THOMAS DETRE

Interviewed by David J. Kupfer

Pittsburgh, Pennsylvania, October 2, 2008

DK: Tom, good morning.

TD: Good morning

DK: How are you? I'm trying to remember when was the first time that you went to an ACNP meeting?

TD: I believe I was already in Pittsburgh when I went to the first ACNP meeting. I was curious how a meeting of an academic society operates differently from the very large meetings of the American Psychiatric Association (APA), in which not only academics but also practitioners participate. I was very pleased to see how my colleagues interacted. Small evening seminars were the highlights, especially in the early days when there were fewer of us attending the annual meeting. It was a wonderful learning experience and I immediately decided I would like to become a member of the College.

DK: So that, that was probably around 1973.

TD: Being at an ACNP meeting was very different from being at the meeting of any other so called academic society by its greater cordiality and intimacy. We had a shared interest, we were all in academic medicine and we were all curious about what the future holds for us. Psychopharmacology made great strides and we had unreasonable hopes that we are going to arrive at very effective treatments in the near future. I joined the college in 1974 or '75. We thought in those days that we have these wonderful new drugs. While we did not know much about their effect on the central nervous system, we believed that by using them we will derive to some very important information regarding the etiology and the pathogenesis of psychiatric disorders. Well, that hope was not fulfilled; those drugs were dirty drugs which acted on many different systems in the brain.

DK: Exactly. Right from the outset ACNP has been a very multi-disciplinary group of individuals. It wasn't like a group of psychiatrists at the annual APA meeting. I also remember that there was a lot of time left for relaxation on the beach, or around San Juan in the casinos and restaurants.

TD: Yes.

DK: Well, it was genuinely funny that even when we were sunbathing we never talked about anything else but psychopharmacology. Maybe around 6 PM in the afternoon we managed to think about what restaurant we should go in the evening. There was a desperate search to find outstanding restaurants in San Juan. But they did not exist. Every year somebody found one but when we went there it was disappointing. During the day we could relax on the beach and talk about issues related to the field. As you pointed out it was a multidisciplinary group and they were not just psychiatrists there; the majority of people were basic scientists. Attending those meetings was a phenomenal learning experience. It's almost impossible to read all the journals today; nobody has the time for that. But, if you go to a meeting like the annual meetings of the ACNP you get a perspective about the field from neuroscientists operating in twenty different areas

DK: How do you think those meetings impacted on what you were planning to do in your work?

TD: It was very difficult to see where psychiatry was heading. We did know that eventually real discoveries will be made by molecular pharmacologists. But, you knew that it was a long way before molecular biology and molecular pharmacology will translate into clinical practice. I 'm sure you have done what I have done in those meetings: looking for talented people. It was an outstanding opportunity to see who would be not just creative but also a good colleague. It was an opportunity to assess the social competence not just the intellectual competence of people, an important aspect in recruitment.

DK: We were both members of the council and served as president in the mid-1990s.

TD: Yes

DK: Two years back to back, 1994 and 1995. If we had to do it now, what do you think we would have to do if we were saddled with the responsibility of the presidency of ACNP? What do you think has changed?

TD: Well, I believe that over the past fifteen years federal funding has been getting slimmer and will become probably much slimmer in the ensuing years. People are turning to pharmaceutical companies to support their research and while most of these relationships have clear, ethical boundaries, problems have developed. We have very different standards than we had twenty-five years ago. You know luncheons and dinners sponsored by pharmacy companies were normal in olden days. I was always astonished at the meeting of the American Psychiatric Association, that when tobacco companies gave a carton of cigarettes away, there were long lines of people waiting for it. These were people who made anywhere from a hundred to two hundred thousand dollars a year. I could never understand why they were lining up for cigarettes. None of these gifts are now there. When pharmaceutical companies sponsor events they have to be clean, in a sense, that their products may be mentioned only in the context of other developments in the field. So, that's a great development. I think that some of our colleagues also got into trouble and all the media talks about their greed. Well, I must say that physicians and bio-medical scientists are no different from the rest of society. We have just as much greed as anybody else and as a result, numerous problems have surfaced. If you or I would be in charge we would be struggling with those problems. We wouldn't know exactly what to do with our colleagues who have slightly or not so slightly deviated from the standards.

DK: So you think that it was easier in the old days?

TD: I think that it was easier. It was easier. We could discuss important matters as for example how many new members should be accepted next year or how are we going to deal with our junior colleagues who are almost ready to become members. We could have lengthy discussions about that. That's no longer the case, I don't think it is.

DK: What do you think is going to happen to the ACNP in the future?

TD: You know that's very difficult to predict because we already see that neuroscience societies attract most of the basic scientists, and clinical trials, which are very important, themselves, obviously are insufficient to provide the content for an academic society. I think the focus probably will shift to translational science in the coming years, because the neurosciences will go to the neuroscience societies. So the novelty in clinical science and transitional science may stay at the ACNP, but not the basic science. I also believe that we are getting perhaps slightly too large for our own good. I have nothing against it; the kind of intimate exchange of ideas which existed in the past cannot be done as easily as it could be done in the past. The schedule of programs is also very crowded. Our new leaders want to give a place to everyone to speak and we have now this large number of evening programs. What is missing now is the opportunity for informal exchange.

DK: Do you think that by becoming much larger and maybe less personal would put the training function of the College in jeopardy?

TD: I am not sure about that but at the same time I don’t think that assigning a mentor to new people would accomplish everything.

DK: We are using mentors as if they were like travel guides.

TD: Yes. I look forward to talk to young people but that got sort of lost in these large meetings.

DK: So, maybe we should cut the ACNP in half?

TD: We should cut it in half. I think it would be nice to have a couple of days dedicated to a program that has only one set of lectures and one set of seminars instead of having twenty-four different study groups going at the same time. We should have a couple of days of quiet reflection to digest what people have been talking about. One or two panel discussion in the evening could be relaxing and perhaps even productive.

DK: Are you suggesting that we go back to a little bit less concentrated set of first days?

TD: Yes. Not only that, but also that for the first two days everybody should take a tranquilizer, sit down and not only listen but also think about what is said. Lectures currently always overrun in time. We have forgotten that the important part of any lecture is the opportunity afterwards to ask questions and make comments. There is no time for that in the current system. I would like to have that restored, at least during the first two days

DK: OK.

TD: Then, let the crowd have whatever they want to have.

DK: Anything you would like to say to our colleagues on the occasion of the fiftieth anniversary of the College?

TD: Yes. You are a young old and I'm a nearly old-old. We have predecessors and we should first congratulate our predecessors, especially to those who are still alive, because they have done something wonderful by creating the College. I believe that the leadership of the College throughout the years has done a magnificent job. But the leadership will have to think about how the future is going to evolve because nothing is stable in science. Academic societies may lose their original characteristics and my plea, solely, is that part of it, not all of it, should be restored.

DK: One of the key players who come to mind is Oakley Ray.

TD: Well, you and I were presidents for a year, maybe council members for a few years. We came and went away and the only person who stayed was Oakley Ray. The only person who organized these meetings was Oakley Ray. He made very wise comments in our council meetings and scouted for good places to organize our meetings. Oakley set-up a good organization and he was a very cordial and funny host with a wonderful sense of humor. He really radiated warmth. Apart from his role as host and organizer Oakley was an excellent lecturer and a beloved teacher. He also wrote a very sensible textbook on psychopharmacology. In general he understated himself and managed to convince himself and everybody that he was not important and not even very bright. Of course, the exact opposite was true. He often interjected a little comment into the council by saying, “yes that sounds good, but, perhaps we should also...”, and, then, he would say the exact opposite of what we were saying. But, he did it nicely and we all knew deep down that he was right and we were wrong. It was a wonderful, wonderful interaction with him. I really miss him. I miss the ecology he created around this annual meeting. Well talking about the ecology and not just the annual meeting, I can remember that we were doing as a council much more lobbying

DK: At least trying to create a presence in Washington.

TD: What do you mean not lobbying, we were lobbying ferociously.

DK: Well, do you think that is something that was lost and picked-up by other societies and organizations?

TD: Well, you know we were running into a little bit of a problem because one year we lobbied for increased research funding and next year we lobbied for increased training research funds and eventually, people got a little tired of us. Moreover, almost no professional society can compete with the lobbying firms now in Washington. Of course our politicians say that lobbyist have no influence on them whatsoever. I do not believe that academic societies per se can do very much in influencing matters but I do believe that personal relationships with our Congress, House and Senate members is very important. I believe, in today's world. If I were president of the ACNP, I would make every effort to testify on critical issues. I would ask Congress members to use us as expert witnesses wherever that's appropriate because that's the only way we could be really heard. Lobbying means not just presenting an idea, but promising support to a Congressman, financial support or visibility and we are too small to provide visibility and certainly not rich enough to provide economic support. So expert witnessing is probably the best way to exert our influence.

DK: What's your favorite memory from a meeting? Do you have a funny story to share, something that happened to you at an annual meeting?

TD: Actually, you ought to know that neither neuroscientists nor psychiatrists, with few exceptions have a sense of humor. We are not known to be very funny just as cab drivers in Puerto Rico told me, '”you guys are the poorest tippers we have ever seen”. There were some sad moments too at annual meetings. When I was president, for instance, one of our colleagues who strongly believed that running is a good thing collapsed and died. He did this running, despite my concerted effort to stop him from doing it. I told him that we are biologically derivatives of monkeys and monkeys run twenty or thirty steps, then stop, scratch themselves, or eat a little something and swing maybe on trees, but they have absolutely no intention of running three to five miles. I don't believe that our organism is suited for these long runs. The only reason we encourage it as physicians because these runners are candidates for orthopedic surgeons.

DK: Before you were elected a member to the ACNP, obviously you had a strong interest in pharmacology and in all these new drugs. It was certainly manifest in the way you went about setting-up a specialty clinic at Yale, and you certainly had some clear ideas as you moved out to Pittsburgh about what a contemporary department of psychiatry should be.

TD: Well, as you probably know since you were with me almost from the beginning, that the psychiatric service I established at The New Haven Hospital was completely different from the standard service in managing psychiatric patients. Very few people got electroshock and nobody got psychoanalytical psychotherapy. We did not blame families for having caused their children mental illness. We educated them about the illness of the patients, we told them how important compliance, now called adherence, is. In America as I always say, we like to recreate everything. The toilet became powder room and compliance became adherence. We told relatives and patients how important it is to adhere to a treatment regime and it became clear from our little experiment at Yale’s New Haven Hospital, that what we did was a sound way of managing patients. It was a sound way of managing patients, but we really didn't know very much about drugs. We talked about antidepressants and antipsychotic drugs as if they were some kind of nice, clean entities like antibiotics which they are not. We eventually learned that the diagnosis of patients’ mattered less than their symptoms for deciding about what kind of drugs they should be receiving. We managed to create a system where the average stay was down to 30 to 60 days from years. In psychoanalytical establishments they stayed two, three, four, or even five years. So when I came to Pittsburgh I felt time has come to establish a department of psychiatry which would first and foremost concentrate on translational and strictly clinical research to improve the management of patients. And that's why I asked you to come with me as director of research. I also had this strange conviction that while advances in basic sciences represent the ultimate hope for us, we have a moral obligation to do the best that we can on the basis of what we know today. With all this said congratulations ACNP on your fiftieth anniversary, and congratulations to all of our colleagues who made this fiftieth anniversary possible. You were all fabulous people. You were even likeable. I only wish everybody would be still around, but of course, that's not in the cards. I'm sure the next fifty years are going to be very interesting and I truly regret that I won't be present to witness it