

President's Message

We forensic psychiatrists tend to be a conscientious and interested group. I think we work hard at trying to do what is best for those we serve, our patients and those involved in legal process. Generally, we also seem to be more sophisticated than the average professional.

Maybe for those reasons, or maybe because many psychiatrists are somewhat fearful of the law or of adversarial procedure, we are able to receive somewhat higher fees in forensic activities than in some other areas. We also are accorded the highest status and respect in our dealings with our attorneys and courts.

That is great for us, and I am certainly pleased by those aspects of forensic psychiatry. Of course, there are some other consequences which also result. First is that the employment of psychiatric experts in a legal case contributes significantly to the costs of the case. It takes time to do a proper evaluation, and time at high fees requires funds. As in so many other areas, the unequal distribution of financial resources results in a consequent unequal distribution of forensic psychiatric resources. Perhaps worst of all, there is a very limited pool of forensic psychiatric resources. Access to those resources is fortuitous, based either on the vagaries of the wealth of the person in a case or upon the wealth of the public in the jurisdiction in which a case takes place. The wealthier jurisdictions are more likely to have publicly financed forensic psychiatric services for the indigent.

Another consequence of the situation has been a rush of non-psychiatric practitioners, with varying credentials, to try to fill the gap. Psychologists, social workers, even *soi disant* "mental health professionals," have alleged that they can do for the courts whatever psychiatrists can. At times they even assert that they can do it better and at less cost.

Surely, if they are right, the courts should dismiss the services of psychiatrists and substitute for us the services of the others. But are they right?

The question is not an easy one to answer. The intuitive answer, especially from us psychiatrists, is that it is ridiculous to assume that others could perform as well as we do. After all, we have more training than they do. Exposure to forensic psychiatry is an important aspect of becoming certified as a psychiatric specialist by the American Board of Psychiatry and Neurology. And no other group has that training or knowledge requirement. *Ipsa facto* we are more qualified.

Actually, I think that is a good argument. However, one of the reasons

for the formation of a Board of Forensic Psychiatry is that the training and the passing of a Board examination in psychiatry are not requirements to ensure quality performance on the part of psychiatrists engaged in law-related work. Further training, experience, and knowledge are often important, and they must generally be obtained in a setting with both psychiatric and legal resources. Psychiatrists are being trained in such settings, and the general level of qualification of practitioners in forensic psychiatry is increasing.

Good. But what about the other side of the coin. Suppose we ask what the minimum training and knowledge are for a person to do a satisfactory job. (Well maybe not the minimum, but at least an acceptable minimum.) What kind of training course would be necessary to enable a social worker, a psychologist, or a mental health worker — even a raw layman, a college graduate or maybe a high school graduate — to master enough of the legal and mental health aspects of forensic psychiatric activities to do a really decent job? Are medical school and psychiatric training necessary in order to perform effectively, for example?

The data required to resolve such a question are not presently available, and they may never be available. Who can even provide a good job analysis of what a forensic psychiatrist does? How does a forensic psychiatrist integrate his two fields? How does his clinical experience aid him in his decision-making? How does his knowledge of medicine and of pharmacology help him? How long would it take a person with a background, say in clinical psychology, to pick up enough knowledge and supervised experience to begin to match the psychiatrist's background?

Much research must be done even to begin to answer such questions in a meaningful way. Mere speculative answers from interested parties do not constitute a proper basis for a reasonable policy decision. (I must also say, though, that apropos of the types of issues mentioned, it is a real effort to train a psychiatrist to do a good forensic job. Training someone with less background appears to present insuperable obstacles to creating a competent *generalist*. To train people to perform limited and specific forensic psychiatric tasks is much more feasible.)

There is yet another side of the coin. In order to do a good job, a practitioner must be both competent and conscientious. We forensic psychiatrists, more I believe than doctors in any other field of medicine, let alone any field of psychiatry, are subject to criticism. We are accused of virtually selling our testimony to the highest bidder. We are portrayed as shoddy, if not unethical, practitioners, and at times we are even made to appear as if we are uncaring and unfeeling about our patients. Misinformation on the part of the public about our role is the rule, not the exception, and we are often seen as bent on helping thugs out of cages and onto the streets where they prowl, menace, and prey upon the righteous.

On top of that there is a further problem. When an attorney seeks our services, he is looking for an opinion that aids him in his legal purposes. If our opinion doesn't do that, the attorney doesn't use us, or he may try to

get by with only a piece of our opinion. It can easily be the case that our good performances don't reach the public eye, and that only the part of our activities which requires powerful assumptions, and therefore seems most tendentious, does so.

In addition there is always the problem of pressure. Not only do we as practitioners wish to please those who employ us. There is the further aspect of attorneys' pressure that if we don't give them what they want, they may not come back for our services. Most of us can resist those pushes, sometimes overt but usually subtle. Yet some succumb. And one venal professional is more newsworthy than hundreds of his able and conscientious colleagues.

As a profession, then, we face three fundamental challenges: First, defining, establishing, and properly defending our turf; second, augmenting educational opportunities so as to upgrade the individual and collective knowledge and effectiveness of ourselves and our fellows; and third, trying to maintain as high an ethical level of practice as possible in the face of the unique demands of working in an adversary system. Three other important challenges are these: Where can other practitioners articulate with us in the provision of forensic psychiatric services? How can we help determine what levels of qualification ought to apply to those of other professions who relate to our field? How can we expand the scope of our services so that they may become available to large groups of persons in the judicial system rather than only to the golden few?

I believe AAPL is trying to address itself to these questions. Probably the most important aspect of the work of our organization is relating to the educational aspects of forensic psychiatry. In addition, we are also exploring the other challenges to forensic psychiatry, and trying to improve the performance of all parties in the field.

We will not come up with answers to those questions and problems. Maybe nobody can. But we can stimulate thought and we can influence levels of practice. I am pleased with the accomplishments AAPL has made in that direction and also with AAPL's further potential. I am proud to serve as President of the Academy and have tried to contribute to the overall effort.

NATHAN T. SIDLEY, M.D.