Forensic Psychiatry


Reviewer rating: Very Good

Review by Paul Ian Steinberg, MD, FRCP, Edmonton, Alberta

This book is an engaging and very readable description of the uses and limits of psychiatry in forensic venues, both civil and criminal. The author is clearly an experienced forensic psychiatrist who is an expert in his field. The book is divided into 15 chapters and deals with a wide variety of medicolegal concerns. Bursten describes the danger of expert witnesses becoming prostitutes or junk scientists. He discusses the limitations of expert testimony and deals with the question of causality in forensic work. A chapter on psychiatric impairments seems aimed at the layperson, employing terms and concepts a bit simple for the average psychiatrist. Bursten also deals with the question of permanent impairment and long-distance evaluations, for example, in regard to patients who are dead when their testamentary capacity is questioned. When introducing this chapter, Bursten cleverly and effectively uses the analogy of George III’s “psychiatric illness,” which is now thought to have been porphyria. He describes what is prudent in forensic psychiatry and deals with questions of child abuse and false memory syndrome. He divides complex issues into more digestible points and is open and clear about the limits of forensic testimony. He describes the legitimate but limited involvement of psychiatrists in custody battles and in lawsuits in which sexual abuse is claimed. In dealing with the question of fitness for duty, Bursten makes it clear that psychiatrists are on safer grounds when posing the question in terms of whether an applicant or employee is fit for duty rather than whether he or she is unfit. Bursten turns again to history in a chapter called “Trouble Makers” wherein he describes an American woman who was committed to an institution by her husband in 1860, an act which was within the limits of the law despite there being no evidence of insanity. Bursten describes the conflicts in one’s role as a forensic psychiatrist and the difficulties of being an impartial witness. He states that the forensic psychiatrist owes primary allegiance to the court in a legal process, as opposed to helping the patient. He also describes the pitfalls inherent in having an allegiance to the attorney who hires one and the allegiance to oneself and one’s career, which may interfere with how conclusions are reached in the forensic arena. The last allegation he mentions is to society at large: forensic psychiatrists use personal expertise to protect unknown people who may be killed if a potentially dangerous person is released on the basis of their testimony. The penultimate chapter discusses which psychiatric conditions “count” regarding patients’ responsibility in criminal cases. In the last chapter, Bursten indicates that the baby should not be thrown out with the bathwater; that is, in spite of the difficulties and misuses of psychiatric testimony, psychiatrists still need to offer legitimate independent opinions in the legal arena.

This is a very good text, which will be helpful to many psychiatrists and lawyers. At times I felt it was too easy a read, though much information and professional wisdom are packed into this short volume. This book will be especially useful for psychiatrists who are contemplating or beginning forensic practice. It covers many useful and practical points.

Bursten’s vignettes are reasonably brief, but they cover the salient details and illustrate his points well. He approaches difficult questions in an organized fashion. His approach appears to be based on common sense and is even-handed, indicating where the limits of our scientific knowledge prevent us from drawing conclusions. Bursten stresses the need to maintain objectivity and to avoid becoming an advocate. He frequently reminds the reader of the importance of being an independent consultant and of “calling it as you see it.”

This volume is written briefly and clearly, is attractive in layout, and is free from typographical errors. It is not inexpensive, but the content justifies the price.

Psychopharmacology


Reviewer rating: Very Good

Review by Dorian Deshauer, MD Ottawa, Ontario

Freedom to innovate and make profits does not necessarily go hand-in-hand with socially responsible actions. This theme is one of the central issues of our time and resonates throughout David Healy’s latest book. The bottom line? Biased study designs, publication bias, and outright misrepresentation may cloud the quest for truth and the public interest, particularly when science and big business get together. What standards are reasonable to expect of regulatory bodies, pharmaceutical companies, and physicians? Somewhere between a le Carre spy novel and Ivan Illich’s Medical Nemesis, Healy seems to have been everywhere at once in the clubby atmosphere of antidepressant development.

Prozac has become a cultural icon and may, at times, lead to more harm than the public is
generally aware of, according to Healy. Mass marketing of serotonergic antidepressants, in general, has broadened the definition of depression to the extent that people could confuse melancholic depression with milder forms of depression and anxiety presumably seen in doctor’s offices. These milder forms of depression are what people once received valium for, not electroconvulsive therapy. Healy says these milder forms of depression, when left alone, also come with a lower suicide rate than expected among more severe cases—a rate approximating the general population risk. Prozac, he claims, may confer additional suicide risk in this group, owing in part to an agitation that sets in during the first weeks of treatment. That Prozac (and other selective serotonin reuptake inhibitors [SSRIs]) can agitate persons who are already feeling anxious and down is not new, but a compiled body of evidence, including a small study of normal volunteers, a rereading of existing databases, and a synthesis taken from mountains of courtroom proceedings, makes for interesting reading. Further, the increased suicidal thinking apparently caused by Prozac may occur more commonly than it does with other drugs of the same class, perhaps at triple the rate. This point is rather sticky and has received international press including articles in the Guardian, The Economist, and other major publications. A recent Canadian version is published as a debate between Dr Healy, who makes the case for SSRI-induced suicide, and Dr Lapierre, who reviews the available data and concludes that there is insufficient evidence to reject a null hypothesis of no increased suicide risk owing to SSRIs. The debate is available online, free of charge (1,2; links are available through PubMed or www.cma.ca).

What sort of medical establishment emerges when individual duty and obligation have been overshadowed by accountability—a subtle but important shift to a medical world governed by the courts and by powerful lobby groups? This subtext permeates a discussion of how establishing causal associations in medicine has moved away from studies that use a challenge, dechallenge, and rechallenge design toward those using large multicentred, hugely expensive, randomized clinical trials. While carefully conducted randomized trials are critical in sorting out small effects, they have, on account of sheer complexity and cost, put drug development and testing directly into the private sector. Such a concentration of knowledge and data among an elite few has led to proprietary databases and, in turn, to the selective release of information. Science relies on multiple experiments and cross-validation before information is accepted into its main body of knowledge. In the case of widespread SSRI use, this process is still in play. The laboratory, however, has now expanded to include society at large, particularly with direct-to-consumer marketing and industry’s dominance in physician education. But there is a more sinister tone to this book—one that moves us into the realm of a spy novel—which questions the integrity of those in power, of representatives in the food and drug administration, the press, and even the judiciary. While Healy stops short of pointing fingers, he has personally laid down the gauntlet without the shield of fiction behind which other writers and social critics can find protection.

“Within medicine, the physician is supposed to be the consumer watchdog” (p 87). Perhaps in addition to primum non nocere (above all, do no harm), physicians should add caveat emptor to their oaths. Perhaps medicine’s icons, after Hippocrates, will become consumer advocates. As historians of medicine have pointed out, the field tends to go through periods of recalibration, reflecting both technological and political shifts. With improved understanding of psychiatric disorders, their transmission within families, and their determinants within the general population, psychiatry is likely to reinterpret its role in society. Will it pursue a course guided by duty and obligation to patients, or will it be shaped primarily by courtroom standards? Will the field be dominated by private interests, or will there be a credible and independent counterpart to mount a debate in a system where few answers, if any, are cut and dried?

References


Psychopharmacology


Review by MK Nixon, MD, FRCPC

Victoria, British Columbia

This soft-covered, edited textbook is a welcome addition to the literature on psychopharmacological treatment of children and adolescents. The text is divided into 15 chapters, with contributions from several well-known researchers and clinicians practising in the field of pediatric psychopharmacology.

The initial chapter by Charles Popper reflects and comments on developments in this rapidly changing field. Issues such as rising expectations of medication in this age group, the rush to use medication, the role of industry and technology in the development of this field, and the need for innovative treatments are discussed. Chapters on developmental psychopharmacology and clinical aspects of child and adolescent psychopharmacology orient the reader to both the complexities of the developing brain and the need for structured approaches to both assessment and treatment when prescribing.

The main clinical diagnoses for children and adolescents are reviewed generally, followed more specifically by psychopharmacological treatments. Dr Neal Ryan reviews depression, Dr Vivek Kusumaker and others review bipolar mood disorders, and Dr Keith Marriage addresses schizophrenia and related psychoses. Dr Thomas Spenser and others review attention-deficit hyperactivity disorder, summarizing the literature and addressing issues of comorbidity and effects on response to treatment. This is followed by a
chapter by Dr Sandra Fisman on pervasive developmental disorders (PDD), which reviews diagnostic criteria for PDD and the targeted role of psychotropics in these disorders. Chapters on tic disorders and Tourette syndrome and on eating disorders and related disturbances complete the main clinical spectrum. Further chapters on the treatment of aggressive behaviour, adolescent substance abuse, and medical psychiatric conditions have been added as extra-interest topics.

The table outlining initial medication in the chapter on the psychotic child and adolescent, the table outlining medication dosing to counter side effects of neuroleptics in schizophrenia, and the dosing tables in the chapter on anxiety were all visually helpful. Unfortunately, such tables are not consistent throughout the various chapters of the text. Overall, the book is a wealth of information in a challenging and ever-changing field. I also consider it reasonably priced.

Psychopharmacology

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by Ronald A Remick, MD, FRCPC, Edmonton, Alberta

I have often commented to my students that, contrary to popular beliefs within our specialty, psychotherapeutic skills may need to be at their peak when we initiate and maintain psychopharmacological interventions with our patients. In my opinion, it is remarkable that compliance occurs at all when we explain to a patient that we want to treat him or her with a medication that could cause weight gain, sedation, or sexual dysfunction; that the treatment will certainly not result in any noticeable improvement in acute distressing symptoms for at least 3 to 4 weeks; and that the probability of said response is a little less than 2 out of 3!

Thus it is refreshing to review this gem of a monograph that deals with the “art” of psychopharmacotherapy. The authors correctly note that, all too often, the psychiatrist’s role in mental health centres and chronic care facilities has become that of a “medication manager,” and increasingly cost-conscious health care providers are divesting psychiatrists of their role in psychosocial interventions, which are now in the realm of less expensive nonpsychiatric therapists. The reality of our American colleagues is increasingly upon us, and we need to apply our psychotherapeutic skills to the pharmacologic interventions we provide.

The book is a brief monograph of 170 pages and comprises the following 7 chapters: 1) “Overview and Framework,” 2) “Forming an Effective Therapeutic Alliance,” 3) “Using the Interview to Establish Collaboration,” 4) “Enhancing Adherence in the Pharmacotherapy Treatment Relationship,” 5) “Transference and Counter-Transference,” 6) “Managing Split Treatment,” and 7) “Managing Difficult Cases”. The format is a series of brief case vignettes leading to discussions on the specific topics. Most vignettes will sound too familiar as they emphasize our successes and failures with making the “correct” or “incorrect” verbal or nonverbal interventions during treatment. Chapters 4 and 5 are by different guest authors. They are repetitive (and in my opinion unnecessary) and do not quite flow with the rest of the book.

The book provides a plethora of clinical pearls that will be of value to all clinicians. How to ensure a relationship with a patient in the 15-minute hour that will enhance treatment adherence, emphasizing the “we” in the relationship, encouraging patients and families to ask questions, keeping the phone lines open, and being flexible about the options available in pharmacologic interventions are all interventions typically practiced by good clinicians but seldom documented in a readable text for others to model. I particularly enjoyed the techniques for dealing with patients who present with the latest Internet reviews and who wish to switch treatment based on the latest American television commercials about a different drug or what his or her neighbour thinks. I enjoyed the techniques for dealing with comments by an incredulous pharmacist about your prescriptions, who may undermine more of our efforts than we think. It was a welcome relief to hear the authors state that there comes a time during medication intervention when the truth about the limitations of further aggressive chemotherapy is the most compassionate and therapeutic action we can offer a treatment-resistant patient.

This is a valuable and quick read for all psychiatric clinicians who prescribe medications. It is particularly valuable for busy, time-pressure clinicians in mental health centres and chronic care facilities and for psychiatric residents attempting to bridge and consolidate psychotherapeutic and pharmacotherapeutic interventions.

Forensic Psychiatry


Reviewer rating: Very Good

Review by Paul Ian Steinberg, MD, FRCPC, Edmonton, Alberta

This slim text is a follow-up to Gutheil’s previous works in similar format, The Psychiatrist as Expert Witness and The Psychiatrist in Court, which have previously been reviewed in this journal (1). In this book, the authors describe the expert witness’s task not only as witness but also as consultant, businessperson, teacher, advocate, and performer. They review the ethical tensions facing the expert witness, and in a basic and thoughtful way, they describe the strategies attorneys employ when confronting experts.
The second part of this text deals with practical matters, including practical aspects of the forensic examination. For example, the authors emphasize the importance of repeatedly reminding the examinee of the forensic nature of the examination and offer a model consent form. They describe a seduction hypothesis—a dilemma wherein the empathic expert elicits inappropriate trust from the examinee, who slips into a clinical attitude and is, as a result, insufficiently self-protective. The authors also discuss “critogenic factors,” that is, stresses and injuries that litigation provokes in litigants, together with the constraints that may be put on examinations. Boundary issues and case preparation with attorneys are dealt with. Helpful guidance regarding pursuing a forensic career in an ethical manner is offered, again with detailed treatment of the practical aspects. A chapter is devoted to fee agreements and finances in forensic practice. It includes the intrinsic and extrinsic value of money, as well as the use of fee agreements, and offers guidelines for a model fee agreement. However, these seemed to me to be overly inclusive, given the relationship I have had with lawyers. Although the authors caution one not to be adversarial, many of the guidelines in their model agreement could be thus construed.

Part 3 of the book is devoted to problem areas in attorney–expert relations; it begins by describing the pressures attorneys exert on the expert witness. The authors offer early warning signs that an attorney may assume a coercive attitude. They discuss experts’ vulnerability to attorney pressures and provide helpful examples. A chapter is devoted to the “phantom” expert, whose name is used without consent as a legal strategy. I am not familiar with this problem, which may reflect the possibly more aggressive nature of the US legal system. A chapter on forensic countertransference describes early signs of compromised objectivity. The authors describe examinee-centred and attorney-centred countertransference but use a rather restricted definition. A section on problems with deposition and trial testimony begins with personal questions on examination. A chapter on “telling tales out of court” discusses experts’ disclosures about opposing experts.

Many chapters are partly or wholly based on the authors’ surveys of forensic experts in areas where little literature or evidence exists. The undertaking of these pilot studies is an impressive beginning, but they involve small samples from which limited conclusions can be drawn (which the authors acknowledge). A chapter on preparing psychiatric or psychological testimony for court describes the development of common law as illustrated by 3 American cases in which rulings regarding admissibility of evidence were reversed on the basis of developing guidelines of admissibility. The final section of the book is devoted to ethical issues. As does the whole book, this chapter raises worthwhile questions and offers examples with thoughtful discussion. Although well written, this chapter in particular is frustratingly brief. I would have welcomed lengthier case examples and a more in-depth discussion.

At many points in this book, the authors apply psychodynamic principles in a nonpsychotherapeutic venue, which is refreshing. The chapters are short, punchy, and to the point. They are easy to read and attractively formatted. My major disappointment with this work is that it is a little too light. I would have been happy to have a book that demanded more of me and offered more of an intellectual challenge. The book is written clearly, is jargon-free, and provides many helpful references. The authors are clearly experts in the field and have written much on the subject. They emphasize throughout the need to strive for objectivity and honesty, which involves an ongoing tension inherent in forensic work. I recommend this book highly for any psychiatrist interested in becoming involved in forensic psychiatric practice.

References