Clinical Utility as Maker of Evidence-Based Diagnosis in Psychiatry

Abstract

This paper tackles two big issues in psychiatric diagnosis. The first regards the style of diagnostic frameworks. We argue that, contrary to a common outlook, no diagnostic framework should be granted scientific authority by virtue of its representational style, whether that is symptom checklists, operationalized criteria, or phenomenological investigation. Such features may aid or hinder communication, coordination, and collection of data, but they do not determine scientific legitimacy. For an empirically robust diagnosis, the basic question is the same as in all other science: whether a framework supports reliable predictions and interventions. Building on this point, we transition to the second issue: the need for a sharper specification of clinical utility. We offer an account of clinical utility and propose clinical utility as the ultimate test of diagnostic empirical adequacy, grounded primarily in demonstrable gains in predictive and interventive performance, and secondarily in defensible benefits such as external validity and the facilitation of research. Rather than endorsing any single nosological system, we argue that diagnostic concepts should be evaluated by their practical and empirical utility, and that competing frameworks should be integrated when their combined use provides better prognostic accuracy and clinical outcomes than either framework used independently.