Norman Sartorius Interview

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Norman Sartorius Interview

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1. Your mother Fedja Fischer Sartorius was a very famous physician who left an indelible mark in Croatia and is in medical lore colloquially known as the "mother of Croatian paediatrics". How much did she influence you while you were deciding about a career in medicine?

I think that my mother was pleased that I chose medicine – it was somehow expected that I will do so: for several generations there was at least one doctor in each generation in our family. My mother did however influence my choice of specialty – not by telling me what to select but by being so well known that I did not feel I could make a name for myself in paediatrics or social paediatrics - which made me select another specialty.

2. Did you enter medicine with the idea of becoming a psychiatrist?

No, I did not have a clear idea about the specialty I would choose. I was attracted to ophthalmology and to public health but neither of them was offering positions for postgraduate training. Psychiatry was next on the list and I applied for a postgraduate training in psychiatry although the position which was open was for a volunteer, a postgraduate student who would be willing to work without being paid.
The undergraduate training in psychiatry at that time was composed of a series of lectures occasionally illustrated by an interview with a patient with a mental disorder. In addition, we had visited a mental hospital and spent a morning there walking from department to department. When interviewed patients spoke about their experience of illness and the calvary which went with being a person with mental illness. Their stories were often tales of misunderstandings, rejection by friends and family, lonely sufferance, and absence of anyone to whom they could talk, heart to heart. I felt at the time that more could be done for those people although we had no effective treatments for many of them. This was among the reasons which made me select psychiatry as one of the fields for future work.

3. Do you remember your first encounters with psychiatry? What attracted you to this specialty? When did you finally decide to become a psychiatrist?

The experience in the morning of the day when I went to see the psychiatrist who was to be my supervisor and teacher during the (voluntary) period of specialization made me very reluctant to pursue psychiatry. I was told to come early in the morning to meet the supervisor and so I entered the ward at the time when the patients who had been given insulin coma therapy were being woken up by massive doses of sugar. They were often agitated and shrieked when waking up and it was terrible to hear them. Electroconvulsive therapy was also applied to other patients at the same time in the morning without muscle relaxants or anaesthesia – and patients tried to avoid the treatment, sometimes running away from the nurse who was to bring them to the treatment room. All of this was far from kind and humane treatment which I believed was to be offered to patients with mental illness.
I was at the point of deciding to leave straight away and search some other discipline: the senior doctor whom I had to see told me of the many patients who recovered from their disease because of the treatment which was being given and I stayed on. A few years later I was pleased to see that the treatment with insulin comas was abandoned and that electroconvulsive treatment was given as treatment only for a few well defined disorders (with anaesthesia and muscle relaxants) in the treatment of which it had positive effects . The discovery of a variety of medications and the gradual recognition of the importance of the non-specific aspects of treatment (such as showing respect to the patient and their needs and requests and treating them as any other person with a disease who comes to seek help) changed psychiatry very much.

Figure 1a. Sick Children Hospital, Zagreb (architect Ignjat Fischer)

Figure 1b. Norman's mother, dr.med., doc.prim.dr. sc. Feda Fischer Sartorius

The fact that we could do much for the protection of human rights of the mentally ill and arrange that the treatment of mental illness happens in the community and with its help (and the many other changes of psychiatry to which I was allowed to contribute) made me convinced over the years that selecting psychiatry was a good choice. A good choice also because progress in the provision of care of quality to many people was mainly dependent on fighting for more humanity, more resources and more understanding - a battle in which the goals were clear and the means – investment of ourselves – was within reach.

4. Who were your psychiatry professors and how did they influence you? Any anecdotes about them?

The Head of the department of neurology and psychiatry (the two disciplines were still considered as one at the time) was Professor Lopašić. I remember how impressed I was by his knowledge of people in Zagreb and its environment. A patient might say no more than his name and Professor Lopašić would ask him about the state of the road or a building in his village, his relatives who served in a local office or some other detail about the patients' community and hometown. I have helped him in organizing the first of the now annual meetings organized with Austrian colleagues in Pula and recall his attention to detail in organizing the meeting and careful consideration of authority and rank in composing the program. After the separation of the two disciplines Professor Peršić became the head of psychiatry. Professor Peršić had an enchantingly cordial approach to his patients and to his assistants and was always willing to help. My immediate supervisors were later Dr Bohaček and Dr Rogina a very thoughtful, calm person interested in all that we and patients told him. Dr Bohaček later became our wedding witness and thus a member of the family. The department also housed a group engaged in psychotherapy (which later became an independent department) lead by Dr Betlheim and later by Prof. Blažević.
I learned from all of them. They were all different in their approaches to psychiatry and in their practice which was very valuable for me because it gave me an opportunity to see and learn different styles and approaches which can be used in clinical work and management.

5. What do you remember of your residency training in Zagreb?

The residency training in psychiatry was, at the time organized in what the Indian colleagues would call a "guru-chella" style. You accompanied your guru/teacher/boss and watched him do things; you did things you were told to do; you asked questions when you did not understand something and usually got a helpful answer; you listened to the advice about your work and life usually given in relation to some event; you respected your guru and did not argue when they were showing you or telling you how to do things. There was no organized teaching at the time, no seminars, no regular lectures, no virtual webinars, no journal club events, no homework. You were told what books to study (not always easy to get them) but you did not have to show that you read them until the specialty exams. You were also obliged to spend time in the department of neurology and in the department of forensic psychiatry in each of which you had to help with the routine work hoping to learn, "en route", by the way while engaged in routine patient care.

6. During your postgraduate years you also decided to study psychology. Why?

I decided to study psychology for three reasons: first, because i felt that in the study of medicine we have learned far too little about normal people and their psychological functions – we concentrated on illnesses and their treatment and I felt that psychology - which was a scientific discipline focusing on the examination of psychological structures and functions in health will complement my education; second because the study of psychology at the time included training in methods of scientific work and related matters such as writing scientific papers and reports which I felt would be important in my later work and which was not included in the training programs of psychiatry; and thirdly because I met some of the students and teachers of the faculty of psychology and found them congenial and interesting.

7. Did you do any research during your residency training?

Yes, I did. My first six papers were published while i was still in residency training. I still remember how proud I felt when I saw the printed version of my first article.

Figure 2. Norman Sartorius graduating from the University of Zagreb School of Medicine.Standing next to him are his mother and his uncles.

8. What was the topic of your science doctorate?

My science doctorate was based on a study which explored characteristics of thinking of people with schizophrenia. The study indicated changes of brain function which are usually seen in diseases with demonstrable changes in the brain tissues such as dementia – a finding which was unexpected and contradicted the then held view that schizophrenia is a "functional" psychosis which does not lead to changes of brain structures and that therefore patients suffering from it cannot have such symptoms.

9. As a young psychiatrist you had the opportunity to spend two years in England. Was the practice of psychiatry in England significantly different from that in Croatia?

I obtained a scholarship offered by the British Council. The British Council took special care to acquaint scholars with life in Britain – which also made it possible for me to better understand the logic and practice of care for people with mental disorders. There were similarities and differences between psychiatry in the UK and Croatia. Mental hospitals functioned similarly in both countries but in the UK much more emphasis in out-patient care was placed on the role which general practitioners can play in dealing with mental disorders. The studies which were done at the time showed that 90% of all people with mental disorders consult their family doctors and get treatment from them rather then from psychiatrists: this was an important finding which influenced the education and attitudes of both psychiatrists' and general practitioners. The training of psychiatrists was another area of difference – in the UK relying both on work in the clinical setting under supervision and on organized teaching time on all subjects of relevance to the profession, ranging from neuroanatomy and epidemiology of mental disorders to psychotherapy. The work pressure for residents, particularly those from foreign countries was much milder. Thus, for example, I had to present a case to the teaching psychiatrists and had been given nearly three weeks to gather information, talk to the patient to the relatives and other informers and prepare my presentation of the case. In those years spending so much time with a patient in Croatia would have been unthinkable. While still in residency training in Zagreb I had to look after a varying number of patients admitted for inpatient care but also had to see outpatients – usually twenty to thirty in a single morning. I also worked 2 days a week in a small nearby town seeing patients – and there I had to see and provide treatment to as many as 40 or 50 patients from the early afternoon to early evening.
During my time in England i had the good fortune to be invited to participate in a now famous project in which we examined patients in the UK hospitals and subsequently in the USA hospitals using standardized instruments so as to explore whether the then reported differences in the diagnostic distribution in mental hospitals were true or an artefact, a consequence of differing diagnostic styles. The study showed that the higher prevalence of patients with schizophrenia in the USA hospitals and the higher prevalence of depressive disorders in UK hospitals was the result of differences in diagnostic habits of psychiatrists in the two countries: standardized examinations in both countries did not show any differences between them. The participation in that study was a wonderful addition to clinical work and other research in which I participated because it allowed me to visit the USA where I examined patients in their hospitals and learned about the US system of care – and also introduced me to work on the standardization of assessment and methods of comparison of patients and phenomena in different cultures and different settings. The US-UK study results received much attention and, in many ways, opened the doors to the development of internationally accepted definitions of mental disorders and standardized instruments for the transcultural exploration of mental illness.

10. From Zagreb you moved in 1967 to Geneva where you still live and joined the ranks of the World Health Organization Maybe you could summarize in a few paragraphs your early experiences in the WHO where you worked as a consultant in psychiatric epidemiology and Medical officer in charge of the Epidemiological and Social Psychiatry and of the Standardization of Psychiatric Diagnosis, Classification and statistics.

In 1967, shortly after I returned to Zagreb I was invited to the World Health Organization in Geneva to help with the preparations for the International Pilot Study on Schizophrenia (IPSS) The examinations of patients who were to be included in that study had to be standardized and the instruments for the assessment had to be applicable in different cultures: my participation in research done in England and the USA was a good preparation for that work.

Figure 3. Professor Sartorius assuming the function of the President of the World Psychiatric Association, in Madrid 1996. Professor Felice Lieh Mak is seen on his left side

Figure 4. The course for young psichiatrists from southeast Asia in Bangkok, Thailand. Professor Sartorius sits next to three other lecturers -- Prof. Naotaka Shinfuku (Japan), Prof. Yongyud Wongpiromsarm (Thailand), and Prof. Mohan Isaac (India, Australija)

After some months of working in Geneva there was an announcement of a vacancy for the post of a member of the Interregional team dealing with the epidemiology of mental disorders located in New Delhi, India. I applied and was selected.
Towards the end of 1968 I returned to Geneva continuing to work on epidemiology of mental disorders and on the conduct of the IPSS. A year later I was given the responsibility for the management of that study and a year later became responsible for the sector of social and epidemiological psychiatry. In 1974 I was selected for the post of Chief of the Mental Health Unit. The work which we were then doing – on epidemiological, social psychiatry, but also on biological investigations of mental disorders, the control of alcohol and drug abuse and on the organization of treatment of mental disorders in the community and in collaboration with general practitioners and other health workers was attracting attention and support from many in the scientific world and in the mental health programs in the countries in which we worked and this lead to an elevation - the Mental Health Unit was given a hierarchically more important position, that of the Office of Mental Health reporting to the Director General's office. Two years later, in 1977 the Office was elevated even further to become the Division of Mental Health of which I was the founding Director. The hierarchical elevation of the mental health program did not increase the budget very much but was significant as a recognition that mental health is as important as the other major areas of work of the World Health Organization – for example the education for health professions, communicable diseases and environmental sanitation- a recognition that did not exist before that. It was also a fortunate development that Professor Lambo (previously the Head of the Mental Health Collaborating Centre of the World Health Organization in Ibadan, Nigeria) who became assistant Director general and then Deputy Director General of the World Health Organization supported these developments.

11. How important was the role of the WHO in epidemiological and social psychiatry at that time in comparison to today?

When I started working with WHO – in the late 1960's governments and scientists still wanted to have specific information from the field on which to build programs. This might have been related to the way in which health care was provided in the army[1]. Epidemiological data about the frequency of mental disorders and about factors which influenced their incidence and prevalence was seen as an essential pre-requisite for program development and evaluation. This in turn meant that it was necessary to develop operational and clear definitions of mental disorders and methods which would provide credible epidemiological estimates.
A major challenge in this effort was to ensure that specialists in the many members states of WHO accept the definitions and methods which we were developing .
To address this challenge, we organized a series of ten annual meetings involving top experts from different countries and representing different schools of thought The core ("nuclear") group of experts involved in the program remained stable and addressed each year a different group of disorders. They met in different countries and were each time joined by numerous experts from the host country and neighbouring states. The meetings had a theoretical and a practical part – having agreed on definitions of disorders the participants then jointly assessed video recordings and written case histories of people having the disorder which they defined so as to test whether the definitions are sufficiently clear and can lead experts to reach the same diagnosis.
In addition to its scientific purpose this program of meetings also had the aim of informing and engaging leading experts in the field of psychiatry in the process of creating a common language which will allow them to understand each other and join common efforts to deal with the problems. The program was the largest effort ever to create a common language in psychiatry and resulted in the inclusion of operational definitions of mental disorders in the international classification of diseases and in a series of investigations using the same language and producing comparable results.
Having achieved this the program continued the production of transculturally applicable instruments for the assessment of mental states, produced different versions of the definitions of mental disorders (for field work by general health care workers, for psychiatrists in practice and for research) and carried out several major international studies which provided information about the magnitude and nature of mental health problems. In time we followed this by the development of a series of training materials enabling different categories of health workers to participate in dealing with mental health problems.
In all I can say that the role of the WHO in creating a common language for psychiatry and mental health program development was crucial. WHO was engaged in this work because the creation of a common language, standards and classifications is one of its constitutional functions – a function that was particularly important in the field of psychiatry in which the lack of mutual understanding and collaboration was at the time at its peak.

12. Did WHO have then good statistical data about psychiatric diseases and mental health in general?

WHO had been assembling and reporting data provided by its member states but it was not possible to base many conclusions on the data on mental disorders which WHO was receiving from countries. Much of the information received was based on reports from institutions and in many low-income countries there

1 The language used to describe work in the WHO and in many governments at that time also reflected this – fighting for health was, after all, a war against disease. Thus, we had a Director *General,* we had *Divisions* dealing with large areas of work, and *Units* dealing with specific fields, *strategies* of action (e. g. vaccination), medical *officers, debriefing* after the field visits, *campaign*s against diseases – all terms that have by now been replaced by other words often used in commerce (program managers instead of officers, departments instead of divisions, projects and programs instead of campaigns..

Figure 5. His Majesty the King of Thailand handing over to Prof. Sartorius The Mahidol Award for Medicine, 2005.

Figure 6. Prof. Sartorius (first row, fifth from right, between Prof. Pichot and Prof. Jakovljević) with other participants of the Middle European School of Psychopharmacology.

were few of those. Psychiatrists used different systems of diagnosis and classification. The movement of deinstitutionalization led to the closure of institutions and to difficulties in obtaining data about people with psychiatric disorders who were receiving treatment in outpatient facilities or not receiving any treatment at all. The work on the classification of mental disorders, on defining them as well as the development of instruments for a standardized assessment of mental illness have been undertaken to help in resolving this problem.

13. Did you with other experts of the WHO participate in formulating the criteria for the diagnosis of psychiatric disorders? By the was, are those criteria uniformly used all over the world today?

As described above I was responsible for a major program aiming to develop definitions of mental disorders and their classification. In addition to the work described we have also established collaboration with some of the major associations of psychiatrists who were developing definitions and criteria for the diagnosis of mental disorders – such as the American Psychiatric Association which developed its Diagnostic and Statistical Manual – and tried to ensure that those classifications and criteria are as similar with the international classification and criteria as possible – and where this was not possible to develop bridges between the systems.
All these efforts did eventually lead to a fairly uniform way of using diagnoses in psychiatry and classifying them, at least by psychiatrists. The classification of mental disorders developed for use used by general practitioners is also translatable into the international classification which we developed.

14. In 1976 you became the director of the WHO Division of Mental Health What was your job description and what did the powers to be at WHO expect from you? What kind of responsibilities did you assume by accepting this position?

15. What did you accomplish during your tenure of this position at WHO that you held for more than 20 years?

In the years which followed the creation of the Division of Mental Health of which I became the first director, the mental health program developed in several ways. First, we helped to establish regional programs in all WHO regions (before that only two of the six WHO regions - the American and European Region had a mental health program). We also created a network of collaborating centres in some thirty countries. These centres participated in a series of international collaborative studies – on major mental disorders, on service development, on psychosocial problems, on the biological basis o mental illness on substance abuse and on other topics – and developed a variety of assessment instruments adjusted for use in different cultures. We also produced – working with expert groups - guidance for countries' mental health programs on matters such as legislation, service organization and training, created a variety of educational programs for different categories of health workers. The years of working on those programs – in which I had taken an active part in addition to being responsible for their development remain pleasantly in my memory despite the fact that this work had to be done respecting all constraints of an international civil service organization that is WHO.
The work at the World Health Organization had to be done dancing on a wire spanned between often opposed posts of requirements of humanitarian support, scientific excellence, political acceptability, bureaucratic structure demands and low budget. We managed to get grants for some of the studies - for example for the International Pilot Study on Schizophrenia – but most of the work which we did was done with a minimal financial investment of the WHO and a massive support from the partners in various projects. The programs on biological investigations, for example were carried out by a network of the world's leading centres of research whom we brought together and convinced that they should join the WHO program. Some of those whom we approached did not join us – being busy with other programs or simply not interested in international work. Others remained faithful to the program for many years and supported it by action and testimony of excellence. The epidemiological investigations – which produced not only data but also instruments for the assessment of mental health adjusted to many different cultures continued addressing important public health issues – such as the psychological and psychiatric consequences of female sterilization, cognitive damage in AIDS, the measurement of quality of life (and the introduction of these measures in treatment programs) the exploration of the methods of treatment of depression, ways of scanning and treating alcohol and drug problems are examples of studies and programs which involved investigators and collaborators from all over the world. An important part of the program focused on the provision of mental health in countries of low income, first by formulating the principles and then by studies which demonstrated that simply trained staff can provide an important contribution to the treatment of mental disorders in the community. To foster international collaboration and understanding we also developed operational criteria for use with the international classification of diseases and promoted their use both in the provision of services and in research. In addition to the development of tools for work in the field, research and education (e.g. by the development of manuals and courses and work with educational authorities and relevant ministries) the program also produced a number of position statements which covered key issues of the mental health field in the form of Technical reports, Expert Committee reports and Scientific group reports. Consultations with governments concerning mental health programs were also an important part of the program, particularly in the Regional offices of the organization. The networks with whom I worked were based of personal friendship and respect - as testified, for example by the fact that

grandchildren of the investigators in the early studies which we did are still spending their holidays together. In a way, the work of bringing together people was like the experiments which we did in secondary school, placing a very small piece, small crystal in the highly saturated solution (of cuprum sulphate, I think) and seeing how it grows to become an attractive large crystal.
In our instance the central piece was an idea that sprung from public health needs or observations of phenomena and problems in different cultural settings which we presented to the scientists and decision makers in many countries of the world: many of them joined us and allowed us to jointly produce valuable products. The fact that we could develop collaborative work across continents, between developed and developing countries, involving countries which were conducting the Cold War, between people speaking different languages trained in different systems, young and old was an important bearer of hope that we can overcome constraints and borders and build a world open to all.
The reports of work which the program produced were many and what is also important appeared in different languages and different types of journals – from the very highly cited to the almost unknown appearing in local languages
The emphasis which I placed on developing scientific work as part of the mental health program was in part a consequence of pragmatic concerns. Working with Ministries of health had the disadvantage that Ministers and other personnel of Ministries often change so that the investment of time and effort to convince them about the need for a public health intervention or program development achieves little or nothing. Academic personnel – leading scientists, professors, deans of medical schools and others are usually very influential and change much less frequently. Having their support therefore was important – and working with them to introduce public health measures was a novelty which was not only effective but also had a longer lasting impact than that obtained by (often exclusive) collaboration with Ministries which was a normal method of work for the World Health Organization.
In many ways the programs which we have developed and successfully completed have been based on personal contacts – many of which led to lasting friendships - with people in many countries speaking different languages and belonging to different cultural groups. It was fortunate that I was able to communicate with people in several languages – in English, French, German Russian Spanish, and of course in Croatian, Serbian, Bulgarian: little did I know how useful it will be to learn those languages while I was young.

16. You are still active but the organization that you lead is not part of the WHO. Or is it? Please let us know what you are doing now.

After 25 years – of which 20 years as Director of the Program I retired from WHO and became a professor of psychiatry at the University of Geneva. At the same time I taught in other

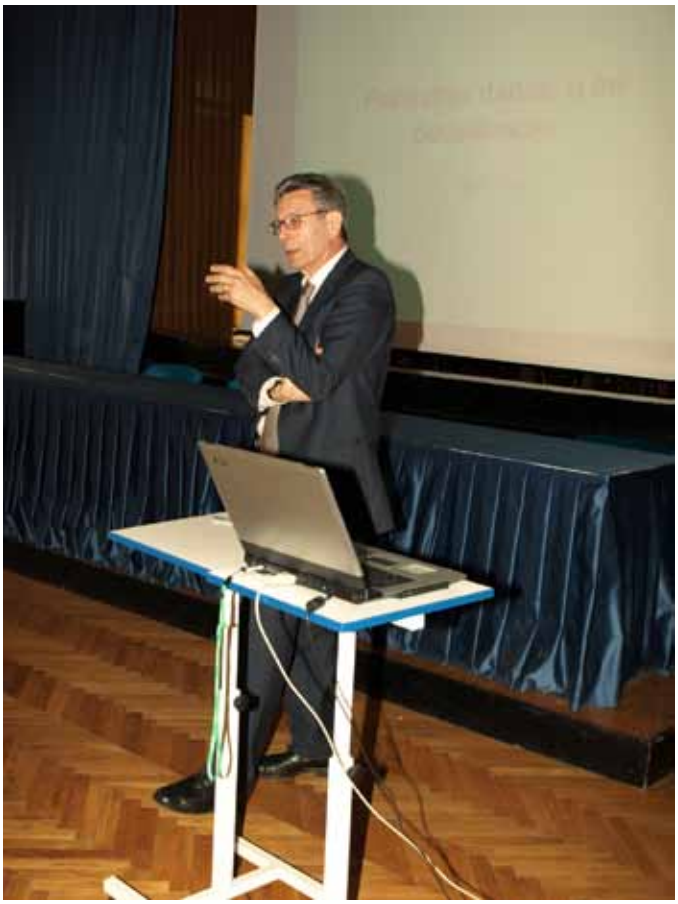

Figure 7. Prof.Sartorius lecturing in the Psychiatric Hospital Vrapče, 2017.

universities, having been honoured by professorial positions in Croatia, (University of Zagreb) the USA (Johns Hopkins, New York University, Universities of St Louis and Florida), the United Kingdom (London Institute of Psychiatry) the Czech Republic (Charles University in Prague), Beijing Mental Health institute and elsewhere. Shortly after my retirement from WHO I was also honoured by the election as President of the World Psychiatric Association (the chief organization in the field of psychiatry with some 250 000 members) and subsequently also by the position of President of the European Psychiatric Association, both positions offering many opportunities to meet people and see psychiatric work in context of various cultures and countries.
During my presidency of the World Psychiatric Association, I also developed the largest ever international program against stigma of mental disorder involving some 20 countries and chaired the development of several educational programs that were widely distributed, translated and used.
A few years later we created the Association for the Improvement of Mental Health programs (AIMHP) – a nongovernmental, non-profit association sited in Geneva. The AIMHP had a program of support to the development of mental health programs

in least developed countries, programs related to the evaluation of treatments in psychiatry, and various educational activities. The Association which I am still presiding is now focussing on work related to the management of comorbidity of mental and physical disorders (we have just completed a seventeen country study on comorbidity of diabetes and depression), on fighting stigma of mental disorders and the education of medical students and psychiatrists

I also continue writing and publishing and am proud of the fact that over the years I have authored or co-authored more than 500 publications in peer reviewed journals and written, co-authored, edited or co-edited more than 120 books. I am also the chief co-editor of a scientific journal and a member of editorial boards of several others. I also serve as an advisor to the president of the World Psychiatric Association and a member of World Psychiatric Association's Council and occasionally serve as a consultant to governments developing their mental health programs. Giving lectures in scientific meetings and the universities which have honoured me with a professorial position fills the rest of my time.

17. **Among the psychiatrists you are well known for your organizational skills and as a charismatic teacher and lecturer. Your legendary Course on Leadership and Professional skills for early career psychiatrists was given yearly for more than 20 years. During that time it was attended by more than 2500 young psychiatrists. Is this the most successful course you have ever organized? Did any other courses of yours attract such a large audience over such a long period of time?**

I am very proud that the courses on leadership and professional skills of psychiatrists - which have been held in more than 40 countries and became ever more popular and successful. The idea to develop such courses stems from my realization that many of the skills which I have developed after decades of professional life can in fact be learned in a few hours if someone teaches you thus avoiding years of substandard work which is the consequence of not having those skills. Most of the skills which we transmit to students – young psychiatrists, some psychologists and some postgraduate students of other disciplines – are simple and easy to acquire – if someone tells you how to do it. Many otherwise well trained and very able colleagues do not achieve as much as their qualifications and ability would warrant because they are missing skills of presenting their point of view clearly and simply, because they are not aware of the need of simple interventions which make their teams eager to work and avoid burnout, or because they do not organize their time in a reasonable way.

I believe that communication, social and leadership skills should become an essential part of the postgraduate training of all medical graduates – and of course also part of the education of other professionals – and hope that our courses will make those attending them transmit what they have learned to others and introducing skills training when they become teachers or team leaders.

I should also mention that the courses which I am conducting present a wonderful opportunity to meet younger colleagues and learn about their world and about the changes that have happened in our professional and social life and habits.

18. **In an article about you on WWW I fond a paragraph about you as follows "…. he has been able to facilitate the development of full-bodied and enthusiastic international groups of collaborations associations, and networks among early career psychiatrists" How did you manage that?**

Building networks and associations - bringing people together - has been an aim throughout my professional (and partly private) life. When people are brought together and woven into a network they achieve incomparably more than when working alone and the life of all of the participants becomes brighter and more attractive. Building a network must start by searching and finding people with similar interests and goals or aims – not necessarily of the same seniority, social class or language. It will continue by showing that the best was to reach their goal is association with others who share the interest: and from there on continue with the usual modes of maintaining a network – finding reasons for praise, celebrating advances, (not necessary the accomplishment) helping in times of stress, using the argument of the group's needs to ensure that commonly agreed rules are followed and so on. In the course of my work at WHO; and later – with the World Psychiatric Association and with the AIMHP building networks and working with them has been the true source of success and advancement of causes.

19. **You were a professor of psychiatry at the Universities of Geneva, Zagreb, and Osijek and you acted also as visiting, honorary or associate professor at many other universities worldwide. What would you recommend to a young academic psychiatrist on how to organize his/her lectures?**

My advice would be that they should avoid giving lectures about things which are boring them, which are not a subject of their lively interest. Students – and other audiences – sense the interest and respect which the speaker has for the subject he or she addresses: and when they see that the speaker dislikes the subject or finds it boring they will adopt the same attitude to it and refuse to learn about it. Sometimes, of course the task of a teacher may be to cover the whole field and to have to talk about subjects which are of little interest to him or her: in those instances it would be best that they systematically address all the problems which the topic presents and attack them – this will give fire to their talk and might be useful for both the audience and the speaker.

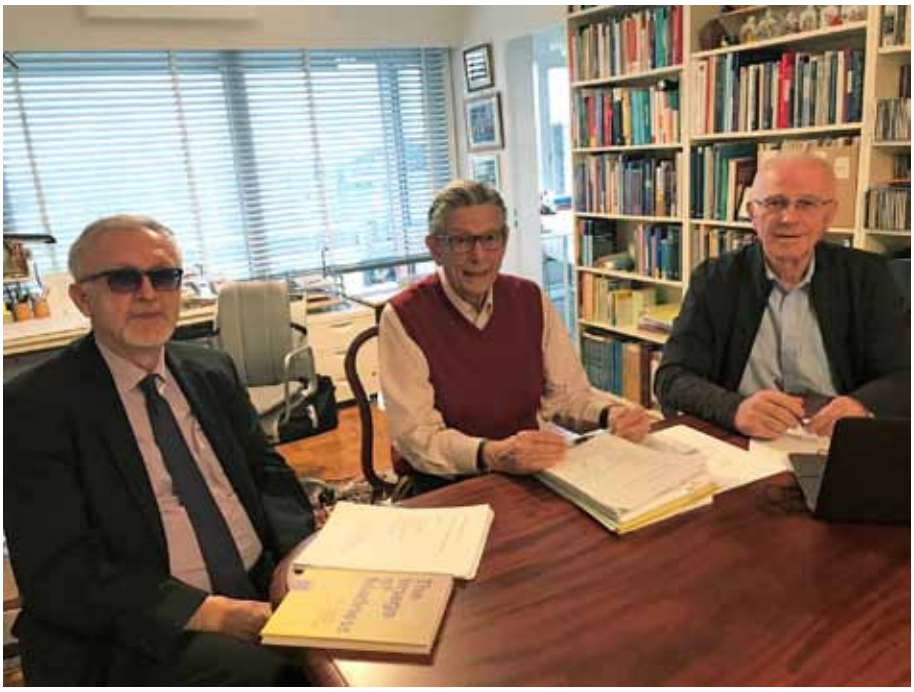

Figure 8. Prof. Sartorius (in the middle) talking with Prof. Miro Jakovljević (left) and Prof.Vlado Jukić (right), 2018.

20. What is your favourite topic for lectures to medical students? Residents? Non-medical audiences Politicians and finaciers? junior psychiatrists?

I like discussions with all these groups, question-and-answer sessions – they allow me to understand the groups' interest and level of knowledge and allow me to spend more time (and go into more depth) with topics which are of interest to the audience.

21. You have received numerous awards and honours. Which one or two or three mean the most to you?

It is a very difficult choice - each of the honours that was bestowed on me came to me a bit unexpectedly and was a great stimulus for further work. But if I had to choose I would select 1) the Prince Mahidol Prize established by his Majesty the King of Thailand. It is the most important prize for scientific work in Asia and the developing world and previous winners were people from different parts of the world whose work I admired. If I had to choose two more prizes I would select the Honorary doctorate from the University of Bath in the UK – not least because that was the only prize which I received in the presence of many members of my family who could come to the event; in addition, it was a honorary doctorate of science from a non-medical University. The third prize I would select is the medal "Dr Ivo Žirovčić" – a prize offered by the Association of psychiatrists of Croatia for contributions to psychiatry and mental health in Croatia. I feel I am doing injustice to the other prizes – but as you can see the reasons for the choice are emotional – home country, family, non-medical world, developing countries – which consoles me.

22. Wikipedia begins the article about you with a quote that says that are "one of the most prominent and influential psychiatrists of his generation" and in Lancet Psychiatry (2019:6;811-812) R. Lane published an article entitled: Norman Sartorius: psychiatry's living legend. WOW! How did the psychiatrist NS known for humility and his sense of humour react to these compliments?

Well, when I saw those quotes I felt flattered, important, embarrassed, pleased, worried (pure superstition, of course, - when too much praise is heaped on something it tends to break down) but also left with a feeling of obligation to do more to justify these beautiful compliments.

23. Your list of publications includes more than 500 papers in peer reviewed journals, with 71.138 citations as well as more than 120 books which you authored, co-authored edited or co-edited. Your h index is 107. What is your most important paper?

I find it impossible to answer to this question. When I look at the number of citations, or importance of the topic, the memories linked to the work that led to the paper, or the place of publication, or the time when the publication appeared, or the language it which the paper was printed or novelty of the facts

reported I find, - a bit to my surprise - that there is no absolute winner getting high by all of these criteria. The paper which gave me most joy was my first paper – describing the effects of a medication at a time when psychiatry had very few medications at its disposal and when inpatient services in Croatia had only some of those which were produced. It was a short paper in a journal that was never widely cited. The papers which we produced describing the results of the International Pilot study of Schizophrenia were the confirmation that a very complicated study, the first ever major international study of mental disorders in numerous cultures using standardized instruments in different languages was possible and that such a study can produce important results useful to psychiatry and transcultural work worldwide. They were breakthrough papers, because they presented very useful results but also because they demonstrated the usefulness and feasibility of collaboration between poor and rich country psychiatrists on an equal footing. The recent paper on the comorbidity of diabetes and depression was a source of joy because it dealt with an important topic in which I am now particularly interested and because it had, once more, been the result of a network of investigators from different countries brought together in friendship and mutual respect at a time when I did not speak on behalf of any major organization.

24. I see in Google Scholar that your book J.K.Wing, J.E.Cooper and N. Sartorius: Measurement and classification of psychiatric symptoms (an instruction Manual for the PSE and the CATEGO program) was cited more than 4700 times Obviously it is quite popular and a widely used book. Of all the books that you have written or edited which one is your favourite?

The book *Fighting for Mental Health*, bringing together essays on different subjects within the mental health field might be the favourite. It addresses different issues – in the first part I wrote about the context in which mental health programs are happening, the second part contains essays on psychiatry and medicine and the third part addresses the mental health programs and the role which psychiatry plays in them. In all there are 19 essays and the book has been translated from English into Croatian, French, German, Japanese and Korean.

25. You were the Editor in Chief for almost 10 years of the journal Psychiatria Danubina. How much fun and/or frustration did you experience on that job

The journal Psychiatria Danubina played several roles – possibly the most important was that it served, together with its mother organization (the Association of psychiatrists in countries on the Danube) as a bridge between western psychiatry and psychiatry of countries behind the Iron Curtain. The association had regular symposia which enabled psychiatrists from various western countries and in particular Austria and Germany to meet with colleagues from, Bulgaria, Czechoslovakia, Hungary, Rumania and Yugoslavia. The Journal was to serve as an additional bridge between the countries involved and meant to help in the publication of materials which were presented during the symposia and later on also papers proposed by psychiatrist from the countries along the Danube. My role in the journal was limited although I was (and still am) the honorary editor of the journal. Professors Jakovljević and W. Schöny and more recently Professor Jakovljevic on his own who have been the editors of the journal did all the work.

26. Key words describing your scientific interest include among others psychiatric epidemiology, transcultural psychiatry, mental health services, stigmatization and discrimination of people with mental disorders. According to your own subjective estimate to which of these topics did you contribute most?

I think that I have been most useful in bringing people together in all these – and other fields. As I said earlier, I am convinced that it is necessary and possible to work together and link work in these fields with other parts of psychiatry and medicine as well. I feel that, at present I am serving an important purpose in that I am stressing the need for work related to comorbidity of mental and physical disorders because comorbidity is a growing problem - growing at the time when medicine is fragmented into ever more narrow disciplines and specialties. We must find ways, to make the recognition and treatment of people with comorbid disorders more efficient and more effective and that will require changes of education of health care workers as well as changes in the organization of services for physical and for mental disorders

27. During your long career did you have any contacts or collaborations with your Croatian colleagues?

I have tried to keep a continuing collaboration with colleagues in Croatia throughout my work in WHO and subsequently. We have established a collaborating centre of the WHO in Croatia (the only one in, then, Yugoslavia) and I had the pleasure of working with Croatian colleagues on several programs. I also had the pleasure of attending the meetings of the Croatian Psychiatric Association. I was greatly honoured by receiving the Lifetime Achievement Reward from the Croatian Psychiatric Association and feel very proud that my collaboration with Croatia was useful in the development of psychiatric care in the country. I also have the pleasure of teaching an elective subject at the Zagreb University Medical School and am trying to participate in programs carried out in the country.

28. Did you contribute to the education of junior psychiatrists and the organization of mental health services and psychiatry in Croatia.

In addition to the teaching at the University of Zagreb I have also led courses on Professional and Leadership skills in Croatia and we have made plans to turn these courses into an annual venture. COVID has deranged these plans but i hope that we can come back to that topic. I also had the pleasure of helping some of the young colleagues in Croatia by advice and by linking them to other young psychiatrists elsewhere.

29. Any final words for medical students studying psychiatry as week as those who are thinking about a career in psychiatry.

When entering into the field of medicine in general and psychiatry in particular it is important to realize that medicine is not a profession like any other. The content of work, the decisions which have to be taken about people's illnesses and their life, the sense of being involved in the construction or destruction of families and numerous other aspects of work in our field make it different, challenging but also hugely rewarding when all goes well. It is not easy to become a good doctor nor to continue being one but if all works well it is a wonderful profession. To get the best of it one has to be strongly attracted to it and motivated to do well. The short message therefore to those who enter it might be – love it or leave it.

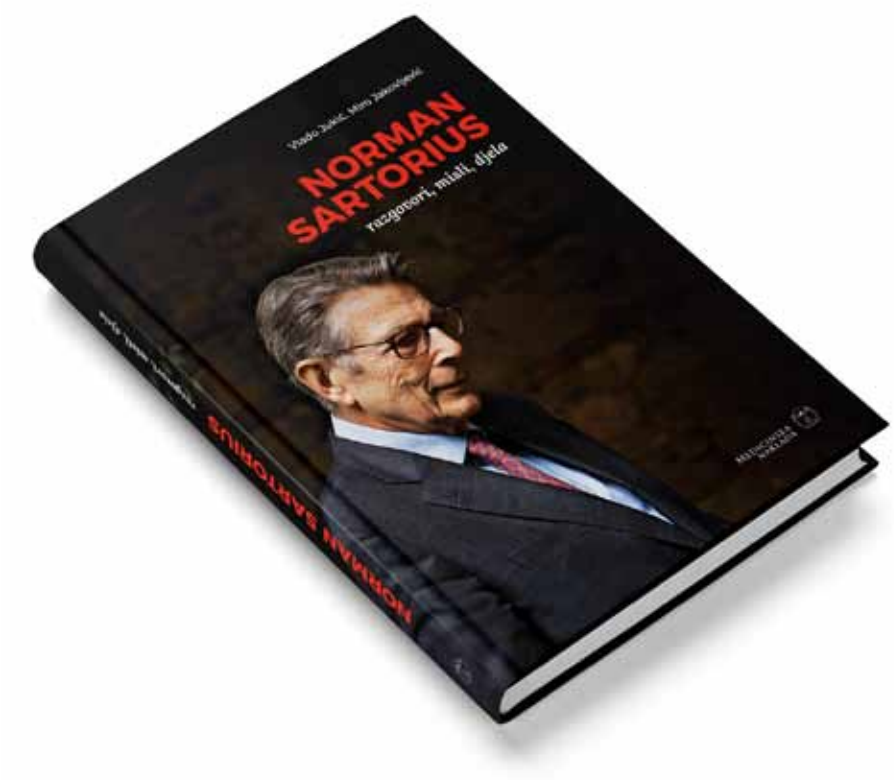

Figure 9. Front page of the book about Norman Sartoriusu, authored by Miro Jakovljević i Vlado Jukić, Medicinska naklada,Zagreb, 2021.