

First of all, we would like to thank everyone who contributed to the fourth issue of 2010 of "Düşünen Adam" Journal of Psychiatry and Neurological Sciences.

This preface is the second one I wrote for this issue. This is due to an important incident which put the issue I would like to emphasize into agenda just after the first preface I have written.

First, I would like to revise the recent review articles about this.

It has already been reported that schizophrenia and other psychoses are related with violence mainly like homicide and the main reason for this relationship is the comorbid substance abuse. Moreover, in these patients with comorbidity, risk of violent action is the same as non-psychotic substance abusers. Actually, these findings show that prevention programs focused on substance abuse can be effective to reduce violent acts in these cases (1).

Another meta-analysis showed that 38.5% of homicides occur at the first psychotic episode and just before treatment started. Because homicide risk in this period is 15.5 times higher than post-treatment period, it was proposed that early treatment of the first episode can prevent some of the homicide attempts (2).

Last of all, after evaluating the 39 cases whom were psychotic at the time of homicide, 10.2% of the actions were found to be due to mistakes of the therapist or legal authorities and 15.4% could be prevented by the communication of the therapist and patients' relatives. In this study, it was concluded that all of the family members should get involved in the treatment of patient and threats of psychotic patients should be taken as serious (3).

"Violence towards physician" has always been a fact but also far away from me. This did not change when this topic was turned to "violence towards psychiatrist" until it happened to people whom I know closer and loved to. I have always expected the threat from patients' relatives rather than from them who try to hospitalize them by force. Haven't I ever faced with danger? Yes, I did but I related my being rescued by perceiving this as a part of the disease and my growing anger causing increased tension. I think this the main reason why I have always expected danger from patients' relatives or people I encountered in the street.

After assaulted by a schizophrenic patient, my wife who is also a psychiatrist had cervical disc hernia and had to wear collar for several days. Many incidents happened in the meantime. During the last year, one of our specialist friends was taken hostage and one of our residents had to be operated after the assault of a patient and these incidents thought me "Nothing important happened in any case". When I got the news from psychiatry mail-group that our dear Hüseyin (Soysal) who served our hospital for many years was assaulted, I also learned that his condition was well. Hüseyin also sent an e-mail to the same mail group on December 9, 2010 thinking he recovered (physically) and said;

"Physicians (health professionals) and priests (religious functionary) have both an important defect. They think themselves without enemies and even untouchable. This assumption has a robust basis; they help people who need help with and without a return and ask themselves if there is anything missing with a sense of responsibility and even guilt after their service.

Being such generous and such important creates a surrealistic and even an unrealistic imaginary world in the wide area between divinity and playing the divine. Patients, consultants and admirers abstract physicians and priests from their bodies. They are nearly divine beings. On the contrary, these poor guys are the targets of psychopaths and people looking for revenge of outer world. They are stabbed by inhuman creatures which they are ready to hug...

Physicians and priests are innocent, oppressed and –unlike generally believed- unprotected. I am greatly disappointed being realized how unprotected I am and turned my back to a man whom I tried to prevent his mother not to be harmed by him.”

Hüseyin spent several years in forensic psychiatry ward and as emergency department director just before retirement which was highly probable to have aggressive patients and he was one of the few specialists I took as a role model. When I saw him with stab wound on his chest during my visit to the hospital, I could only say “If this happened to him, then everyone of us can experience the same”.

Hüseyin finished his e-mail by saying “I owe you all, many thanks”. If only what was done for the physical wound could have been done for his “disappointment”. We owe him essentially because he had to show us the only truth which we do not want to accept by putting his life on. However, we also do not know how to cope with this condition.

Before this terrible incident, Hüseyin accepted to review a paper submitted to this journal. When I realized that the system sent an automatic e-mail to him due to overdue of the review period I just could not know what to do. What actually surprised me was his e-mail with the correction recommendations sent at the same day. After that I said to myself “Why am I surprised? This was the responsible scientific attitude I took from Hüseyin”.

Whether a coincidence or not, a review article about “schizophrenia and violence” was sent to our journal for review after a few weeks. I am sure that physicians who wrote this article do not guess how close a stab can be to their hearts. I think we should accept that risk can be reduced but cannot be completely eliminated. I say this because I want Hüseyin who bemoan for turning himself back to his patient to know that he was just at the wrong place and at the wrong time.

I wish not to be disappointed while practicing our job or not seeing our respected colleagues disappointed...

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