

Forensic Psychiatry and the Forensic Sciences: In Memory of Peter J. Batten, MD

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This commentary is dedicated to the memory of Peter J. Batten, MD. He was a public health physician, a psychiatrist, and a medical examiner who spent his entire career in Salem, the capital of the State of Oregon. Salem was a unique place to work because, early in the history of Oregon, the state elected to build all of its original public institutions in the environs of the city. As the county medical examiner, Dr. Batten reviewed all questionable deaths that occurred within the county and in particular within the public institutions. Many of his findings were subsequently published, and these reports influenced the direction of mental health policy in these same institutions. He also used his position as county medical examiner to examine deaths in road rage incidents and those occurring at railroad crossings in Salem. The commentary also emphasizes the benefits of collaboration within the forensic sciences.

J Am Acad Psychiatry Law 37:552–5, 2009

Peter J. Batten, MD, was born in 1926 and died on November 28, 2004. He graduated from the University of Michigan in 1956. He completed a residency in Public Health in 1964 in Oregon and was certified in that field. In 1976, he completed a residency in Psychiatry at the Oregon State Hospital in Salem, Oregon. At the time of his death, he was an Assistant Clinical Professor of Psychiatry in the Department of Psychiatry at the Oregon Health and Science University. He spent the majority of his working professional life located in and around Salem, Oregon. For reasons which shall become clear, Salem was an interesting place to work.

Oregon became a state in 1859, and after heated competition between several other cities in the state, Salem, located in Marion County, became the permanent state capital in 1864. In 1907, the Oregon Legislature amended the state constitution to declare that all public institutions not already located in another county in the state would be located in Marion County. These institutions included, among others, the Oregon State Hospital (created in 1862 to

serve the mentally ill), the Fairview Training Center (created in 1907 to serve the developmentally disabled), and two state prisons: the Oregon State Prison (created in 1851) and the Oregon State Correctional Institute (created in 1953). It is presumed that this change in the state constitution was enacted so that the governor and the legislature could more easily provide governmental oversight of these public institutions.

Dr. Batten had experience working as a physician in several of these institutions, including the hospital for the developmentally disabled and, for a longer period, the Oregon State Hospital for the mentally ill. His major contributions came as an employee of Marion County. He worked as an assistant county health officer from 1963 to 1965 and he served as the county health officer from 1965 to 1971 and again from 1977 to 1978. But his most significant work came when he served as the Marion County Medical Examiner from 1963 to 1973, and again from 1977 to 1996. It was as Marion County Medical Examiner that he had the responsibility for the investigation of all unnatural or suspicious deaths that occurred within the boundaries of the county, including deaths that occurred within the same state institutions that he had worked in and knew so well. All in all, he served as Marion County Medical Examiner

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for 30 years, a position he administered jointly with the Marion County District Attorney.

I first met Dr. Batten in the late 1980s. I was Chair of the Department of Psychiatry at the Oregon Health & Science University and was also a working forensic psychiatrist interested in public sector forensics. Dr. Batten wanted me to be aware of the findings of a series of papers he had written or was working on that focused on a 25-year history of unnatural deaths in Oregon's mental and correctional institutions.¹⁻³ When we met, he told me that as Marion County Medical Examiner he became concerned about the high number of unnatural deaths that were occurring in the state institutions. He also told me that because of these concerns he applied for and completed the residency training program at the Oregon State Hospital because he wanted to understand psychiatry, and he wanted as well to understand the workings of this particular state facility.

In this series of papers Dr. Batten reported that over the years, and when compared with the correctional institutions and to the general population of Marion County, the highest rate of unnatural death, in particular death from suicide, came from the state hospital's forensic population. His research caused the Mental Health Division to take note of the high incidence of suicide on their forensic wards and led to the development of a plan to reduce these numbers.⁴

After our initial contact, Dr. Batten and I met several times a year to discuss various ideas and possible collaborations. Over the years, we collaborated on several papers on topics that I would never have worked on had it not been for our relationship and his intellectual curiosity. The first paper focused on road-rage behavior, a subject enhanced by Dr. Batten's access to data spanning many years in Marion County. Over a 36-year period, five cases were identified from the medical examiner files. These cases, in whole or part, illustrated the familiar themes related to violence: guns and alcohol, associated with another potentially deadly weapon, the automobile.⁵ The third author of this article was the Marion County District Attorney, and the paper called for more such collaborations in determining the state of mind of the aggressors and the victims in similar circumstances.

Dr. Batten had long advocated the construction of a retrospective mental status examination,⁶ including the psychiatric history of the deceased, to aid

medical examiners in their determinations about cause of death that would be codified on part II of a death certificate. This focus led to another collaboration. Together with a group of forensic pathologists we wrote a paper that focused on the question of suicide-by-cop.⁷ He was the driving force in this work which, from the pathologist's point of view, was about whether suicide or homicide was the proper classification of a death that was clearly provoked by the victim. The paper urged the use of retrospective mental status determination of the victim to help in classification.

Before his death, Dr. Batten was working on two papers. One represented a culmination of his focus on unnatural deaths in Oregon's public institutions (Batten PJ, Penn DW, Bloom JD, unpublished data, 2004). His goal was to present a summary history of all of Oregon's public institutions. The manuscript contains a wealth of historical information about these public institutions as well as a succinct history of some of Oregon's unique laws and other institutions. At the time of his death, he was in discussions with the Oregon Historical Society regarding the publication of the article, and I hope that some day it will be published.

The final paper that Dr. Batten initiated was again a product of his years as the Marion County Medical Examiner. It focused on railroad deaths in Marion County (Batten PJ, Penn, DW, Bloom JD, unpublished data, 2004). Since this manuscript also was not published, I will describe its content in some detail. The railroad came to Oregon in 1869 and to the city of Salem in 1871. (Remember that many of the public institutions in Oregon were built in the capital county and most were located in the capital city, Salem: the Oregon State Hospital in 1862, the Oregon State Prison in 1851, and the Fairview Training Center in 1907.)

One of the unusual features of the railroad in Salem (and in many older western cities) is that the railroad tracks run right through the center of the city, within a few blocks of the state capital building, and within a mile or two of many of the major public institutions. During the 40-year study period, 1963–2002, there were 111 railroad-related deaths. Dr. Batten reviewed the files on all of these deaths and was personally involved in the investigation of many of them during his tenure as Marion County Medical Examiner. He divided the deaths into two categories: pedestrians hit by trains ($n = 65$) and

deaths resulting from motor vehicles hit by trains ($n = 46$). Dr. Batten classified 18 of the pedestrian deaths as suicides. None of the deaths involving motor vehicles were so classified. Alcohol and drugs were deemed to be factors in the deaths of 38 persons. This number was no doubt an underrepresentation, because testing in this area was inconsistent in the first two decades of the study.

The key missing data in the study, which Dr. Batten and I were planning to review, were a search of the state hospital and community mental health records of the 111 persons in the study to determine their psychiatric history. However, there were several points that were made, given the data that we collected. First, it is worth noting that there had been no vehicle-train collisions after January 1993 when the city of Salem installed railroad crossing protective gates that completely blocked the tracks when trains were running through the city.

Second, 30 of the 65 pedestrian deaths occurred between 1988 and 1997, a period that corresponded to some of the most chaotic years of Oregon's history of deinstitutionalization of state hospital patients. It was a time when many chronically mentally ill persons lived in group homes in communities like Salem that were in close proximity to the state hospitals that had released them. In addition, it was beginning to be very difficult for acutely mentally ill persons to get readmitted to the state hospital. The hospital itself was in the early stages of its conversion to a mostly forensic facility, predominantly serving the courts and not the larger community.⁸ Supporting these speculations was Dr. Batten's determination that 18 of the 38 pedestrian suicides took place between 1993 and 1998. Without the missing mental health data, however, we were unable to determine whether there was a link between these train deaths and state hospital releases.

As mentioned, the paper on train-related deaths was Dr. Batten's last project, but its methodology demonstrates what he had focused on during his entire career. His body of work derived consistently from his career in Marion County, particularly his years as medical examiner. He was trained in public health and psychiatry, and he combined those interests with his work as medical examiner. Consistent with his training, his work was epidemiological in nature, and he added an intellectual dimension to his everyday job. In so doing, he highlighted patterns that could only be discerned with a long-term epide-

miological perspective. This is very important to me, because he had data, the interest, and the vantage point to look at possible trends. Today, mentally ill persons are dispersed and absorbed into communities where they become invisible as a distinct group, except for the few individual cases that are so egregious that they attract the attention of the newspapers. There are few natural opportunities now to study this population.

From a personal point of view, Dr. Batten's working life illustrated another very important point to me. He was able to add a research perspective to his long-term job and by so doing he was able to add satisfaction to his work and at the same time shine a light on an area that badly needed illumination. And although he was not a pathologist, a long-term practicing psychiatrist, or an attorney, he was able to bring individuals with these backgrounds together for his studies. Significantly, this work had meaning to all three branches of forensic medicine—pathology, psychiatry, and public health—and to the office of the public prosecutor.

My relationship with Dr. Batten was very rewarding. Had he not come to my office and introduced me to his ideas and to his work, I would not have had the opportunity to be exposed to a wider world of forensic medicine. I probably would not have worked with a medical examiner or with a group of forensic pathologists in their desire to clarify concerns important to their professions. The lesson I learned from my relationship with Dr. Batten, and one I would like to share, is that younger forensic psychiatrists should seek out opportunities within the broader fields of forensic medicine. It is through such opportunities and collaborations that each separate discipline that makes up a part of the larger field of forensic medicine can broaden its outlook and prosper.

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