

## THE PRESIDENT'S MESSAGE

### "As I See It"

I first want to express my appreciation and pleasure at the opportunity to serve AAPL in this new position, an opportunity I view as a challenge to the crisis that exists in our field. AAPL has continued to expand in the face of crisis. Its steady growth should be regarded as an expression of the interest and work of its member colleagues as well as the guidance and dedication of its past leadership. I hope and expect that these will continue through the coming years to promote an ongoing increase in the number of our members and to improve the quality of our contributions to American Psychiatry; and specifically that the future will see increasing significance of AAPL for the field of psychiatry and law.

The Fifth Annual Meeting in Pittsburgh on October 18, 19, and 20, 1973 was most successful and unusually well attended. Our AAPL membership is now slightly over three hundred; and our treasury is still in the black, although just barely so. All new officers of the Academy were unanimously elected, and their names appear on the mast head of the Bulletin which Herb Thomas continues to edit so ably. Golden AAPL Awards were presented by Jonas Rappeport, posthumously to Dr. Henry Davidson and in person to Dr. Walter Bromberg. Our retiring president, Bob Sadoff, received a Silver AAPL Award as a memento of his term of office. The meeting was dominated by Task Force and small group sessions on the role of psychiatry in corrections, the treatment of prisoners, confidentiality and privilege, the right to treatment, levels of membership, psychiatric malpractice, capital punishment, prediction of dangerousness, and criteria for forensic examination. New York City attorney Donald Dawidoff's talk on "Psychiatric Malpractice" and Philadelphia District Attorney Richard Sprague's talk on "The Prosecutor's Reaction to the Government's Prosecution of Vice President Spiro Agnew" were provocative as well as informative. Our October, 1974 meeting will be held in Williamsburg, Virginia, and we hope to see most of you there.

As I see it, the upgrading of our professional contribution to psychiatry and law, as this can be promoted through the development of advanced education and training programs in forensic psychiatry, is the number one need of our field. This, in my opinion, can best be accomplished by a strong movement toward formal specialization status. At the Pittsburgh meeting I expressed this goal as a major commitment which I view as consonant with AAPL objectives. To implement this end, I need an expression of your interest, your guidance for direction, and your energetic help in pursuit of this goal.

Great differences in theory and practice exist among American psychiatrists. A crisis of confidence in psychiatry has become visible in recent years. The field of psychiatry and law, and forensic psychiatry specifically, share the problems and the crisis. Whether psychiatry will survive as a specialty field in medicine and how psychiatry will be practiced in the future will certainly affect the practice of forensic psychiatry.

The basic question I raise to you is whether you consider forensic psychiatry to be a specific sub-specialty of psychiatry, a field sufficiently structured by concept and practice so that an organized attempt at upgrading it may succeed.

As I see it, the field of psychiatry and law is broad, encompassing all relationships of psychiatry to law. A substantial, technical subdivision of this broad field is forensic psychiatry. This, I define as that area of practice in which psychiatric theory, concept and principles are applied to legal issues for legal ends.

Forensic psychiatry, I believe, is already an operational specialty. It is an interface specialty, distinct from traditional psychiatry and separate from law. As I see it, a formal specialized educational program, including supervised training experiences directed to interface skills in forensic psychiatry, is necessary to upgrade our contribution to this area of practice. Through such an approach, younger colleagues can be attracted to our field, our professional status among colleagues in medicine and law may rise; and, most important, concepts and standards of practice should become visible for the community, helping to resolve the crisis of confidence in forensic psychiatry.