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Cosmetic Psychiatry
The Use of Enhancement in Psychiatry
Fellows, Group for the Advancement of Psychiatry
Fall Meeting 2008
What do we mean by cosmetic psychiatry?
Cosmetic Psychiatry is the enhancement of cognitive, behavioral, and emotional processes in persons who do not suffer from illness or disease.
Remember when...?
NBC Nightly News
February 2004
Some more examples...
Neurocognitive Enhancers

- Beta-blockers
  - Anti-arrhythmics or anxiolytics?
Neurocognitive Enhancers

- Methylphenidate
  - Stimulant or “study aid”?
Neurocognitive Enhancers

- Modafinil
  - Narcolepsy treatment or performance booster?
Case Vignette

- 22 year-old college student requests Ritalin for final exams.
- No history of ADHD or learning disabilities.
- No active medical problems.
- No history of drug-seeking behavior or substance abuse.
Would you prescribe this young man Ritalin to help him study for his examination, even though he does not meet diagnostic criteria for a mental disorder?
How common is this practice?

![Graph showing trends in the use of neuroenhancers](image)
How are consumers obtaining medications?
“Brain Enhancement is Wrong, Right?”
The Debate:

“The original purpose of medicine is to heal the sick, not turn healthy people into gods.”

- Francis Fukuyama, Ph.D.

*Our Posthuman Future: Consequences of the Biotechnology Revolution*
The Debate Goes On

- “We worship at the alter of progress, and to the demigod of choice. Both are very strong undercurrents in the culture.”

- “We want smart people to be as productive as possible to make everyone’s lives better. We want people performing at the max, and if that means using medicines, then we should be free to choose what we want as long as we’re not harming someone.”

- Anjan Chatterjee, MD (2004)
And On ...

- “Neurocognitive enhancement is already a fact of life for many people.”

- “The question is therefore not *whether* we need policies to govern neurocognitive enhancement, but rather *what* kind of policies we need.”

# Neuroethical Dilemmas

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<td>• What is our responsibility to the field?</td>
<td>• What is our responsibility to the patient?</td>
<td>• What is our responsibility to the few vs. the whole?</td>
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Who defines a condition in need of treatment?

The Sliding Bar of Normality: Doctor Driven?
Marketing of Disorders

• Direct To Consumer Advertising
  ($2.5 billion/year since 1997)

• Indirect Marketing:
  Expert Consensus on Treatment Guidelines
  “Physician Education”
  Industry Sponsored Research and Journals
Annual Drug promotion expenditures

- Free samples
- Professional promotion
- DTC ads
Depression:

1960’s: Valium -> Discovery of Anxiety
1980’s: Prozac -> Anxiety becomes Depression
1990-2000: 8X increase in U.S. Antidepressant Rx
Your Child's Starter Kit

With consistent ADHD symptom control your child can shine.

FREE Trial Offer & CD-ROM Inside.

NEW Vyvanse™ (lisdexamfetamine dimesylate) capsules Consistently Vyvanse
ADHD

“School penetration” = industry distributes rating scales to teachers

1991-1999:
500% increase methylphenidate
2000% increase amphetamine Rx

“US Culture Bound Syndrome”
Figure 7
USA: Psychiatric drug sales 1990-2000 in US Dollars
(Source: IMS Health)

Sales in USD (millions)

Year


- Total
- Antidepressants
- Antipsychotics
- Tranquilizers
- Hypnotics and Sedatives
- Psychostimulants
Expanding Diagnostic Empires

Depression -> Premenstrual Dysphoric Disorder, Subclinical Depression

Bipolar Disorder I -> Bipolar II -> PseudoUnipolar Depression

ADHD -> Adult ADHD, Suboptimal School Performance, Adult Executive Dysfunction

Narcolepsy -> EDS (Excessive Daytime Sleepiness)

- Prozac >Lexapro >Pristiq
- VPA >Lamictal >Seroquel
- Ritalin>Adderall>Vyvanse
- Provigil
A new age in medical decision making
Who defines suffering?

- Suffering is a subjective experience
- Who decides how much suffering is enough?
- Physicians struggle with the long standing contradiction: minimize suffering and *primum non nocere*
- How and when do we learn to assess suffering subjectively?
Autonomy:
Law over one’s self

- Right of an individual to make decisions over what will happen to his/her body and mind

- What factors are limiting to autonomy in the practice of medicine?
  - Feelings about patients
  - Patients access to care
  - These factors are arbitrarily applied

- Parents exercise autonomy over children and society accepts this
  - braces, immunizations, religion, schooling, nutrition
  - Do doctors act too strongly in their paternalistic role?
Beneficence:
Physicians have a duty to act in the best interest of their patients

- The field of medicine embodies this ideal
- Training is centered on identifying and treating illness (i.e. fixing problems)
- How the field of medicine defines these problems may omit the patient’s point of view.
The medical model is pathology-based

- Doctors are minimally trained on improving quality of life
- Psychiatrists consider this dilemma
- Patients by definition are those who suffer
  - Doctors define which people are patients.
  - Doctors are not compensated for “treating” those that are not deemed “sick”
Horns of the ethical dilemma

- Dynamic tension between autonomy and beneficence is of particular concern in the age of enhancement
- How will the scales tip?
Autonomy vs. Paternalism?

- Doctors undermine a patient’s autonomy when they omit interventions that may be beneficial.

- This omission occurs when the treating doctor does not agree with the existence of the patient’s “illness”.

- When physicians omit treatment options, they limit the patient’s ability to make choices.

- Shared decision making in medicine is a new concept that evolved in support of the principle of self determination.
Medical education

- Do medical trainees learn how to obtain informed consent for:
  - Treatments that are not medically necessary (e.g. plastic surgery, gastric bypass, abortion, immunizations)?
  - Treatments they find morally questionable?
  - Treatments the patient finds morally questionable?
Double Standards?
Summary of patient/physician ethical issues

- “Treatment” depends on how the patient presents their needs and which doctor’s office they walk into.
- Medical students and physicians need to learn how to navigate this new dynamic in the patient-doctor relationship as advancing technology drives us forward.
Social Justice and Health Disparities

- What is our responsibility to the few vs. the whole?

Treatment Choices

Society ↔ Clinicians

Priorities
Drug Targets of the Future

Cyclic AMP Response Element Binding Protein (CREB)

- Josselyn and Nguyen *Current Drug Targets - CNS & Neurological Disorders*, 2005, 4, 481-497

Ampakines

- Arai and Kessler *Curr Drug Targets*. 2007 May;8(5):583-602
Target: the Healthy Brain

“Drug companies won’t tell you this, but they are really gunning for the market of unimpaired people…the 44-year old salesman trying to remember the names of his customers.”

- James McGaugh, neuroscientist, U. California, Irvine

“Researchers...are tantalizingly close to creating a kind of Viagra for the brain: a chemical that reinvigorates an organ that has faded with age.”

- David Langreth, Forbes Magazine, 2002
How are priorities decided?

Patients’ right to care?

- Treat all-comers?
- Distributive Justice?
- Access?
- Stigma?
Interests of physicians?

- Quality of life?
- Service to community?
- Unique prescribing privilege?
Interests of society?

- The greatest good?
- Advancement?
- Humanitarianism?
Influence of the free market?

- Third party payment?
- Who are the recipients?
- ‘Trickle-down’ mental health?
Healthcare funding

- US Health Care $2 trillion/yr
  - 16% GDP (20% by 2015)
  - MH direct care $104 billion (c.01) = 5%
- MH Morbidity and mortality (DALYs)
  - MH largest cause for women and men ages 15-44
  - MH second largest cause for men overall

Should the scarce resource of psychiatric care be used for enhancement?

IOM, Improving the Quality of Health Care for Mental and Substance-Use Conditions
Who determines whether and how enhancement is used?
Conclusions

- Definitions
- Treatment vs. enhancement
- Marketing of disorders
- Medical decision making
- Neuro-ethics
- Resources and distributive justice
What to do next?

As *individuals*

- Combat, ignore, or specialize in this practice?
- Consider the ethical issues at stake

As a *psychiatric community*

- Discuss issues in professional organizations
- Educate in medical school, residency and CME
Where are the Boundaries?

- Psychotherapy for generally “healthy” people?
- College students studying for exams?
- Cognitive enhancers for pilots or military surgeons?
- Pushing the boundaries and the impact on the common good?
Can you “havidol”?
Final Thoughts: Our Goal

- Encourage consideration of this issue and promote discussion

- If you don’t have all the answers, then raise the questions
As a psychiatrist, how will you decide your position and practice on this issue individually?
How will you discuss this with your patients?
How will we consider this issue in the broader psychiatric community?
How will we interact with the media and the pharmaceutical industry regarding this issue?
Calvin

Wow, you're working on your report already? It's not due till Thursday!

By

Yeah, I know... Mom says the pills must be working.

Well, it's snowing outside, I thought maybe we could...

I don't know, you tell me.

Sorry, I wasn't listening...

I really have to finish this.
off to finals
we go!
and can I have extra Freud with that?
Informed consent: training medical students

- There is a long history of silence between doctors and patients. (Katz, J.)
- This code was supported by the inadequacy of medical knowledge, a contempt for illness, and repeated teaching that doctors know more about illness than the afflicted.
- Shared decision making in medicine is a new concept that evolved in support of the principle of self determination.
Informed consent: training medical students

- Poor standardization of how informed consent is taught during training
- When it is taught it often centers around capacity and decision making - the removal of rights
Autonomy’s Root in Law

- Schloendorff vs. Society of New York Hospital
  - Mary Schloendorff sued hospital when a physician removed a malignant fibroid tumor under ether when prior to sedation she had only consented to an exam.
  - Court ruled that the procedure was medical battery.