

The Present and Future of Forensic Psychiatry

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Forensic psychiatry is alive and well. The Academy of Psychiatry and the Law (AAPL) has almost 2,000 members, and there are 1,467 board-certified psychiatrists who have added qualifications in forensic psychiatry. The American College of Forensic Psychiatry has 250 members, and the American Academy of Forensic Sciences section on forensic psychiatry has 171. These numbers tell us that there are enough psychiatrists to teach, supervise, and do some direct forensic work. Nevertheless, there are not enough to do all that the law needs.

It turns out that psychiatrists who do not specialize in forensic psychiatry perform most of the day-to-day work in that field. Many of these psychiatrists have learned about the special requirements of forensic work, be it treatment of prisoners, fitness-for-duty examinations, insanity evaluations, or most of the many areas in which forensic work is needed. They have learned from the cadre of those who are trained and experienced in forensic work and teach in residency training programs or lecture at continuing medical education (CME) courses and at the annual meetings of the various forensic organizations.

Every department of psychiatry has a qualified forensic psychiatrist on its faculty. The annual AAPL meetings are very well attended, and the quality of the courses, lectures, and panels appears to get better every year. The *Journal* of the Academy continues to excel, and there is more and better research in our field. Although there is no television series about forensic psychiatry, the public is beginning to recognize what we do.

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Occasionally, someone who sees my business card, which identifies me as “forensic psychiatry, retired”, doesn’t say, “Oh, you do those autopsies,” but says, “Oh, you testify whether they were crazy when they did it.” We have arrived, and I believe we are here to stay.

Does forensic psychiatry have a future? Will it be around in 2029, 25 years from now? I believe it will be here and with increased recognition of what the field has to offer—that is, unless the law decides that it can make its decisions without the aid of any experts—a highly unlikely scenario.

There will be changes because of developments in the “brain sciences,” as molecular biology, brain imaging, and psychopharmacology furnish a sounder scientific basis for psychiatric opinions. While I am aware that the courts are not compelled to accept so-called “scientific” evidence unless it is solidly grounded, the new knowledge will give us the basis to render solidly grounded scientific opinions. We can expect to hear, “Let’s do a ‘Zeon’ scan to see how this defendant’s thoughts are processed when he relives the crime. Does the scan reveal whether he could have formed the necessary intent?” When we look at how DNA tests have changed trials, a “trial by brain scan” may not be too far fetched.

Treatment of Offenders

Treatment of offenders will become an increasing part of our work, as society realizes that the current harsh retributive model has not worked very well. Already there is an increasing effort in this direction, as we hear that many judges are complaining about mandatory sentencing laws. We hope that the return of a therapeutically oriented criminal justice system will have better results than those achieved in the 1950s and 1960s. This, of course, depends on

whether there is sufficient funding to provide adequate community-based treatment programs. Certainly, treatment for drug addicts is recognized as the treatment of choice, and I think community-based treatment will be considered in sentencing guidelines for many other victimless crimes. In addition, I would like to believe that there will be enough good treatment available in the community that fewer of the mentally ill will end up in jails and prisons than do today. The mentally ill people who are in our prisons will have better treatment and will benefit as well, because forensic psychiatrists, with better knowledge of how to treat offenders, will be involved in developing and staffing many of these programs.

By 2029, research should have increased our ability to predict dangerous behavior in the mentally ill and even to develop better treatments for sex offenders and those with antisocial personality disorder.

Civil Law

What about civil law? Will there still be so many malpractice, personal injury, and product liability cases before the courts? It is quite possible that our society will find other, more efficient solutions than litigation for solving these problems. However, forensic psychiatrists will still be needed to evaluate damages and present their findings, supported by good data, in an understandable manner.

As progress is made in these directions, there will be an increased recognition of what forensic psychiatry has to offer. There will be a level of sophistication and understanding between the law and forensic psychiatry, allowing each profession to do its best to make this a better society.

Yes, forensic psychiatry is alive and well and has a great future.