

can Psychiatric Association (APA) Code of Ethics, which proscribes psychiatrists from offering a professional opinion about a public figure's mental health in the absence of direct clinical examination and the individual's consent. They argued that the Code's prohibition is overbroad and inappropriately constricts the psychiatrist's freedom of conscience to inform the public about the psychological makeup of a public figure. In response, we draw upon the virtue of prudence to show that Kroll and Pouncey are misguided in their criticism of the Goldwater Rule, especially regarding political figures.

We acknowledge that there are times when psychiatrists may feel a duty to "speak up about political leader's behaviors that strongly suggest psychopathology" (Ref. 1, p 232), especially those who could be "potentially dangerous" (Ref. 1, p 232). Notably, this article was written and published in advance of the 2016 U.S. Presidential election, headlined by two unpopular major party nominees.² However, the authors' position is imprudent for two reasons.

First, the authors failed to clarify when a psychiatrist may justifiably speak out about a political figure. Using the authors' own example, it is difficult to distinguish why psychiatrists responding to the *Fact* article "analyzing" Goldwater³ were acting unethically but the author of *Bush on the Couch*⁴ was not. They note that there should not be "speculative or *ad hominem* attacks that promote the interests of the individual physician or for political and ideological causes" (Ref. 1, p 226). Is there any conceivable situation where a psychiatrist makes a diagnostic claim about the mental state of any political figure that would not reflect the personal ideological biases of that psychiatrist? Otherwise, what aspect of the psychiatrist's conscience would be so wounded as to justify the public declaration? Given our hyperpoliticized and polarized culture, we posit that any such declaration by a psychiatrist would be met with general suspicion and be no less ridiculed than in the Goldwater case. Given that, prudence dictates that psychiatrists have an ethics-based duty to refrain from actions that would similarly shame the profession.

Second, diagnosing public figures via observations culled from the media represents poor diagnostic methodology. The authors note that there are legitimate situations in which the APA does not proscribe diagnosis without an interview, such as historical psychobiographies or to meet the requirements of third-party payers. However, these exceptions are narrow and serve a discrete purpose, and the risk of error is known and acceptable. Public figures, especially politi-

cians, intentionally cultivate a public persona that may not accurately reflect their psychological state. Given the risk and potential harm of error, it would be imprudent for any psychiatrist to render an opinion of a public figure's subjective thoughts or motivations, conscious or unconscious, in the absence of a personal and value-free diagnostic interview.

The APA's Goldwater Rule exemplifies a necessary and justifiable professional norm that is intended to temper the potentially imprudent and self-indulgent motivations of psychiatrists to use the cloak of their profession to further a particular political ideology and neutralizes a fallacious appeal to their own authority. Justifications based on freedom of speech, conscientious objection, or the public interest fail to offset the likely harms to the psychiatrist, profession, and public figure. We argue that the dictum remain firmly entrenched in the APA's Code of Ethics and the professional norms of prudent psychiatrists.

References

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Reply

Prudence, Not Silence

Editor:

We thank Redinger and colleagues for their comments, and we find that their remarks support our argument. Although our paper was not written with

the 2016 presidential election in mind, the Goldwater Rule has again become topical in this context. There is no decision tree to be used to decide whether, when, and how strongly a psychiatrist may speak publicly about a public figure. The point of our discussion is that in the absence of such an algorithm, individual physicians must balance personal and professional concerns. We argue that professional prescriptions on using diagnostic terminology to describe public figures do apply, and we elucidate the other codified principles of medical ethics that direct professional action in this respect. Our claim is not that the Goldwater Rule is ill conceived, merely that it serves better as a guideline than as an enforceable part of the professional Code.

For this reason, we disagree that our position is “imprudent,” although we grant that the proclamations of individual psychiatrists may be. The fact of speaking publicly, however, is not *prima facie* imprudent. Social context, setting, and word choices in speaking out may be injudicious or self-serving, but the act of doing so may constitute a virtuous and appropriate response to unjust and immoral behavior on the part of a public figure. Our concern is that prudence can too easily slide into complicit silence. From a consequentialist rather than a virtue ethics perspective, the possible but transient harm that nonadherence to the Goldwater Rule might cause may be infinitesimal compared with the overall harm that an elected

public official who has mental illness might produce. We encourage neither elected officials nor citizen-psychiatrists to succumb to *ad hominem* attacks, but a psychiatrist who enters a public political debate may have well considered reasons for doing so.

In light of the present election, it is worth noting that psychiatrists and other mental health professionals do not have unique insight into the behaviors of the candidates. There have been any number of lay persons with knowledge of the candidates who have publicly aired concerns about their public behaviors, and how those may anticipate the candidates’ conduct in office. Ethics rules govern behavior in any community. Whenever those rules are broken we have reason to wonder why and what other morally impermissible behaviors we can expect or should fear. Psychiatric diagnosis contributes little in this case to the broader discourse in the moral community about the fitness and patterns of public behavior of the presidential candidates.

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