

Does the emphasis on risk in psychiatry serve the interests of patients or the public? Yes

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In a biblical failing to understand sensitivity and specificity, King Herod applied demographic factors to kill all male children near Bethlehem, wishing to avoid losing his throne to a newborn king. The Massacre of the Innocents provides a potent example of inadequate predictive value of risk assessment categorisation, with sex and age failing to detect a rare outcome. Likewise, emphasis on risk in psychiatry has gone wrong, and psychiatrists baulk at playing Herod.

But medicine is risky business. Assessment and communication of risk permeates orthopaedic examination of a knee and psychiatric examination of mental state. Both orthopaedic surgeon and psychiatrist systematically elicit signs and symptoms, with due knowledge of pathology, making judgments about diagnosis, treatment, and prognosis based on awareness of risks. Our social function as doctors requires that we accept emphasis on risk in psychiatry. Psychiatric risk assessment processes are flawed, misdirected, and innumerate, but risk remains a fundamental component of psychiatry, as in all medicine.