Interview

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Coeditor Dulshika Waas interviews Dr Diyanath Samarasinghe, a former don at the Faculty of Medicine, University of Colombo

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Dr. Diyanath Samarasinghe

Dr Diyanath Samarasinghe is a distinguished academic, clinician and public health advocate. He has served on many local and international committees in reducing suicide and in prevention of alcohol, tobacco and other drugs. These include the World Health Organization and UNICEF. He has also won many accolades for his work. He was a much sought after postgraduate trainer who taught to deliver both physical and psychological treatments optimally. The 'Friday morning' ward round was very popular amongst the staff at the Professorial Psychiatry Unit, Colombo. I had the good fortune of having him as a postgraduate trainer way back in 2002. His intellectual rigor, compassion towards patients, and conscientiousness are remarkable, not forgetting his unique sense of humour.

I am delighted that I managed to convince him to do this interview despite efforts in his typical fashion to 'dodge'.

Thank you very much for this opportunity, Professor Samarasinghe. I wanted to start our interview by asking you what made you develop an interest in prevention of tobacco, alcohol and drug use?

I think most of the things that happen in life are due to chance. Dr Hiranthi Wijemanne working at UNICEF reached out to me decades ago, requesting help to provide support and management for children all over Sri Lanka, who were suffering due to all kinds of conflict. I had to look at options for delivering the essentials through existing setups. These were all in conflict areas that I had to visit, to train field workers and others, as it was not practical to bring them to Colombo. The staff did very well under such difficult circumstances that I felt obliged to keep going and providing inputs in these conflict areas despite the risks. That, I think was a happy, though very challenging and upsetting time. It was also discovering an entirely different world from what you see inside your consulting room.

People learned to deal with horrors of children being orphaned and parents being slaughtered in front of their eyes through help delivered by totally non-specialist persons. However, one of the biggest concerns of some families, even more than the threat to life, was the use of alcohol by a member. It amazed me. I think that was the event that got me interested in doing this work.

I recall the landmark decision made by the Supreme Court a decade ago, on having more than 60% of the surface area on a packet of cigarettes to have pictorial warnings. I believe you were a 'force' behind the anti-tobacco movement, could you take me through the progress of this?

My involvement with the anti-tobacco campaign was long before that judgement. The judgement was not primarily my doing or my being behind the scenes. By then the public was quite aware, active and vigilant, and didn't need an outside push, as such. It was a much wider public demand, really, that led to it. The authorities just couldn't ignore it anymore.

At the time that we got into this, nobody dared to counteract or displease the tobacco trade. The tobacco trade was virtually all-powerful and called all the shots. Now, I think our success was in shaming them into submission through public reaction. Of course they didn't just sort of succumb. There were backlashes, including personal attacks of all kinds. But we still managed to get them on the back foot.

In those days joining the tobacco company post-ALs was seen as reaching the pinnacle of the private sector. It wasn't seen by the public at large as a vicious, dirty, murderous entity at all, at the time. Now, it is respected only in the so-called higher levels of society. These are members of the sect that speak the same language as them, the language of money, the language of power. For those inhabiting this layer, the tobacco trade is still fine. This is admittedly the group that runs the world, but it is still a small group in terms of numbers.

The awareness throughout the country is such that former President Maithripala Sirisena used the anti-tobacco campaign in his election manifesto in his run for presidency and of course got a sizeable bit of support for it. What he did with it is another matter!

What are your views on the battle with alcohol in Sri Lanka?

With regard to alcohol, I think we have created changes in this country unmatched in any other. That is really the area of notable success in Sri Lanka.

The battle against tobacco is easy, especially now, because globally there is a strong move against it, however powerful they may be with the ruling classes. Alcohol learnt its lessons from tobacco and continued their propaganda in a very different way, so that they don't seem like pariahs in the global public eye. Therefore, they continue their mischief and their spreading misery in a much cleverer way.

People working in the alcohol trade don't feel "we are nasties", and don't need to have a thick skin, unlike those working in the tobacco trade. To work for tobacco, you need to be immune to moral calls. Dealing with alcohol is really the more interesting area in which this country has made impressive progress.

An example is how alcohol is presented to the unenlightened consumers and potential consumers. A small group speaks for all drinkers, presenting it in hyped, attractive light. That's very different from what one sees with tobacco.

In the non-English-speaking world, people are able to shed indoctrination that Western worship has created. The Western-worshippers can't easily shed the perception of "this is part of the advanced world and we are part of it – not godayas". So, to keep that status, they need to believe all the mythology connected to alcohol. It's countering that which is interesting.

What is your opinion on the state of psychiatry in Sri Lanka today?

One relates to suicide. I have a suspicion that psychiatry cannot help significantly in population suicide reduction. We haven't as a profession covered ourselves in glory in providing treatments that prevent suicide. We may even be part of the problem. Suicides are imminently preventable but most of those are not through our standard prescriptions.

I do not think that any country matches the rate of suicide reduction that Sri Lanka achieved during the 10 years, starting from one year after the Presidential Task Force on suicide prevention began working. What was done in response to this reduction, plainly to be seen in real life? Most of it was ignored both here and abroad because the main vested interest group consists of psychiatrists and psychologists. And our suicide reduction initiatives at that time were not led by them. We must continue to ask ourselves whether we help or harm efforts to reduce suicides in the population.

My second response in connection with the question on the state of psychiatry is, what on earth is this profession doing to itself ? What does a psychiatrist now offer that a neurologist doesn't? The global trend is gradually to de-skill psychiatrists so they become prescribers. Prescribers are useful for various reasons, of course, and to various interest groups.

A big contributor to de-skilling our profession is exams, including international ones. They are continually moving in the direction of fixed guidelines, diagnosis-by-list of symptoms, and removing managements that require skills other than that of writing a prescription and presenting it appealingly to patients. The route that DSM and ICD are following is bringing this profession further and further down among clinical professions. Diagnosis has to reflect some understanding, suspicion, hypothesis or assumption about an underlying cause which may be biochemical, organic in a gross anatomical way or psychopathological. This leads to better understanding, identifying and possibly addressing some underlying cause or causal chain. If instead we tick common symptoms from a list and attach a diagnosis based on a threshold number being reached, call this 'diagnosis' and then treat the hotch-potch in a common way, what progress can we get? People treated get better or they get worse, thanks to the medication. No matter. This situation is getting worse as we are aiming to treat almost the whole population now, including quite a large proportion of children.

All of the psychiatry that is covered in exams today could be learnt and passed with one month of reading and a bit of mental state examinations. You don't need three years of training to pass these exams!

If we don't collectively open our eyes and reskill ourselves, we are going to be redundant. Psychiatry is going to be a pseudo-profession.

Do you see artificial intelligence (AI) as a threat to the profession?

At least, AI should make us wake up! AI actually poses a threat to people who don't have or don't need skills, especially interpersonal skills. So most other professions, most other clinicians included, will be steadily replaced by AI applications.

We are actually better off. I mean from the point of view of having a job and having patients to look after. We should be the least threatened.

We know that people seem to be responding pretty well to computers versus real-life doctors already, even for so-called psychological problems. But those are in experiments designed on the current understanding. If you take the core group of people who we can help and machines can't, then psychiatry is a little bit more secure than others, from the point of view of a livelihood.

Any thoughts on retirement?

There is nothing called retirement! If you retire from active engagement with the world around you, then, you have retired from life! When you retire from a job, it is equated with retiring from life. Some people think retirement is meant to keep oneself occupied thereafter gardening, painting or meditating. This is a silly occupation, I feel. These activities are good in themselves but not if they are forcibly planted pastimes meant only to 'occupy' oneself.

I'm an advocate of not dying prematurely. There will of course be a time when the physical processes prevent you from functioning. Wait until then to retire. We should in the meantime guard against becoming a walking corpse. We shouldn't retire from life. We are part of this wider human world and the rest of the universe, however inconsequential a part. If we are truly part of it, then life is always a carnival.