

Editor:

Another triumph! Thank you for publishing Special Agent Schafer's article and the replies by Ms. Danoff and Drs. Janofsky, Candilis, and Grisso. I agree with Dr. Janofsky that if a psychiatrist participated in the work of the Federal Bureau of Investigation's Behavioral Assessment Program in devising a scheme to entrap Ms. Squillacote, that psychiatrist violated the code of medical ethics (just as "physicians must not use their professional knowledge and skills to help cause the death of prisoners" so psychiatrists must not use their professional knowledge and skills to induce a mentally ill patient to commit a crime).¹

On the other hand, for reasons that Dr. Grisso makes clear, the unnamed psychologist (or psychologists) who took part in the Behavioral Assessment Program's activities in the Squillacote matter did not violate the American Psychological Association's code of ethics. The ethics committees of the American Academy of Psychiatry and the Law and the American Psychiatric Association should be helped to understand that the medical code of ethics differs in many respects from the codes of ethics of the American Psychological Association and the American Bar Association.

A. L. Halpern, MD
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Reference

1. Physician Participation in Capital Punishment: Evaluation of Prisoner Competence to be Executed: Treatment to Restore Competence to be Executed. Chicago, IL: Council on Ethical and Judicial Affairs, American Medical Association, Report 6-A-95, 1995, p 2

Editor:

The interesting article of Dr. Dorothy Lewis and colleagues (*J Am Acad Psychiatry Law* 29:390-7, 2001) makes a contribution to our attempts to understand better the lives of violent individuals. Without discussing the various main points of the work, I want to comment on two lesser, tangential aspects of the paper. This comment is, on the one hand, for the attention of Dr. Lewis and her coauthors, and, on the other hand, for ourselves, AAPL, and the *Journal's*

editors and reviewers and our developing publication policies.

The first and lesser item concerns the statements of priority of publication for this work without significant further documentation. The article's summary states it is "the first to document . . ." (p 390), and later, "However, it is, to date, the largest sample of its kind . . ." (p 397). The only clear information supporting this priority is a statement, "To the best of our knowledge, ours is the only sample of homicidal adoptees on whom . . ." (p 391). Statements such as these, to this reader, should be better substantiated by reported literature searches. Literature searches on objective data in other adoptee-violence studies undoubtedly were undertaken by the authors, but the nature of any priority-establishing literature research is not reported in this article. A sentence to the effect of having searched at least the English language literature of certain specified databases for certain topics for specified periods could suffice to document such publication priority, at least, in the English language.

The second item is more complex. Under a section of the article entitled "Informed Consent," it states, "At the time of this study, data regarding these individuals were in the public domain. Hence, informed consent was not required" (p 391). The article reports much information on the murderers and also on their biological and adoptive families that would normally be considered of a confidential nature, such as their mental illness histories and diagnoses. I take it that the reader is to understand that all the otherwise confidential information published in this article was entered into the public domain, including the information on the biological families, and in this detail. Then, when data are in the public domain, it improves the quality of the published article to document the sources of the information (e.g., the case names and trial courts), so that should another student of this type of material want to study the data she or he can do so.

An alternative to public domain information sources for otherwise confidential data is, of course, to disguise the material adequately, which is not always easy to do in high-profile cases wherein it may be an especially difficult task to protect and respect adequately the privacy of family members of the alleged or convicted criminal (or other person about whom we write). Additionally, our *Journal* in its "Statement of Authorship Responsibility, Financial

Disclosure, and Transfer of Copyright” states, “4. The author and co-authors agree to produce the data on which the manuscript is based for examination if requested by the authors” (p ii, same issue), but if the information in question is confidential information in possession of the writer(s), it would require redacting to show it to the editor(s) without specific authorization, which still may not easily prevent identification in high-profile cases. The same duty of protecting confidential information is not owed equally to patients, examinees, family members, and other informants and to specified research subjects. This all underscores the difficulty of presenting detailed clinical material by Dr. Lewis and others of us who write about our work.

These points are raised, as noted, not only for Dr. Lewis and her co-authors, but for consideration for our journal’s publication policies.

Roy B. Lacoursiere, MD
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Reply:

Dr. Lacoursiere raises important issues regarding literature reviews and confidentiality. Because this paper was written over the course of approximately five years, English language computer databases (e.g., Ovid) were reviewed and re-reviewed during that period. However, databases should not be exclusive sources of information. We found that the bibliographies of articles and books often provided important leads. However, to cite in our own bibliography all the articles and books reviewed for bibliographic clues did not make sense to us. At the same time, before submitting our paper, colleagues in the field reviewed it, and we followed up the leads they provided. Nevertheless, we could not be totally certain ours was the first to document the characteristics of both adoptive and biological parents of a series of

murderers. Hence, our statement “To the best of our knowledge. . . .” Perhaps readers of this journal will direct us to studies we overlooked. We trust also that the paper would not have been accepted were other studies of its kind known to the reviewers.

The cases in this study were not notorious. In some of them, the first author testified to the clinical data reported. In others, the data were reported in evaluations provided to the court or in briefs and affidavits. Although these data are in the public domain, we believe it would not be in the best interests of the offenders or their families to call special attention to their cases. We must keep in mind that the media read journals and descend not only on authors but also on subjects and their families. It is our obligation to protect them. Just because data are in the public domain and legally available does not mean that one must or should call attention to them.

In summary, clinical researchers must strike a balance between sharing the bases on which conclusions were made (e.g., review of psychiatric records of parents and grandparents) and preserving the privacy of families and subjects. We hope we have done this. If all clinical researchers in forensic psychiatry were required to identify their subjects on the grounds that the data were in the public domain, it would raise an ethics question that might result in the decision not to publish.

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Editor’s Note:

Dr. Lacoursiere has made his point. I agree that journal leadership and reviewers have an important role to play here.