

Jeffrey S. Janofsky, MD: 34th President of the American Academy of Psychiatry and the Law

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Jeffrey Janofsky's maternal great-grandparents immigrated to Baltimore in the 1890s. His grandmother's family lived in a row house without indoor plumbing, located within the footprint of what now is the Johns Hopkins medical student residence hall. His grandfather was raised about three blocks from the Hopkins Hospital. The neighborhood around the hospital has been considered a "blighted area" since the hospital's founding.¹ When his grandfather's mother developed cervical cancer, she was treated gratis with experimental radium therapy by Dr. Howard H. Kelly, one of the founding "four doctors" of The Johns Hopkins University School of Medicine.² Sixty years later, Dr. Janofsky worked on weekends with his grandfather, who had become a pharmacist, as a cashier in a pharmacy diagonally across from the Hopkins Hospital dome. He got to know many of the regular customers from the still-improverished East Baltimore neighborhood, who shared their concerns that as poor people, they were being "experimented on" by the physicians at Hopkins. He also saw his grandfather extend credit to the poor of the neighborhood which included the "poor" interns from the hospital. These early experiences helped to form his commitment to medical ethics and social justice, which have been an important part of his career.

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Dr. Janofsky applied to The Johns Hopkins Medical School's "two-five" early admission program during his undergraduate sophomore year at Emory University, and was admitted later that same year to Hopkins. During the first Hopkins year, students were encouraged to take tutorials from any Hopkins faculty member. Dr. Janofsky recalled taking such a tutorial from Dr. Barbara Starfield, a pediatrician and a prominent health care services researcher in the Hopkins School of Public Health. Together, they became interested in the newly proposed federal rules governing institutional review board regulation of pediatric research. Dr. Janofsky designed a research protocol to measure how institutional review board members assess risk, which was eventually published

in the *Journal of Pediatrics*.³ It was during this tutorial that Dr. Janofsky first became interested in health care public policy matters.

During his senior year of medical school, he arranged to spend time in the University of Maryland fellowship program in forensic psychiatry, under my supervision. During that elective, Dr. Janofsky recalled that I was involved in the *Hinckley* case and that he was able to observe my discussions about the case with our fellows. He subsequently took a forensic psychiatry elective with me during his psychiatry residency at Johns Hopkins and then completed a one-year fellowship in 1987 in the University of Maryland's forensic psychiatry program.

In more than 35 years of teaching, I had become able to recognize students who were exceptional and represented the future leaders of forensic psychiatry. From the beginning of our relationship, it became clear that he was very likely to be one of those students. He was bright, soft spoken, polite, curious, hardworking, and above all, very interested in forensic psychiatry. He had the ability to look at a problem, think about it, and point out the important issues. I was sure that he was going to be a winner. As it turned out, he is one of the best fellows who have been through our program.

When I asked him about some of the memories of his fellowship, he recalled a death penalty defendant the court had asked us to evaluate for mitigating circumstances. I invited him to join me in this case, unusual for us, as the Court Medical Office had never before been asked to undertake such an evaluation. The defendant had been found guilty of first-degree murder. We had less than one week to interview the defendant and research the relevant law on mitigation, which we discovered, two days before our testimony, had recently been amended by the Maryland Legislature. The defendant, a chronic drug abuser, was driving while overwhelmingly intoxicated when he hit and killed a policeman who was directing traffic at a Baltimore stadium event. When we walked into the courtroom, it was crowded with uniformed police officers, there to observe the trial. Both Janofsky and I believed that the defendant had been severely intoxicated at the time of the crime, and although he had been convicted of first-degree murder, clearly did not meet *mens rea* criteria for that crime. It seemed to us that our subsequent testimony on mitigation, which resulted in a sentence of life,

allowed "cover" for the state's attorney in this highly politically charged case.

Upon completing his fellowship, Dr. Janofsky accepted an academic position at Johns Hopkins where he has been an attending physician, teaching for the past 21 years. He founded the Psychiatry and Law Program at Johns Hopkins and has been that program's Director from its inception. He is Course Director for Hopkins' psychiatry and law course and ethics course for residents. For his work with psychiatry residents at Johns Hopkins, he received the Paul R. McHugh Teaching Award in 2006. He is currently an Associate Professor of Psychiatry at the Hopkins and has an academic appointment as a Clinical Associate Professor at the University of Maryland, where he teaches and co-directs the forensic psychiatry fellowship program.

In his clinical practice, Dr. Janofsky has focused on Community Psychiatry, providing care for patients in the still impoverished neighborhood surrounding Hopkins. He was one of the original attending physicians to provide treatment for patients at the Hopkins COSTAR program, the first program to deliver the PACT (Program for Assertive Community Treatment) model in an urban environment.⁴ His early life experiences have enabled him to have a real feeling for those in the community. For 16 years, he has directed an inpatient teaching psychiatric unit at Hopkins that treats primarily community psychiatry patients with major mental illness and substance abuse problems. He also provides dangerousness and capacity assessments to the Johns Hopkins Psychiatry Consultation-Liaison Service, and to the Sheppard Pratt Health System.

His academic interests have focused primarily on describing forensic populations, assessing capacity to make medical decisions, and ethics. With me, he authored the first study describing a cohort of defendants pleading insanity.⁵ More recently, he has become interested in the misuse of psychiatry by law enforcement and intelligence services through the use of exploitative and coercive techniques,^{6,7} and has worked with the American Academy of Psychiatry and the Law (AAPL) and the American Psychiatric Association (APA) to make it clear that when psychiatrists use such techniques, they violate principles of ethics.

Dr. Janofsky has also found time to maintain a busy private practice, which consists largely of forensic work. He has been qualified as an expert in foren-

sic psychiatry in courts all over the country and has been a consultant to hospitals, attorneys in the private and public sectors, law enforcement agencies, and courts. He was the lead psychiatric expert for the State of Florida in *Johnson v. Murphy*,⁸ one of the few cases brought by the United States Government under the Civil Rights of Institutionalized Persons Act (CRIPA) that went to verdict after a full trial. In connection with that case, Dr. Janofsky spent hundreds of hours evaluating both the systems of care and individual patient care at G. Pierce Wood, a large state hospital located in rural central Florida. In *Johnson*, Florida successfully defended its treatment of psychiatric inpatients at G. Pierce Wood.

From 1997 to 1998, Dr. Janofsky was the President of the Maryland Psychiatric Society (MPS), a district branch of the APA. He continues to chair the MPS Ethics Committee, and remains active on the MPS Legislative Committee. He also has served in a leadership capacity in many roles for the APA. He has represented the APA's positions before the American Medical Association and the federal government on patient seclusion and restraint, patient privacy, and scope of medical practice. He is currently the chair of the APA Committee on Advocacy and Litigation Funding, which oversees APA's support for advocacy initiatives aimed at the states and the courts.⁹

He worked tirelessly for AAPL in many different positions over the years. In 1985, he was selected to join AAPL's first class of Rappeport Fellows. He was AAPL's first representative to the APA Assembly and served in that position for 10 years, helping cement AAPL's standing in American psychiatry as the leading professional organization for forensic psychiatry. He served as Program Committee Chair under AAPL President Robert Wettstein in 2004. He served on AAPL's NGRI Practice Guideline Task

Force and contributed to the final publication.¹⁰ He was Book Review Editor for AAPL's *Bulletin* and *Journal* for 10 years. He has served as AAPL Councilor, Secretary, and Vice President.

A lifelong resident of Baltimore, Dr. Janofsky has been married for the past 26 years to his high school prom date, Julie, an attorney in private practice specializing in employment litigation and arbitration. Together, they have learned a lot of law, which is one of his strong points. They have two teenaged daughters. He has been a loving husband and father, spending as much time with his family as his busy, involved life allows. He loves the theater, swimming, and dancing but, disappointing for me, he doesn't care to fish. Except for that flaw in his character he is one of the best I have had the privilege to work with.

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