

treatment. The final section offers two clinical cases to which the four foundations are applied. At the end of every chapter, there is a summary of the main clinical, legal, and cultural points as well as a section of practice questions and discussion prompts. Key terms and concepts are defined in the glossary at the end of the text.

The text's back cover describes its purpose to serve as a guide and "an invitation to forge ahead together in canonizing a subspecialty field of maternal mental health forensics in an effort to address, advance, and advocate on behalf of mothers, fathers, their children, their families, and generations to come." This goal is noble, and a heavy undertaking for one text alone. Each foundation has the potential to fill multiple volumes. Though this book provides a breadth of information, the audience is not clear. To this point, the back cover asserts the text is relevant to all audiences, stating, "Whether casually interested in the topic or actively involved in maternal infanticide or filicide cases . . . readers will gain a comprehensive understanding of the legal outcomes . . . and advanced understanding from a biopsychosocial perspective."

When an audience is broad for a very specific topic, such as infanticide and filicide in a forensic context, it is difficult to navigate the nuances without a shared understanding or background knowledge. If the desired audience are only those who are "casually interested," perhaps a primer on the difference in international justice systems is imperative. For instance, an early chapter focuses on an Illinois postpartum law that has great potential to help mitigate and reduce sentencing for those suffering from mental illnesses who engage in illegal or violent conduct in the postpartum period. It is here that the informational groundwork is clear, until parallels are drawn between law making in different countries, such as Great Britain and the United States (p 50). To applaud one country's systems without recognizing the difference between legal systems can be confusing or potentially misleading. The United States and Canada work within a common law system that leads to an adversarial approach, whereas Great Britain operates within a civil law system that has an inquisitorial approach.

Overall, I found this collection enjoyable, as it is exciting to recognize several contributing authors within this specialty. While its goal to help "canonize

the subspecialty" is lofty, I do think it is a step in the right direction. I hope others working in the field of forensic psychiatry take interest in maternal mental health, especially as it related to infanticide and filicide, and using this text is one potential way to do so. Ultimately, I find the most appropriate audience of the text to be psychiatry residents or trainees in other mental health fields who are interested in women's mental health who could utilize this text for further exploration of this specific topic and to best understand the current state of research in the field.

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Can't Be Trusted

By Bart Johnson, PhD. Self-published, available on Amazon. \$12.00.

Reviewed by Kathryn Baselice, MD

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Key words: schizophrenia; fitness for duty; expert; diagnosis

In his autobiographical book *Can't Be Trusted*, Bart Johnson, PhD, aims to explore the implications of the label of mental illness. Dr. Johnson, who earned a PhD in electrical engineering from MIT, had aspirations to fly airplanes. In pursuit of his piloting license, however, a Federal Aviation Administration (FAA) psychiatrist diagnosed him with schizophrenia, a diagnosis that automatically bars one from piloting an aircraft.

The book, with the exception of the first two chapters, generally follows the author's life in chronological order. The first chapter explores general information about FAA medical certificates and regulations relating to piloting. The second is a brief description of the author's suicide attempt, a jarring and puzzling inclusion that is not explored in any further depth in the remaining chapters. The author then chronicles his family history (Chapter 3), childhood and adolescence (Chapter 4), college and graduate studies (Chapter 5), and work history (Chapters 6 and 7). Chapter 8 is entitled "Psychosis" and is devoted to an unfortunately brief exploration of the author's experience with psychotic depression. Chapter 9 is devoted to a

lengthy but comprehensive discussion of the history of psychiatric treatment, including many classes of medication and the emergence of electroconvulsive therapy. The penultimate chapter again discusses FAA regulations as well as some historical examples of rare tragic incidents related to pilot mental illness. Chapter 11 reflects the book's generally disparate themes and purposes, repeating some history, the author's frustrations over FAA regulations and his disagreement with his diagnosis of schizophrenia, among other points. Two appendices take up much of the remaining pages, one of which includes the formal reports relating to his psychiatric evaluations, while the other goes into further detail about the engineering topics he explores throughout the book.

The purpose of the book and its audience is multifaceted. Dr. Johnson claims he wrote the book for "mental health experts, victims of depression, aviators, the FAA, Yale University, engineers, physicists, and computer scientists" (Introduction, page unspecified). As one can imagine, with such a broad audience, the book's content and purpose often wanders. At times, it reads like a treatise against the mental health industry and FAA regulations. At other times, it reads like a physics textbook. Dr. Johnson points out in his introduction that by including his accomplishments, projects, and engineering interests in the book, he sought to juxtapose the FAA's claim that he, according to his wording, is a "dangerous paranoid schizophrenic" (Introduction, page unspecified) or "crazy" (e.g., p 99).

Dr. Johnson's decision to chronicle his life and mental illness is a brave one. I found his chapter on the history of psychiatry to be well-researched and enjoyable. Dr. Johnson's occupation as an engineer shines through in this chapter with its meticulous attention to detail. I was also grateful for the vulnerable description of his psychotic episodes. As a member of the mental health clinician audience he wished to reach, I found myself wishing there was more of this content.

Unfortunately, the book has several shortcomings. It would have benefited from a professional editor, whose guidance could have focused the themes and narrative. The chapters themselves felt clunky and unfocused. Dr. Johnson's inclusion of technical physics and engineering content is difficult to follow. I also bristled at the use of "crazy" and "head shrinker" throughout his prose. His use of these colloquial terms seemed to undermine his contempt of

the stigmatization of mental illness and made me feel defensive of my patients who may not appreciate such terms. Further, in his final chapter, he encourages patients who are currently receiving or may receive treatment in the future to reconsider their acceptance of medication and hospitalization; such encouragement makes his book one I would be wary of recommending to patients, who may have otherwise benefited from a sense of solidarity between their and the author's experiences.

Chapter 2 introduces a jarring narrative of a suicide attempt. The episode is brief with little context. In another work, I might wonder if the lack of context and jarring nature is meant to mirror the typical nature of suicide, which often leaves the loved ones of the deceased perplexed and unsure. In an autobiographical piece, however, the account begs for a more thorough understanding.

Although the book is not necessarily targeted at forensic psychiatrists, the author introduces some important points germane to our practice. Dr. Johnson claims that an expert used the second edition of the Diagnostic and Statistical Manual (DSM-II) to diagnose him with schizophrenia. The author points out that the DSM-II was outdated at the time of his evaluation, thus leading to an erroneous diagnosis. Such a claim certainly reflects the importance of careful use of DSM in our evaluations, including applying its criteria based on the field's most current understanding of diagnostic phenomena. This is especially true in cases of psychological fitness evaluations when certain diagnoses are exclusionary. In the case of the author, even if a different diagnosis were warranted, it would not have led to an alternate outcome; Dr. Johnson had other factors in his background, such as a suicide attempt, that precluded his ability to obtain a medical clearance (a fact he acknowledges). Nonetheless, it was a good reminder to me as an early career psychiatrist that a prudent and thoughtful forensic clinician should be careful when applying diagnostic labels and should acknowledge when diagnostic criteria fail to capture the presentation.

For many of its shortcomings, the book was a good exercise in confronting my own sense of stigma and bias. As I read, I reflected that I was seeking clinical criteria in the writing and story that may provide diagnostic clues. While I tried to keep an open mind as to the nature of the diagnosis, I reflected that the author's acknowledgment of mental illness placed it front and center in my consciousness, as opposed to

the narrative he was attempting to tell. As I read, I attempted to consider any bias that I as a clinician introduced into my reading and found this a useful exercise in self-reflection. It may be so for other forensic readers interested in reading this piece.

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Becoming a Doctor's Doctor: A Memoir

By Michael F. Myers, MD. Middletown, DE: Independently Published; 2021. 270 pages. \$14.99

Reviewed by Dalia N. Balsamo, MD

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Key words: physician well-being; physician health; medical education; physician suicide; physician impairment

Becoming a Doctor's Doctor: A Memoir is the journey of a well-known expert and advocate in the field of physician health over several decades of his career. It is part memoir, part case studies, and part commentary on the evolution of our understanding and appreciation of physician well-being. The book offers an honest account of the stigma many physicians face when they seek help when struggling with burnout, addiction, and mental health disorders. It also emphasizes the healing effect of compassion, solidarity, and care among fellow physicians.

Dr. Myers is a board-certified psychiatrist who specializes in physician health and has authored several books and articles on the subject. He has held multiple leadership roles in the medical field and has won numerous awards for his teaching and advocacy efforts. He has also produced educational videotapes on the topic of physician health. One of them, titled "When Physicians Die by Suicide: Reflections of Those They Leave Behind," won the 1999 APA Psychiatric Services Award. He provides a well-thought-out and compassionate perspective on physician health. The book is divided into 10 chapters, with a preface, an introduction, and a conclusion. In the Introduction, Myers recounts two major life events that influenced his approach as a psychiatrist treating other physicians. One was an encounter as a second-year psychiatry resident at Vancouver General Hospital during which he was called in to treat a

physician, named Dr. Monroe. Despite Dr. Monroe's demonstrating severe symptoms of mania, he originally decided against certifying him, as he felt uncomfortable doing this to a doctor. He recalls how his attending subsequently admonished him for this decision and instructed him that doctors are to be treated the same as others. The second memory is a more personal one and describes his mother's struggle with alcohol use and the effect this had on him as a child and as a future physician.

The first three chapters of the book chronicle the early years of Myers' journey to become a "doctor's doctor," and his various academic, clinical, and advocacy accomplishments during that time. Chapter Four describes the professional and personal struggles that many physicians faced during the AIDS epidemic, as well as the resilience and camaraderie they demonstrated in response. Chapter Five focuses on the middle years of the author's career. It was during that time that he was elected as President of the Canadian Psychiatric Association and created the organization's Section on Physician Health. In chapter Six, he discusses an often-overlooked area in physician health, which is the medical marriage. He provides several case studies, each unique in their struggles and outcome. Chapter Seven stands out among the other ones in that it is completely dedicated to his work with Dr. Z, a physician who tragically died by suicide. In this section, he not only chronicles his treatment of Dr. Z, but also the aftermath of his death and the lessons learned from this experience. The last three chapters focus on the later stages of his career, after 35 years of practice. He gets more personal in this section of the book, and openly discusses his own sense of otherness and coming to terms with his sexuality in a heteronormative society and an environment discriminative against members of the LGBTQ+ community. He reflects on what his work with impaired physicians has taught him and on his continued dedication to training the next generation of physicians and to raising awareness about the importance of physician health. He also describes his experience performing independent medical examinations on doctors referred to the Committee for Physician Health of the Medical Society of the State of New York, a practice relevant to forensic psychiatry. Myers concludes his memoir on a hopeful note, envisioning a brighter and more compassionate future that fosters a strong sense of community and solidarity among physicians.