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Praxis

Joe Bouch

FROM THE
EDITOR

'Advances in scientific thought come from a combination of loose and strict thinking', suggested the systems theorist Gregory Bateson. By neither 'insisting too hard upon "operationalism"' nor 'letting our ideas run wild', different kinds of information from different sources can be combined (Bateson 1972: p. 75). In similar vein, praxis encourages dialogue between different approaches, 'interweaving theory, research and action/practice' to bridge the gap between innovative thinking and best clinical practice (Willott 2012). Such dialogue recognises the science and art of medicine; that evidence and values together are necessary for reflective practice; and that therapeutic relationships are 'both technical and human', the mature practitioner being a detached observer and yet simultaneously engaging with 'humane attention' (Downie, pp. 363–368). It points to the 'eclectic nature of modern psychiatry', well illustrated by this issue, my last as Editor and a fine one on which to end.

I'm delighted to welcome the new Editor Patricia Casey, a member of the *Advances* Board since 1996 and current Editor of *The Psychiatrist*. She inherits a journal which is in good health, thanks to the extraordinary level of support it receives, both seen and unseen, from authors and commentators, the editorial team, the Board and our reviewers. Many of our articles benefit greatly from peer review, although this is not often publicly acknowledged, as Hughes has done (pp. 369–371). To maintain good health, *Advances* must continue to develop, improving engagement with psychiatrists in training and supporting consultants with revalidation. Key to both may be the online version of the journal (<http://apt.rcpsych.org>), with the electronic medium improving access, allowing for greater interactivity both with the material and between readers, and providing means by which formal evidence of CPD for revalidation could be obtained.

Older antipsychotics

In focusing on the new, it is important that *Advances* does not marginalise the old and the half-forgotten. A generation of psychiatrists is growing up with little experience of 'typical' (or 'first-generation') antipsychotics, believing them to be less efficacious than those that have come onto the market over the past 20 years (Jauhar 2012). My Editor's Pick is two articles that remind us of what we may be missing (Owens, pp. 323–336 and 337–350). There is a 'dearth of new medicines' across all medical specialties, which is why 'good stewardship of what we have' is so important (Godlee 2012). Good stewardship of typical antipsychotics should include improving our understanding of their clinical effects, mechanisms of action and optimal dosing. Owens's articles would be an ideal place to start. Written with characteristic élan, they capture the essence of praxis and what I love about *Advances*.

Bateson G (1972) *Steps to an Ecology of Mind*. Ballantine.

Godlee F (2012) Good medicine rather than new medicines. *BMJ* 344: e4417.

Jauhar S, Guloksuz S, Andlauer O, et al (2012) Choice of antipsychotic treatment by European psychiatric trainees: are decisions based on evidence? *BMC Psychiatry* 12: 27.

Willott S, Hatton T, Oyebo J (2012) Reflecting team processes in family therapy: a search for research. *Journal of Family Therapy* 34: 180–203.