Introductory Comments

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My first connection with the Royal College of Psychiatrists was when, whilst still a general practice (GP) trainee, I became an inceptor. Inceptorships are now a thing of the past. It's what you could become before you had membership. Now you would be an 'associate member'. But I like the notion of being an inceptor. It's an old-fashioned word. The *Shorter Oxford English Dictionary* says an inceptor is a person 'who incepts or is about to incept at a university'; and to 'incept' means to 'undertake, begin, enter upon', but its use is rare. Still, beginnings are usually exciting and I like the idea of entering upon one's career.

Anyway, I remember being excited to receive my first envelope of journals. One of them was a book review journal. I have to say I've not seen such a publication since. It reviewed a whole range of books. And when I read it, from cover to cover, I remember thinking, 'This is definitely the speciality for me'. It seemed to contain everything I was interested in. I wish I could recall exactly what the subjects were. But I do remember its breadth. It must have reviewed books to do with the brain and with mental illness; there was bound to be stuff on psychotherapy, psychology, and the social determinants of disease. In addition, and this I do remember, there were articles which made reference to subjects such as history, music, and philosophy. Maybe there was some poetry. In any event, it convinced me that here was a subject – psychiatry – which would inspire, engage, and motivate me, as well as bring me pleasure, all within a field of practice that was so obviously worthwhile.

A few years later, now as a trainee in psychiatry, I was pondering on which branch of psychiatry I should pursue. I was in the Royal Air Force (RAF) at the time and, to help me prepare for the membership examination, I was seconded from the RAF to work in old age psychiatry in the National Health Service (NHS). I was fortunate to find a placement in Oxford working with Dr Jane Pearce. The post was arranged by Dr Catherine Oppenheimer. It also involved a little cover of some wards overseen by Dr (later Professor) Robin Jacoby. During my time in Oxford, amongst many other luminaries, I also met Dr (later Professor) Bill Fulford – the doyenne worldwide of philosophy of psychiatry – and Dr (later Professor) Tony Hope – one of the leading ethicists in the world, but also an old age psychiatrist, who later chaired the working group of the Nuffield Council on Bioethics that produced its report *Dementia: Ethical Issues*.

Apart from name-dropping, the reason for mentioning these former colleagues is to reflect both on my good fortune and on the breadth and depth of old age psychiatry. From my first day working with Jane I knew this was the sub-specialty I should pursue. Jane was an inspiring consultant and teacher. Her deep commitment to her patients was obvious, as was her industry and thoughtfulness. I already knew Catherine as someone who wrote about ethical issues in old age psychiatry. She was very helpful to me in finding an avenue to undertake some research. My initial meetings with Robin, for

whom I would later be a senior registrar, were either in connection with his long-stay wards, or at the neuroradiology meetings where we would review the brain scans of our patients with the team pursuing the Oxford Project to Investigate Memory and Ageing (OPTIMA). Robin has remained an inspiration for me, mostly because he was – hook, line, and sinker – a brilliant doctor, as well as a brilliant academic, but also because he was another clinician devoted to the care of his patients. Later, with Bill as my supervisor and mentor, which was an immense privilege and pleasure, I undertook doctoral research bringing together my interests in philosophy and dementia. I also conducted a pilot project on ethical issues for family carers of people with dementia under the supervision of Tony, who, apart from being a thinker of the first order is also, as became obvious almost immediately, one of the friendliest people and a man of great integrity.

So, apart from the wonderful characters, who none the less increased what was a delightful experience, I found myself working in an area which required a high degree of clinical expertise and commitment to people with mental illnesses, often in a very vulnerable state, but which also brought to bear sophisticated technology and understanding to aid clinical acumen, drawing on scientific knowledge from a raft of areas, which at the same time required an ethically, psychologically, and socially nuanced approach to care. Old age psychiatry practised what it preached: it truly was a biopsychosocial endeavour. I was still to learn of Kitwood and person-centred dementia care. Later I developed an interest in palliative care, where I heard talk of a biopsychosocial *and spiritual* attitude towards patients and recognized the relevance of this approach to people with dementia. It all induced an excitement concerning the possibilities offered by the profound privilege of working in old age psychiatry.

All of which is relevant to this book. It's been a great pleasure to read the chapters as they have arrived from their authors. The chapters (and the authors) have reaffirmed my feeling that old age psychiatry is a wonderful area in which to work. There is the scientific knowledge we have about the different types of dementia and the wide range of manifestations of mental disorder, which occur as a result of physical as well as 'functional' illnesses. There is the need for careful assessment and thought about where and how assessments and investigations are carried out and the impact they can have on people's lives. Improvements in technology increase our understanding, but raise issues of an ethical nature. The management of mental illness in old age requires a thoughtful and wide-ranging approach, from the deeply biological to the profoundly spiritual, where the person him or herself must always be centre-stage. And all of this must be done in the context of a sure understanding of the relevant laws, which themselves are based on philosophical roots that reflect our deep human concerns.

We hope this book will stimulate its readers just as we have been stimulated and excited by its content. It is but a brief glimpse at the subject matter of old age psychiatry. But we hope one that will enthuse you in the way that I was enthused when I entered upon the field. For those who are longer in the tooth, we hope that the book will remind you of the richness of our discipline.

I shall resist the narcissistic tendency to tell you about the rest of my career, which is of no importance. It does mean that I shall not tell you of all the other wonderful colleagues and friends with whom I've had the pleasure to work and to whom I remain grateful. A number of them are authors in this book. Nevertheless, rather than looking back, I shall end by looking forwards.

It has been a great pleasure recently to observe, whilst working in an old age psychiatry liaison post, many newly qualified doctors. One or two of them have subsequently decided to pursue careers in psychiatry. Even if they have not, it has been a delight to see their professionalism, their nascent expertise, and their care for their patients. We often hear it said that the NHS is on its knees. Perhaps it is.[1] But at the coalface I have not sensed that *the profession* is on its knees. Things could be better assuredly, but there are bright, enthusiastic, and dedicated doctors (as well as other health and social care professionals) out there working hard. Let's hope that some of them will see their way into old age psychiatry.

All of which allows me to segue to Pip Lilford, the co-editor of this book. Pip is far from being newly qualified. But at the time of writing she remains just a couple of rungs below consultant level. Nevertheless, she epitomizes all of what I have just said about younger professionals in this field. She has been a delight to work with on this project. Her intelligence, hard work, knowledge, and common sense have helped to shape the book and bring it to fruition, all achieved whilst she was working hard clinically, passing exams, undertaking a Masters in Law and Ethics, securing Wellcome Trust clinical primer funding, and marrying into the bargain! Doctors like Pip (but lest I'm later berated I should include my daughter, Emma, and daughter-in-law, Anna) suggest that the future is bright.

[1] This was written some time before we knew anything about COVID-19. Re-reading it now, in the midst of the coronavirus pandemic, when the NHS has so far withstood its rigours, it is clear that the NHS was not on its knees except insofar as it was simply under-resourced. We've all bemoaned the under-funding by successive governments for years. Perhaps things will be different in the future! But the pandemic has certainly confirmed that in terms of staff and expertise there never was a problem. The same can be said of social care and of social care workers too.