a range of quite disparate material and builds her argument with care. She states at the outset that the book is a response to EBM's implicit normative claims, which arise in an absence of empirical support for its program and to psychiatry's unique medical mission, undertaken without the tools of physical medicine and in the face of serious ethical issues arising within and beyond the profession. Gupta bases her analysis of EBM on two foundational texts, in multiple editions and in addition to broadly citing the EBM and psychiatric literatures, relies on data from interviews she conducted with 3 groups of respondents: 9 "EBM developers"; 11 practitioners whom she calls "mental health experts" and 13 "philosophers/bioethicists." Gupta states that she undertook these interviews because EBM "is an approach that continues to evolve," (p. 5) so that the published literature on the topic is necessarily incomplete. Quotes from the interviews inform and illustrate her analysis and are often quite fascinating.

Structure of the volume

In two early chapters, Gupta's treatment of EBM is basic and thorough. She works primarily from Guyatt *et al.*'s Users' guides to the medical literature: a manual for evidence-based clinical practice and Straus *et al.*'s Evidence-based medicine: how to practice and teach it. She begins to delineate the values inherent in EBM's evidence hierarchy and its application to clinical medicine and describes in detail the social context of knowledge production. None of this material is new to critics of EBM or critical social scientists and it is hard to imagine readers who are unaware that funders shape research, for example. Perhaps Gupta's primary audience is psychiatric residents or fellow psychiatrists who have been seduced by the scientific legitimacy EBM seems to confer. If so, this quite elementary introduction may be necessary.

Gupta follows two chapters about EBM with two more about psychiatry. The author is deeply committed to her medical specialty and takes great pains to distinguish psychiatry from other fields of medicine. She notes that although psychiatry, like the rest of medicine, is mechanistic, its nosology, contained in the Diagnostic and Statistical Manual (DSM), is theoretically plural and pathophysiologically agnostic. Further, unlike the rest of medicine, in psychiatry "the experience of the disorder is the disorder" (p. 104) as psychiatrists have little recourse to laboratory tests or imaging. Gupta contends that in psychiatry, diagnosis itself is values-based and this locates ethics at the heart of psychiatric practice. Psychotherapy is, furthermore, highly relational, that is, the doctor-patient relationship is the treatment in many instances, creating unique ethical work for psychiatrists (and, this reader thinks, their patients).

Although psychiatry is clearly different from other branches of medicine, Gupta's insistence on this point seems overly strong. It is hardly uncommon for patients to present to family medicine physicians, internists and rheumatologists with "unexplained" pain or discomfort and there are various pain scales, which like depression scales

elicit patients' subjective assessment. Similarly, Gupta states that "[p]sychiatric treatments aim to target subjective experiences, not merely biological symptoms; in clinical practice, the subjective experience of wellness is more important clinically than changes in biological indices" (p. 105). This also seems true of the treatment of many chronic illnesses and disabilities, terminal diseases and the infirmities that accompany old age. The centrality of the doctor-patient relationship, moreover, has been noted in general, as well as psychiatric medicine, contributing even to the so-called "placebo effect." This is not to say that psychiatry is not unique in some ways. It is only to locate it at one end of a continuum and not in an entirely different space. Doing so actually extends the usefulness of Gupta's book, which should alert physicians of all kinds to ethical questions about EBM as practised in their fields.

Similarly, Gupta draws a bright line between psychiatry and other fields of mental health practice, for example, clinical psychology. These fields too are different, but not utterly distinct and her book might have benefited from the extensive literature on evidence-based practice (EBP) in clinical psychology. EBP was a significant movement among American psychologists at the beginning of the twenty-first century and it elicited a vociferous debate among mental health practitioners, patients and critics of EBM. Many of Gupta's observations about incompatibilities between EBM and psychiatry were anticipated in these debates: Clinical psychologists also use the DSM and attend to the experience of disorder; the goals of their interventions are also value-laden, *etc.* At one point (p. 82) Gupta cites Norcross *et al.*'s Clinician's guide to evidence-based practice: mental health and the addictions as representative of the application of EBM to clinical psychology. She goes on to contrast that field with psychiatry on the grounds that the former, but not the latter, has taken EBM to heart, that is, psychologists act on RCT evidence unless there is a specific reason not to do so. Like other texts on EBM, however, Norcross *et al.*'s book is normative, rather than descriptive. Many psychologists and other mental health practitioners are, like psychiatrists, cognizant of EBM but not wedded to it. This is not to say that Gupta should have covered the other mental health professions as well; her book is already quite impressive in its scope. It is only to say that some of Gupta's work had already been done for her and that, again, her book will be useful beyond the confines of psychiatry.

Chapter 6, "The Ethics of Evidence-Based Medicine," contains a concise delineation of EBM's principles and their implicit norms. This is perhaps the strongest section of the book. Gupta makes excellent points about what EBM ignores, for example, the questions left unasked in clinical appraisal ("Who chose the research question and why?" (p. 120)) and the ethical value represented by the threshold set for statistical significance. Similarly, Gupta establishes the ethical implications of privileging internal validity as expressed in EBM's knowledge hierarchy. "This is not to say that internal validity is unimportant, but rather to recognize that privileging it over other types of validity is not a value-free decision" (p.121). These seem to be exactly the kinds of issues that go unnoticed, or resisted, by many physicians and other consumers of

quantitative research and Gupta's clear exposition might motivate a reconsideration of what "evidence" can and cannot do. The chapter proceeds to locate the ethics of EBM in the consequentialist camp and to surface an explicit utilitarianism in the EBM literature related to the resource implications of clinical decision-making. Other ethical theories, including virtue theory, are shown to apply to some aspects of EBM.

At the end of Chapter 6, Gupta identifies the "central ethical controversies in psychiatry" so as to compare EBM's ethics with psychiatry's. Two of the four controversies, "the anti-psychiatry movement" and the "new activists" seem not to be controversies, but sources of controversy, at least to the extent that mainstream psychiatrists lend them any credence. This reader would argue that the anti-psychiatry movement and the new activists offer virtually the same critique of psychiatry, although in different time periods and that this is less a controversy than a protest against decades of misuse of psychiatric power. Gupta states that "[b]oth academic and popular critics had a profound influence in the public view of psychiatry, leaving the impression that psychiatric hospitalization and treatment were ethically questionable practices that often did more harm than good" (p.138). At least in the U.S. (and Gupta cites American authors here), the public view was as likely influenced by press reports and photographs of the appalling conditions inside state mental hospitals, first-person accounts by psychiatric patients of what they endured and court rulings that patients' civil rights were being regularly violated. This presents a different ethical challenge to the field - one no more amenable to EBM, that is, to undertake a historical reckoning with what psychiatry has done in complicity with the state and to commit to a new, politically aware ethics of patient care.

Chapter 7 is devoted to Gupta's interviews and the experts discuss many of the themes of the book. One important finding is that developers consider EBM to be value-free, a mere tool derived from advances in research methodology. They were hesitant to acknowledge any role for values, although physician values are clearly implicated in the shared decision-making aspect of the model. Furthermore, developers seek to integrate patient values only when these can be observed and quantified and then treated like any other "evidence." This view was not much shared by mental health experts or philosophers, who saw EBM as inherently value-laden or as manifesting values when put into practice. This is not surprising, perhaps, but it contributes to an understanding of the ongoing debate about the nature of EBM, its implicit and explicit claims and the potency of its appeal to policymakers, among others. Especially in the U.S., EBM's assertion of a value-neutral, "objective" solution to problems of high cost and low quality immensely increased its appeal to a technocratically inclined health polity and led to policies, especially in the field of mental health, that, for example, withheld reimbursement for treatments not shown to be effective in two RCTs. Gupta's findings suggest that at least for developers, the belief in this neutrality is genuinely held.

Finally, Gupta concludes with her recommendations for an ethical psychiatry. She notes that many interviewees appreciated EBM's original focus on critical appraisal but were less sanguine about the movement's evolution into something broader and less well defined. Gupta herself criticizes EBM's claim, "by stealth" (p. 183), that it is capable of doing ethical and policy work, except by recourse to its implicit utilitarianism and she considers this entirely inadequate to the practice of an ethical psychiatry. She recommends what she calls "contraction" of EBM, that is, a return, by psychiatrists, to EBM's original focus on understanding the potential biases of various kinds of medical research. Gupta pairs this with a more robust engagement of psychiatry with bioethics, which will not only reveal the value content of EBM, but allow psychiatry to come to grips with the unique ethical challenges of the field.

Conclusion

Gupta has written an important book that, despite its flaws, provides a secure foundation for further study of the ethics of EBM and its role in ethical medical practice. It is a work of scope and depth, which surfaces implicit philosophies of medicine while remaining firmly grounded in the treatment of psychiatric patients. One can only hope that Gupta's fellow psychiatrists read this book and that it frees them from the pursuit of a false scientific legitimacy. There is so much more important work to do.

Conflicts of Interest

The author declares no conflict of interest.