

Professor Hamid Ghodse CBE

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Professor Hamid Ghodse passed away at his home on 27 December 2012 from lung cancer. Hamid was Professor of Psychiatry and of International Drug Policy, and Director of the International Centre for Drug Policy, St George's, University of London.

His untimely death is a great loss to international psychiatry. After a career spanning over 40 years, Hamid's contributions to world psychiatry are legendary and will be difficult to match. He was instrumental in bringing the Royal College of Psychiatrists to its current international standing. As Director of the Board of International Affairs in 2001, Hamid strengthened the structure, function, reach and impact of the international divisions and ensured their contributions to the annual meetings of the College. He established *International Psychiatry* and as Editor ensured its global reach and influence by recruiting contributions from countries that had little exposure in international journals.

The College conferred its highest honours on Hamid: in 2006 he was elected an Honorary Fellow and in 2011 he was given the Lifetime Achievement Award. He was elected International Fellow of the American Psychiatric Association (APA) and Honorary Fellow of the World Psychiatric Association (WPA). He was awarded the civil honour of CBE (Honorary Commander of the Most Excellent Order of the British Empire) in 1999 for his dedication to research and clinical practice.

He was immediate past-President of the International Narcotics Control Board (INCB) and former INCB President on 10 occasions between 1993 and 2011, a unique achievement with global impact. The INCB obituary expressed the deepest sorrow and highlighted Hamid's achievements as a member of the INCB: 'Professor Ghodse made major contributions to heighten the relevance of international cooperation among the community of nations in matters of international drug control, to which he brought his unique and outstanding academic and scientific knowledge, combined with remarkable leadership, wisdom and elegant diplomacy.'

Hamid held the first Chair in Addictive Behaviour in the UK in 1987, established by parliamentary action, at St George's Hospital Medical School, University of London. He was an excellent clinical teacher and innovator in developing undergraduate and postgraduate training programmes in all healthcare disciplines. His legacy is in the large number of graduates who are indebted to him for providing them with excellent tuition in addictions. His most recent contribution was the development and implementation of a national undergraduate medical curriculum in addictions. It was endorsed by the Chief Medical Officer and the General Medical Council and is cited specifically in the latest edition of *Tomorrow's Doctors*.

An educator at heart, Hamid was Chair of the subject panel of Psychiatry and Coordinator of Higher Degree Examinations at the University of London. Of his many positions he particularly cherished his role as Chair of the Association of Professors of Psychiatry in the British Isles and the Professors of Psychiatry Club.

Hamid's applied and clinical addiction research was focused on patient benefit. Major interests were surveys of accident and emergency departments, long-term studies of coroners' courts, and analysis of the Home Office Index of Addict Deaths. This research on mortality led to the development of a unique national database and the establishment of the National Programme on Substance Abuse Deaths (npSAD).

He published hundreds of papers and many books. *Ghodse's Drugs and Addictive Behaviour:*



A Guide to Treatment, now in its fourth edition, is one of the most popular texts in addictions. More recently he edited *Substance Abuse Disorders: Evidence and Experience* (WPA Series in Evidence and Experience in Psychiatry), which was highly commended in the Psychiatry section of the British Medical Association's 2012 Book Awards.

He held numerous other positions, including: Medical Director of the National Advisory Committee on Clinical Excellence Awards, UK; President of the European Collaborating Centres for Addiction Studies; Non-Executive Director of the National Patient Safety Agency, UK; and Chair

of the Civil Honours Committee, Royal College of Psychiatrists.

Hamid belonged to the select group who earn their leadership positions in life through their wisdom and ability to rise above and work through conflicts and differences. He showed a blend of qualities: a perfectionist, an idealist and a pragmatist. He was endowed with strong faith and values, and expected as much from all those who worked with him. He had great moral courage and personal integrity.

Hamid will be dearly missed by his wife Barbara, his children Hossein, Nassrin and Reza, as well as his many friends around the world.

GUEST
EDITORIAL

Physical and mental illnesses: implications of similarities and differences for services and law

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It appears self-evident that psychiatry should be classified as a particular specialty within the broader field of medicine. Psychiatrists, being first and foremost doctors, have undertaken an identical basic training to their physician and surgical peers and, as in general medicine and surgery, the biomedical model is a central pillar of psychiatric practice. Within psychiatry, signs and symptoms are elicited, diagnoses made and very often physical interventions (in the form of psychotropic agents) are employed. However, familiar institutional conventions can conceal the fact that psychiatry suffers from greater uncertainty regarding its conceptual foundations than other fields of medicine. In fact, the conceptual challenges arising within psychiatry are reflected in its thriving field of philosophy, and although there exists a dedicated philosophy of medicine, no other specialty is equal to psychiatry's breadth of conceptual debate.

Fulford (1998) has discussed psychiatry's tendency to encompass a greater divergence in values than other specialties. Central to psychiatric theory and practice is the 'biopsychosocial' model. Ghaemi (2009, p. 4) expresses concern about the usefulness of this model, arguing that it 'devolves into mere eclecticism, passing for sophistication'. But this pronouncement on the model's failure may not indicate a fault with the model *per se*, but instead may merely highlight our limited understanding of the relations between its three domains. For psychiatry, elucidating the nature of the relations

within the 'biopsychosocial' model is a particularly pressing task.

Here we will consider two conceptual problems that pose deep questions regarding the nature, or *ontology*, of the phenomena with which psychiatry deals. These conceptual challenges are central to achieving greater intelligibility of the biopsychosocial model.

Medicine of the mind or brain?

Traditional psychiatry, like medicine generally, has a primary theoretical and practical focus on a particular system or part of the body, in this case the brain. However, in addition to attending to the body, psychiatry is equally concerned with the 'mind'. This means that a central issue for psychiatry is understanding the nature of the (psycho-bio) relationship between mind and body. This so-called 'mind-body problem' unfolds from the simple observation that conscious experience involves *experiential* properties, such as feeling warm or nauseous, smelling roses or hearing middle C. However, when scientifically investigating the body, or specifically the brain, we describe instead the *physical* properties of neuronal activation states, neurotransmitters, receptor binding and so on. The seemingly irreconcilable differences between the manifest properties of mind versus the properties of physical objects famously led the philosopher Descartes to the dualist conclusion that there are two distinct 'substances' – the mind and the body – that interact via the pineal gland.

Chalmers (2003) provides an overview of proposed philosophical solutions to this problem, including: several versions of mind-brain identity