

Forensic Psychiatry

By Nigel Eastman, Gwen Adshead, Simone Fox, Richard Latham, and Sean Whyte. Oxford: Oxford University Press, 2012. 691 pp, \$85.00.

This book is the third in the new *Oxford Specialist Handbooks in Psychiatry* series; earlier volumes covered child and adolescent and geriatric psychiatry. Handbook is something of a misnomer for the volume that Eastman *et al.* have written. The print is small and the paper thin, meaning that, although the result is small enough to fit in a pocket, its 691 pages contain more material than most texts. One consequence of Oxford's handbook style is that there are no references, but the text has an authoritative tone that means that, in most instances, the reader does not thereby lose confidence in what is being said.

For readers of the *Journal*, the book will provide a window into the different ways in which forensic psychiatry is defined by its practitioners on the two sides of the Atlantic. Compare, for instance, Howard Zonana's U.S. definition, "the use of psychiatric expertise to help resolve legal questions," (see <http://lawandpsychiatry.yale.edu/index.aspx>) with the division of forensic psychiatry by Eastman *et al.* into "clinical forensic psychiatry" and "legal psychiatry" (p 7). Clinical forensic psychiatry they define as, "The assessment and treatment of mental disorder where that disorder appears to be associated (not necessarily causally) with offending behavior" (p 7). Legal psychiatry is defined as, "All law relating to mental disorder, and to the treatment and care of those suffering from mental disorder" (p 7).

This attempt to address the problems of defining one subspecialty of psychiatry by creating two subspecialties has to be seen in context. The differences in the historical relationship between law and psychiatry in different countries has made it difficult to arrive at a definition that applies across national boundaries. Even legal psychiatry, as defined by Eastman *et al.*, has a more clinical flavor than do most North American definitions. The authors detect a change in recent years in the attitude of U.K. psychiatrists toward the legislation that regulates some of what they do and that affects so many of their patients. They note that the law was once widely re-

garded by mental health practitioners as, "an irritating intrusion into the proper exercise of medical paternalism" (p vi).

Of course, the differences between U.K. and U.S. forensic psychiatry are not restricted to the definitions that their practitioners develop to describe what they do. Some U.S. forensic psychiatrists will feel misunderstood by certain of the book's assertions, including one that U.S. forensic psychiatrists see their sole obligation as to the court, rather than to the person being evaluated. The authors state also that this obligation derives from the duty of all citizens to assist in the administration of justice (p 225).

In fact, as the Ethical Guidelines of the American Academy of Psychiatry and the Law, helpfully included by Eastman *et al.* in an Appendix, make clear, a U.S.-based forensic psychiatrist has numerous duties to the person being evaluated. Examples include explaining to the person the purpose of the evaluation and, to the extent that this is consistent with reporting the results of the evaluation to the person who asked for it, maintaining the confidentiality of what is said. Those duties are usually held to derive, not from any general duty of citizens to assist justice, but from a much more concrete one, to respect the person in front of them. Nor in 11 years in the United States did I meet a "forensicist," a species that *Forensic Psychiatry* tells me is endemic. It is time to put this neologism to rest. The term was coined, I suspect to his lasting regret, by Paul Appelbaum in an analysis of the ethics of forensic evaluation (Ref. 1, p 252). That analysis has spawned several valuable theoretical developments but, as yet at least, no new species. The principle use of the term now seems to be as a stick with which to beat people with whom one disagrees.

The Oxford University Press style for the Handbook series, of which this book is a part, includes the extensive use of lists set apart by bullet points. Some complicated topics turn out to be amenable to this approach. I particularly appreciated the clarity of the descriptions of the differences between community forensic services and assertive outreach and of the book's treatment of confidentiality. One consequence of writing without references is that some interesting assertions cannot be checked easily. The authors assert, for instance, that schizophrenia alone increases the odds of violence as much as cigarette smoking increases the odds of lung cancer. Since smokers who have smoked without quitting success-

fully have an approximate 20-fold increase in lung cancer risk,² this statistic implies a rate of violence in schizophrenia that is much higher than that reported by birth cohort studies.^{3,4} The assertion is also inconsistent with meta-analyses, one of which found odds ratios for violence in schizophrenia compared with the general population to lie between 2 and 4, depending on which statistical model was used to pool the data from the studies.⁵ Of course, the situation is often complicated by substance use and substance use varies, like much else in forensic psychiatry, across treatment settings and jurisdictions. I would have liked to know where to find out more.

The index is good and the Table of Contents comprehensive. Because the book is authored, not edited, it has a coherence of outlook and a consistency of style that is often lacking in books of this scope. The restricted number of people writing the text has not adversely affected its quality. Whatever the size of your pocket, the book deserves a place on your shelf.

References

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The Practical Assessment of Testamentary Capacity and Undue Influence in the Elderly

By Eric G. Mart and Adam D. Alban. Sarasota, FL: Practitioner's Resource Series, Professional Resource Press, 2011. 94 pp with CD-ROM. \$24.95

For all its brevity, this is a remarkably detailed and thorough book that will give the novice, in a highly

concentrated form, essentially all that is needed to perform the task set forth in the title. There are some particular features that merit specific mention.

To deal first with the unusual, note that the book has an attached CD-ROM that contains templates of all the major assessment forms that are cited in the text—fortunately, since a significant part of that text involves citations of a plethora of assessment forms.

This approach may represent too much rigor in many cases, especially in those that involve a living testator who can often personally answer extensive questions. Moreover, although form-based data allow confidence about reliability and may be helpful in resisting cross-examination, most fact finders tire quickly of reading a report or hearing testimony that goes into the level of detail provided by formal instruments. From a different perspective, I suspect that this CD supplement is a harbinger of future textbooks and not only in forensic psychiatry: everything often cannot be contained in the written content.

To counterbalance this possibly useful add-on, the book contains no index. This omission is serious for a text that one anticipates using as a long-standing reference work rather than a one-time read-through.

Two important distinctions are not brought out with sufficient clarity. First is that the three components of the testamentary capacity examination are almost always matters of long-term memory; thus, short-term memory impairment would not necessarily affect them significantly. Adults recognize what a will is in early adulthood; we know in general what our assets are as we acquire them; we know who our children are from their birth (or we assume they are ours). Much of these data are concrete in a timeframe that usually predates designing a testament, but there are, of course, exceptions.

Second, I found no reference to the important difference between undue influence and due influence. That is, the evaluator must distinguish between someone who takes unfair advantage of a susceptible testator unduly, per statute, on the one hand, and the natural but legitimate tendency of people to have a favorite relative, charity, or organization on the other.

With these minor objections noted, the book represents a short and useful contribution to an examination that is often, in my consultative experience,