

Editorial

Artifex spondet peritiam artis (The artisan responds to his art)[☆]



Artifex spondet peritiam artis (El artesano responde de su arte)

Bioethics fits into psychiatric practice in an incisive – sometimes uncomfortable – way, as a discourse and also as a practice that fully brings together care and clinical research under the aegis of protecting human dignity. Psychiatry tends to be discussed in terms of care in the therapeutic tradition, on the one hand, and unlimited monitoring of the findings from technoscience, on the other. On this point, it is worth cautioning that the dialogue between psychiatry and bioethics is framed within a dynamic of mutual questioning: from a deterministic perspective, advances in technoscience question the capacity of humans to make truly autonomous decisions, it is even feasible that the brain precedes a course of action before that phenomenon becomes known to the conscious mind. In this problematic context, it is known that psychoactive drugs or procedures that act on the brain change the moral decision-making structure, although so to do the disorders that they seek to correct or treat.

As artisans of mental health, psychiatrists are at a crossroads of their art: on one side functionality that enables an individual's multidimensional wellbeing must be re-established; on the other, any harm resulting from their intervention must be prevented. This ethical conflict is in turn intercepted by the profound and pressing need to listen to what the patient wants, to move in parallel with their autonomy. Whereupon it is possible that therapists may come to realise that, for example, not prescribing psychoactive drugs such as benzodiazepines is the best option they can choose and the one that causes the least harm, even though their decision may not always resonate emotionally with the patient or their family members. In addition, psychiatrists must also be prepared to patiently overcome widespread anti-psychiatry sentiments about the nearly universal dependence

on psychoactive drugs or the magnified “harmful” effects of hospitalisation or psychotherapy.

In an ever-changing care setting, and with pressure from the healthcare system, the care for the art of psychiatry is problematically debated – under the bioethical perspective of justice – expressed as holding mental health care to the highest standards backed by scientific evidence for everyone who seeks it, or by “fixing” them with prescriptions; in other words, with a *Laissez-faire* attitude facilitating the passive circulation of patients through a healthcare system that, like the labyrinth of Crete, is usually surrounded by Minotaurs that devour them in any crevice, or clearly indicating where the end of Ariadne's thread is.

Since Antiquity, and with great emphasis during the Middle Ages, the traditional arts recorded in their accounts the ephemeral dedication of the artisan towards procuring the best elements for reaching the pinnacle of their talent: select materials, meticulous preparations and filigreed finishing touches. However, for psychiatry today, the time limitations of the session, the quality of the medications that the system makes available and the limitations for obtaining support from other specialists become encumbrances that compromise the execution of their mastery or knowledge about the profession.

A practical bioethical assessment usually reveals cracks that are indicative, with all honesty, of imperfections of the profession, in which it is not possible to fully honour all the principles or suggestions arising from bioethics. Ricardo Maliandi, Argentinian philosopher and bioethicist who passed away in February 2016, pointed out the “impossibility” of simultaneously and harmoniously honouring the charity of the physicians with the autonomy of the patients.

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That is, in psychiatric care it must be understood, in its own right, that there is an imminent conflict by which it is understood that, unfortunately, not all human beings seen in psychiatry find the mending or healing they hope to find in this medical discipline. Unlike other medical specialties, every day – at each appointment, each emergency, each hospital admission, in each healthcare system – psychiatry puts its own epistemological validity on the line as a science and art, as a profession and vocation. Nevertheless, despite this nihilistic approach, the urgent need for humans dedicated to safeguarding the mental health of others is lurking in each society.

Bioethics and psychiatry usually have a primary source of conflicts and satisfaction. Like the lion and the lamb, they both drink from crystalline springs, even though they then fight in the high meadows with ferocious bites. This dialectical reflexive exercise digs up the profound vicissitudes resulting from procuring the maximum wellbeing for individuals in terms of their mental health, in contemporary societies where the art of psychiatry is still a pilgrim seeking full recognition of its profession.

In this journal issue, the editorial board has successfully focused the discussion on how psychiatry and bioethics are interwoven. We hope that the series of articles encourages you to continue the art of psychiatry. As Hippocrates said: “*Ars longa, vita brevis*” Art is long, life is short.

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