

# Who Owns The Brain?

by *Kenneth Rockwood, MD, FRCPC*

In a provocative 1994 editorial, Robin Eastwood asked, “Who Owns the Brain?”<sup>1</sup> His intent was not just to call attention to what then appeared to be declining interest in dementia on the part of psychiatrists, but also to challenge psychiatrists to look beyond affect, neurologists to look beyond the motor strip and geriatricians to go beyond a “black box” approach to brain function.

This issue of *The Canadian Alzheimer Disease Review* reflects much progress in making the study of dementia a primary focus of clinicians and scientists from a variety of backgrounds. Marie Gendron describes comprehensive caregiver support during periods of respite (page 4). Amongst other innovations, the behaviors of loved ones are described for temporarily absent caregivers in readily accessible language which, incidentally, should provide a rich resource for qualitative analysis of the disease. More importantly, Gendron points out that the perspective from which we provide care can not just focus our activities, but sometimes constrict our view. Her prescription—“it is not up to caregivers to mold their needs to government decisions. Rather, it is up to decision-makers to innovate...”—can be extended to the professions as well. In this vein, the moving extract, provided by the Alzheimer Society of Canada (page 22), from the 2001 Lyons lecture, provides a perspective of the brain in dementia from the “user’s” point of view. It illustrates how much that needs to be communicated about dementia falls outside the usual discourse of health professionals.

Still, Bernard Groulx’s third essay on depression and dementia (page 10) shows that geriatric psychiatrists have gone a considerable distance in reasserting their perspective and demonstrating how their particular expertise can be translated into everyday practice. Similarly, Chris MacKnight’s approach to

the elderly patient who manifests self-neglect (page 18) reflects a perspective which can deal, with confidence, with both brain and body. Recent issues of the *Review* also have shown how the particular skills of neurologists, nurses and other health professionals can be marshaled to make positive contributions to the care of people with dementia.

But it seems to me that we can go beyond the banal assertion that we all have something to learn from each other. A new challenge to traditional clinical thinking about brain function is emerging, and may have particular relevance in dementia. In a most accessible book,<sup>2</sup> Harvard psychiatrist John J. Ratey advances the case for moving away from affect-based diagnosis to diagnoses based on how diseases of the mind and brain modulate individuals’ abilities to make sense of themselves and their environments. Instead of asking patients how they feel, he suggests we ask them to describe how they perceive the world. Especially in early dementia, or persuasively, as the Lyons lecturers suggest, in treated dementia, this approach might offer us better insights not just into dementia, but into brain function.

I expect we will be hearing a good deal more about patient-centred disease descriptions. This will allow us to answer Eastwood’s question in a way that might not have seemed possible even seven years ago. Who owns the brain in dementia? People affected by dementia.

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#### References

1. Eastwood R. Who owns the brain? *Can J Psychiatry* 1994; 39:253-7.
2. Ratey JJ. *A User’s Guide to the Brain*. Panthenon, New York, 2001.