

Editor:

We are writing to correct a significant error in our article in the March issue, “No Duty to Warn in California: Now Solely and Unambiguously a Duty to Protect” (Ref. 1, p 107). The following sentence is incorrect in the last full paragraph in the right column: “Also judges and juries are likely to be more impressed by clinicians trying to do the most protective thing for patients as opposed to merely protecting themselves.” We meant to convey that courts and juries would be more impressed by clinicians trying to do the most protective thing for potential victims. The difference is important, since courts and juries are unlikely to be sympathetic to protecting potentially violent patients at the expense of protecting potential victims.

This error is especially significant, since some involved in risk management in California, despite the changes in the law that now permit flexibility when needed, are still advising that the potential victim should always be warned and the police notified when a duty to protect arises, mainly because these actions confer immunity in California. We agree that in most situations a therapist wants “safe harbor” immunity by warning the potential victim and notifying the police. The point of our paper, though, is that there are rare situations in which warning the potential victim is likely to increase the danger. In such situations, clinicians with true concern about protecting the victim may assume a very small liability risk and use a more protective alternative. The potential liability should be minimal so long as there is documentation explaining how warning the potential victim may exacerbate the risk, while the alternative action could afford more protection.

#### Reference

1. Weinstock R, Bonnici D, Seroussi A, *et al*: No duty to warn in California: now solely and unambiguously a duty to protect. *J Am Acad Psychiatry Law* 42:101–108, 2014

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Editor:

Kudos to Drs. Weiss, Watson, and Xuan for their excellent article on the background of the *Frye* test in “lie detection” (42:226–233, 2014). I was hoping to see mention of the story (true? false? could we detect the difference?) where police, interrogating a naive suspect, surreptitiously put a paper printed with the word LIE on the glass of a Xerox copier and placed a colander on the suspect’s head. The colander was connected by a wire to the machine, which they billed as a lie detector. After each answer, they pressed the copy button, and a paper with LIE written on it emerged. The suspect was so demoralized that he confessed in detail. An amusing anecdote, but short on informed consent and respect for persons, among other considerations.

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Editor:

In a previous *Journal* article, Dr. John L. Young called for the development of “Ethics Guidelines in a Widened Context,”<sup>1</sup> by citing a National Academy of Sciences report on forensic science as well as responses on the part of the judicial and executive branches of government. He noted the relative absence of a voice on the part of forensic mental health and highlighted that we have something specific to offer: namely, our expertise in psychology and human cognition. I commended him then on prompting us to expand our attention to the discourses that are occurring at national and international levels and suggested that we need more such discussions, especially in the area of violence prevention. With *The Global Status Report on Violence Prevention 2014* being prepared by the World Health Organization (WHO), the United Nations Office on Drugs and Crime (UNODC), and the United Nations Development Programme (UNDP), and the 67th World Health Assembly adopting a historic resolution addressing violence,<sup>2</sup> there was a need for science-based input from around the world; yet, at the key meet-