Suicide Prevention in Texas – Hope for the Future

By Merly H. Keller, Co-Chair, Texas Suicide Prevention Community Network and board member, Mental Health Association in Texas.

“In 1999, The Surgeon General’s Call To Action To Prevent Suicide identified suicide as a serious public health problem in the United States. In that year in Texas, suicide claimed the lives of 2,002 people. In 2002, the most recent year for which statistics are available, 2,304 Texans died as a result of suicide — more than a ten percent increase over the number reported just three years earlier. 2,304 deaths by suicide: That’s more than the 1,412 homicides that occurred in Texas in 2002 and significantly more than the 1,071 Texans who died from HIV that year. Suicide in Texas is a serious public health concern—and one that might be addressed successfully through a coordinated and comprehensive approach aimed at prevention.”

from Texas Suicide Prevention Toolkit for Communities which will be available on CD from TSPP and available on the Mental Health Association in Texas website after August 30, 2004.

My personal journey as a survivor of suicide has closely followed the journey of grassroots groups coming together to care about suicide in Texas. In November of 2000, my husband and I joined the more than 2,000 Texas families who lose a loved one to suicide each year. Our 18-year-old son, Chase Walter Keller, died in Austin as number five in a suicide contagion that involved boys in his private school and a nearby public school. We used our son’s college fund to hire a national suicidologist to come to Austin to address the mental health community as well as parents and faculty at the school regarding best practices for “postvention” and steps which should be taken in the school and in the community to address suicide. I then went to the Texas Department of Health and said, “I’m a free MPH graduate student, use me” and was connected to a grassroots group working on suicide prevention in Texas. Throughout this process, we received the encouragement of our son’s psychiatrist, Dr. Bernard (Tey) Assouline, who is also a “suicide survivor” since our son was the first young person he had lost to a death by suicide.

The Texas State Plan for Suicide Prevention

In 2001, this multidisciplinary coalition developed a statewide suicide prevention plan for Texas based on the national strategy for suicide prevention that was initiated by the US Surgeon General in 1999. The Texas Suicide Prevention Plan stresses a multi-disciplinary public health approach to suicide prevention and focuses on three primary areas identified by the Surgeon General’s Call To Action:

• Awareness - broadening the public’s awareness of suicide and its risk factors;
• Intervention – enhancing services and programs; and
• Methodology – advancing the science of suicide prevention.

The type of well-coordinated, comprehensive, multi-disciplinary response to suicide stressed in the plan has been absent in Texas. The Texas State Plan for Suicide Prevention endeavored to bring this larger perspective to the issue.

The specific goals of the plan are to:

1. Promote awareness that suicide is a public health problem and that it is preventable.
2. Develop broad-based support for suicide prevention.
3. Develop and implement strategies to reduce the stigma associated with being a consumer of mental health, substance abuse and suicide prevention services.
4. Improve reporting and portrayals of suicidal behavior, mental illness, and substance abuse in the entertainment and news media.
5. Develop and implement community-based suicide prevention programs.
6. Promote efforts to enhance safety measures for those at risk of suicide.
8. Develop and promote effective clinical and professional practices.
9. Increase access to and community linkages with mental health and substance abuse services.
10. Promote and support research on suicide and suicide prevention.
11. Improve and expand surveillance systems.

Following the development of the Texas State Plan for Suicide Prevention, the grassroots group, which developed the state plan, dissolved since it had accomplished its mission. Many members of this group as well as new stakeholders in suicide prevention joined together to address suicide by forming local coalitions across Texas. Ten initial coalitions were developed following community listening sessions and became the Texas Suicide Prevention Community Network. Other members of the grassroots group decided to address suicide as a public/private partnership under the statewide Texas Suicide Prevention Partnership, which is a part of the Mental Health Work Group of the Texas Strategic Health Partnership.

These two organizations helped staff a volunteer work group organized by The Mental Health Association in Texas to develop a suicide prevention toolkit for Texas community stakeholders in suicide prevention. Dr. John Burruss, (see sidebar), helped organize the local coalition in Harris County and contributed to the Texas toolkit. I hope that other family doctors, psychiatrists, and mental health professionals will follow his lead to help lower the suicide rates in Texas on a community-by-community, county by county basis. Below are excerpts from “A Suicide Prevention Toolkit for Texas Communities: Coming Together To Care.”

The Cost of Suicide for Texas

Suicide is a leading cause of death that carries a huge social cost, yet because of complex issues such as the stigma associated with mental illness and the lack of adequate research and surveillance dedicated to suicide, it is seldom recognized as a significant public health problem. But consider the toll it is taking on our state:

• Suicide is the ninth leading cause of death for Texans and the third leading cause of death among youth ages fifteen to twenty-four.
• In 2002, on average, slightly more than six Texans died from suicide each day.
• Regardless of age, males were more likely to die because of suicide than females. In fact, in 2002, 1,798 males and 502 females died of suicide in Texas.
• Suicide rates are highest among Texans seventy years and older. The highest reported suicide rate was among the eighty- to eighty-four-age year cohort, which reported a rate of 10.0 per 100,000.
• Among women, the highest suicide rate occurred among those who were between the ages of forty and forty-four. The suicide rate for this group was 9.27 per 100,000 women.
• Adolescents are a particularly vulnerable

continued on page 3

TSPP Annual Scientific Program

“Beyond Essentials: Excellence in Texas Psychiatry”

Schedule and Registration Form

on page 6
It Takes a Physician...

By the time anyone reads this column, the annual summer TSPP Leadership Conference will have taken place. It is my hope that the conference will have been well attended, and that participants will have learned much from Joel Roberts not only regarding effective communication techniques with legislators/press/others, but also regarding... ourselves. Medical school and residency training challenged all of us in different ways and expanded the horizons of us all in ways that we could never have anticipated in college and in graduate school. It is my hope that all of us who attended the conference will have expanded even further our own communication skills through this expert guidance and instruction. I found this program helpful and effective in the past when I was taking my first steps at dealing with legislators on a personal basis. I learned that this task is not “rocket science,” or even “neurosurgical science” (see previous column!), and that even I could do it! Many of our colleagues learned to use these techniques efficiently, as well. As a result, we were able to better contribute to TSPP’s effort in the last regular legislative session (Spring 2003) to convince legislators of just how important and how serious were our concerns about the dangers of non-medically trained people (among them psychologists) gaining prescribing privileges. We were successful.

Unfortunately, we can neither rest on, nor rely on, past successes. This threat to patient safety will, in all likelihood, be introduced yet again in the next legislative session this spring. Just as TSPP was successful at preventing psychologists from gaining hospital admitting privileges in the ’80s, so we must remain successful now at preventing those who have no extensive and proper medical training from gaining medical practice privileges. We are all familiar, of course, with our usual adversaries regarding scope-of-practice issues (psychologists and other non-medical specialists and practitioners), as well as those who would construe even our own practice responsibilities (scientists and others). However, we may not be nearly as familiar with the obstacles we face from an often unexpected source: complacency from within. It is all too easy to expect that “there will always be someone there to take care of this,” to say that “my help and my opinion aren’t all that important,” and to believe that “those aren’t really that serious.”

My friends, nothing could be further from the truth. All of us in TSPP are the “someone there,” the “help” and the “opinion.” And, things are that “serious.” All of us who practice psychiatry, whether in Texas or elsewhere, face the same obstacles, the same challenges, the same problems. And these obstacles, challenges, and problems are the same whether we practice in the public sector, the private sector, or the academic sector. Medicine in general is reaching a most important crossroads. As physicians, we are part of that movement and that trend. What we are now approaching is the culmination of a most significant challenge to the very core of what it means to be a physician: our professionalism.

Our professionalism is what makes us physicians, where a physician could not practice medicine. Any parallels to the present notwithstanding, physicians were essentially paid tradesmen who worked at the pleasure (and whim) of an entrepreneur, tradesmen who may well have felt that they had no choice but to accept their lot in life... until one physician stood up and reminded all of his colleagues that they were professionals, and that only they could reclaim their professionalism.

The lessons of history are clear and unequivocal. We are professionals. We have a societal responsibility both to train other professionals to properly practice medicine and to ensure that non-medical professionals do not practice medicine. And, just as only we professionals can reclaim any erosion of our professionalism which may occasionally occur, only we can allow our professionalism to be taken from us. Whether through complacency, through inaction, through inappropriately delegating professional responsibilities, through rationalization, through denial, or through sheer inattention to urgent situations as they arise, any loss of professionalism is, and will be, our own fault. The blame for any such loss will have to be placed at our own feet, not at those of anyone else or of any other group. The late and lamented Pogo stated this concept quite clearly in that last comic strip, “I have seen the enemy, and he is us.”

We must not allow ourselves to be our own worst enemies, to do nothing in response to attacks on our professionalism, to assume that plenty of other physicians will be there to fight our battles for us. TSPP has been highly successful in meeting these challenges and fighting these battles. But... Who is TSPP? TSPP is us — all of us who are physicians and who belong to TSPP.

All of us must take an active role in helping to fight these battles, to meet these challenges. We can continue to be successful, if we try. Using the techniques learned at the Leadership Conference will prove to be of immense help, but the desire to meet our responsibilities and to perform our duties can only come from within. We must always be true to the professionalism within which makes us physicians.
Federation of Texas Psychiatry
A United Voice for Texas Psychiatry

On August 8, the TSPP Executive Council unanimously voted to apply for membership in the various psychiatric organizations in Texas, the Federation of Texas Psychiatry. The Federation of Texas Psychiatry, incorporated as a non-profit organization in Texas on July 1, will offer organizational memberships to state professional psychiatric societies (e.g. TSPP) and to state professional psychiatric subprofessional organizations. These organizations will be voting members of the Federation and will send representatives to serve on the Federation’s governing body, the Delegate Assembly. The Federation will also offer consultation various committees and councils to facilitate cooperation and unity between its member organizations on a variety of important issues.

Two such councils will be the Council on Public Policy to coordinate positions and advocacy efforts on legislative and regulatory matters and a Council on Continuing Medical Education to develop continuing medical education programs for psychiatrists and other physicians.

Associate memberships, a non-voting category, will be offered to firms, institutions and corporations that provide services, goods or assistance to help support psychiatric educational or membership activities.

The Federation will also offer management services to member organizations to conserve their financial resources and to permit them to keep their membership dues at the lowest possible rates. In addition, the Federation will provide assistance to help support psychiatric education, and funds in suicide prevention.

hope for Prevention

“The Centers for Disease Control (CDC) recently reported a twenty-five percent drop in the suicide rate among American children and teens between 1992 and 2001. While the CDC did not report a reason for these changes, it may be instructive to note that the drop reflected a dramatic decrease in the rate of gun suicides, perhaps indicating that education about the need to restrict children’s access to firearms might be helping to prevent some suicides in this group. And while the overall suicide rate dropped among children and teens, it must also be pointed out the number of suicides by hanging or other forms of suffocation actually rose among young people in that decade. So while the report indicates that suicide is preventable, it also points to the complexity of the problem.

There is much to be learned about suicide prevention. Suicide has many different causes that involve biological, psychological, social, and environmental factors. Because suicide is complex, there is a need to address it utilizing a multidisciplinary approach that draws on expertise in not only public health, but also mental health, substance abuse, aging, and many other areas.”

The appendices of the Suicide Prevention Toolkit have an extensive list of web sites, resources, books and statewide and national contacts for mental health professionals and suicide prevention advocates. This includes a list of all survivors of suicide support groups in the state and a listing of statewide hotlines and crisis centers. The 1-800-SUICIDE national hotline is always available to connect individuals to the nearest local crisis center.

How to Get Involved As a Member of TSPP

As a suicide survivor, I cannot bring back our son. But I can urge you, as leaders in mental health, to address suicide as a public health problem that is preventable if communities come together to care and invest resources, education, and funds in suicide prevention.

Please let TSPP or the Texas Suicide Prevention Community Network know if you would be willing to help in your area. We need you to help stop the six deaths by suicide per day we have in Texas.

The Texas Suicide Prevention Community Network Co-chairs are: Merhly H. Keller (MPII graduate student) mhkeller@onc.com, Co-Chair, Texas Suicide Prevention Community Network

Charles Vorkoper, LSW, LPC, IMST, Vorkoper@msn.com Co-Chair, Texas Suicide Prevention Community Network (Dallas # 972-490-1097)

Suicide Risk and Assessment

John W. Burruss, MD

Every mental health training program includes some information about suicide risk and assessment, but few provide the kind of detailed, specific information necessary to help individuals and communities prevent and respond to this kind of loss. Part of organizing the community at suicide prevention efforts involves taking active steps to ensure that mental health professionals who are involved in community efforts have the additional education they need to be effective. Supplemental education should address awareness of:

• The relationship between suicide and mental illness
• The role for mental health screening as a tool in suicide prevention efforts

Every mental health training program includes some information about suicide risk and assessment, but few provide the kind of detailed, specific information necessary to help individuals and communities prevent and respond to this kind of loss. Part of organizing the community at suicide prevention efforts involves taking active steps to ensure that mental health professionals who are involved in community efforts have the additional education they need to be effective. Supplemental education should address awareness of:

• The relationship between suicide and mental illness
• The role for mental health screening as a tool in suicide prevention efforts

Existing treatment guidelines that will determine best practices, such as those of:


The role of the mental health professional in helping to stop the spread of suicidal behavior in school and other group settings
• The need to work with the media to avoid glamorization of suicide; in order to limit any possible contagion effect

SOURCES


mhkeller@onc.com, Co-Chair, Texas Suicide Prevention Community Network

Charles Vorkoper, LSW, LPC, IMST, Vorkoper@msn.com Co-Chair, Texas Suicide Prevention Community Network (Dallas # 972-490-1097)
Recommendaions for the Texas State Board of Medical Examiners

T

he Texas Legislature in 2005 will con-
side r the re-enactment of the Medical Practice Act including the operations and functions of the Texas State Board of Medical Examiners. This is a function of the sunset review process which subjects every agency to an extensive review every twelve years.

The Texas Society of Psychiatric Physicians has gathered information from its members about the functions and activities of the Texas State Board of Medical Examiners (TSBME), especially as they affect psychiatry. This informa-
tion, together with personal accounts of our members’ dealings with the board, have been extensively reviewed by several standing TSPP committees, by the TSPP Committee on Sunset Review of the TSBME and by TSPP lead-
ership.

TSPPs review has identified three major issues: Lack of due process; discrimination against psychiatrists, and discrimination against physicians with a history of psychiatric illness.

LACK OF DUE PROCESS

Several accounts of the manner in which the TSBME has processed complaints against members psychiatrists have been reported to TSPP and, almost without exception, they reveal a disregard for the rights of the accused physician. These are horror stories in which psychiatrists attending “informal proceedings” are dealt with in a heavy-handed and degrad-
ing manner by board members and staff, and denied even the most rudimentary due pro-
cess rights.

Our members report that they are assumed by the board to be guilty of whatever is alleged in a complaint and that accused physicians must prove their innocence before board members who act not as neutral finders of fact but as prosecutors with judicial and sentenc-
ing powers. Accused physicians are denied such basic due process rights as the presump-
tion of innocence, the right of access to details of the complaint against them, the right of dis-
cover y, the right to present evidence and wit-
nesses, the right to cross-examine opposing witnesses and the right of appeal.

Because a physician’s reputation and career are directly affected by the manner in which the board processes complaints, it is essential that there be statutory protections of the rights of physicians against whom com-
plaints are filed.

DISCRIMINATION AGAINST PHYSICIANS WITH A HISTORY OF PSYCHIATRIC ILLNESS

TSBME has concluded that applicants for licensure with a history of depression or other psychiatric illnesses are, by virtue of having received such diagnoses, at risk of harming their patients. As a consequence, applicants who have been diagnosis or treated for a psy-
chiatric disorder, despite extensive documen-
tation of their competence and excellence as physicians, are forced to travel to a distant city and obtain an evaluation by a forensic psychiatric specialist.

The board’s claim that physicians with a history of depression are potentially danger-
ous to their patients is discriminatory and lacks scientific validity. Referral of these physi-
cians to a forensic psychiatrist for evaluation is preposterous, stigmatizing and irrational. Forensic psychiatry is a legitimate psychiatric subse-
cively it, but practitioners do not have special expertise in assessing the ability of a physician to competently practice medicine.

A TSBME board member has stated that a physician applicant’s competence to practice medicine safely could be derived by knowledge, rather than by the individual’s current capacity to function and/or his medical condition, mental disorder, or use of alcohol or drugs which has impaired your ability to practice medicine or to function as a student of medicine.

Much is at stake for physicians applying for licensure – their professional reputation and their livelihood. It is essential therefore that their applications be processed in a thorough but fair manner and that applicants’ capacity to safely practice medicine be based on objective criteria and opinions of reputable physi-
cians who have supervised them during their training and observed their performance as clinicians. This determination should not be based on the biases or whims of individual board members.

As a result of TSPP’s review of agency prac-
tices, TSBPP has formulated the following rec-
ommendations for reforming the TSBME.

RECOMMENDATION I: DIVISION OF FUNCTIONS

Although TSBME acknowledges that major restructuring of TSBME may not be politically or economically feasible at this time, we offer this recommendation to divide the functions of the TSBME, based on the experience of other states and in an effort to promote fairness and objectivity in decisions that affect the lives and careers of physicians.

The duties and functions of the current TSBME fall into two distinct categories: the first, review of applications for medical licen-
sure and relicensure, conducting and scoring of examinations, and granting and renewal of licenses; the second, receiving and processing complaints against physicians, conducting of investigations, disciplinary procedures and imposition of sanctions. Although the two functional areas intersect at points, e.g., when a disciplinary action includes suspension of physician’s license, TSPP believes that for clar-
ity of purpose and avoidance of conflict, the two functional areas should be separated.

The separation could be accomplished by establishing two distinct authorities within the agency — two executive directors and/or medical directors reporting to separate stand-
ing committees of the board. Alternatively, the current TSBME could be abolished and suc-
ceded by two separate agencies – the Texas Board of Medical Examinations and Licensure

Help keep Texas review in the hands of Texas physicians

Texas Medical Foundation is seeking practicing, board-certified psychiatric physicians with active hospital staff privileges to promote utilization and quality reviews on an as-needed basis.

Hurtful compensation.
Send CV and resume to TMF, c/o Debra Lovato, RN, director of health services assessment, at fax @ SJS or SJS or e-mail at dlovato@texasdgs.org.
For more information, contact Ms. Lovato at 1-800-725-9216 or dlovato@texasdgs.org.
and the Texas Board of Medical Investigations and Sanctions. Although the last proposal would entail some additional staff positions, the total membership of the two new created boards should not vary significantly from that of the current board; most administrative and support services would be shared by the two agencies and additional costs would be minimal.

Statutory functions of the medical examinations and licensure functional area (or board) would consist of reviewing applications, conducting and scoring examinations, issuing licenses, collecting fees and, as a result of disciplinary actions imposed by the medical investigations and sanctions functional area (or board), suspending, revoking or restricting medical licenses. The medical investigations and sanctions functional area (or board) would investigate all complaints; conduct due process hearings and settlement conferences; determine sanctions against offending physicians; direct the medical examinations and licensure functional area (or board) to limit, suspend or revoke licenses; and review denials of medical licensure by the medical examinations and licensure function (or board), providing physicians so denoted with a due process appeal.

**RECOMMENDATION 2: STATEMENT OF LEGISLATIVE INTENT**

TSPP believes that, in recreating the TSBE and successor agencies, the Texas legislature should declare its support for fairness and objectivity in the processing of applications for medical licensure, and protection of the due process rights of physicians against whom complaints are lodged, including protection against discrimination based on medical specialty, locale of a physician’s training, and a physician’s history of psychiatric or other medical illnesses. Accordingly, TSPP recommends that the legislature incorporate into statutory reenactment of the Medical Practice Act be expanded by inclusion of two new subsections (3) and (4) as set forth below:

(3) A physician against whom a complaint is filed shall be afforded the board a full panoply of substantive and procedural due process rights including the presumption of innocence pending a final determination by the board or an administrative law judge, the right of notice, the right to counsel, an opportunity to review the complaint and related information in detail, the right to be judged by reasonable and objective standards of what constitutes the proper practice of medicine, the right to present evidence and call fact or expert witnesses in the physician’s defense, the right of discovery, the right to cross-examine opposing witnesses, the right to be sanctioned by the board only after a finding by a predominance of the evidence that the physician failed to practice medicine in a professionally acceptable manner, and the right of appeal.

(4) The board shall not discriminate against any physician with respect to granting of licensure or processing of complaints, or hold any physician to a higher standard than other physicians by virtue of the physician’s age, race, ethnicity or religion; the locale, state, country or institution in which the physician received medical, under-graduate or postgraduate education; the medical specialty of the physician; or any history of psychiatric or other medical illnesses or treatment received by the physician for such illnesses unless the board has determined that, as a result of such psychiatric or other medical illnesses, the physician fails to practice medicine in a professionally acceptable manner.

**RECOMMENDATION 3: DUE PROCESS**

TSPP recommends that the legislature incorporate into statutory remittance of the Medical Practice Act a range of due process protections for physicians against whom complaints are filed. The complaint process is essential for identifying and sanctioning physicians who violate the trust of their patients and practice medicine in an unprofessional or incompetent manner. But some complaints are factually erroneous or, for other reasons, without merit. They may be filed by a person who is misinformed, misinterprets the actions of a physician, or whose knowledge of alleged misconduct of a physician is based on rumor or hearsay. On occasion, complaints are filed maliciously by persons over a perceived slight by the physician. Because a physician’s professional integrity and career are placed in jeopardy by any complaint filed by any person, whether the complaint is valid or invalid, fairness dictates that the physician be afforded the basic due process protections outlined below.

**RECOMMENDATION 3.1: PRESUMPTION OF INNOCENCE, BURDEN OF PROOF AND STANDARD OF PROOF.**

The current system is unfair to a physician against whom a complaint is filed. The physician is assumed to be guilty of whatever is alleged and must face the formidable TSBE bureaucracy, all components of which function in a prosecutorial mode. The physician has no assurance that those investigating the complaint will seek exculpatory evidence, e.g., medical records from other physicians, statements from the patient, family members or from the physician’s professional colleagues. Informal settlement conferences are uniformly one-sided with the physician on the defensive, defending against allegations, the details of which the physician may never learn. The dark cloud of guilt and ignominy hovers over even the most professionally competent and ethical physician for the many months it takes the TSBE to investigate and resolve the complaint. TSPP recommends that the Medical Practice Act incorporate the presumption of innocence as a right of physicians against whom complaints are filed. Accordingly, the burden of proof should be placed on the agency attempting to establish that a physician has practiced medicine in a dishonorable, unprofessional or incompetent manner. TSPP recommends that the standard of proof for such a determination be that of a preponderance of the evidence.

**RECOMMENDATION 3.2: INVESTIGATION AND DISMISSAL OF COMPLAINTS.**

TSPP recommends that the Medical Practice Act require that investigations of complaints be conducted in a fair and impartial manner, that sufficient information be gathered to determine the veracity or lack thereof of complaints, and that complaints found to be frivolous, erroneous or malicious be promptly dismissed.

**RECOMMENDATION 3.3: CONFIDENTIALITY OF COMPLAINTS.**

The mere filing of a complaint should not result in stigmatization of a physician. TSPP recommends that the Medical Practice Act require that complaints against physicians, until finally resolved by the board or an administrative law judge, be considered confidential and not subject to disclosure. This provision precludes release of the names of physicians with pending complaints to legislative committees (Sec. 154.055), publishing the names in the Texas Medical Board Bulletin, or posting the names on the internet.

**RECOMMENDATION 3.4: THE RIGHT OF A PHYSICIAN TO OBTAIN INFORMATION ABOUT WHAT IS ALLEGED.**

TSPP recommends that the Medical Practice Act require that a physician against whom a complaint is filed be provided with sufficient details of the complaint to prepare an adequate defense. The physician should have the right to query the complainant or opposing fact or expert witnesses by means of interrogatories, and should have the right to request production of documents relevant to the physician’s defense.

**RECOMMENDATION 3.5: THE RIGHT TO PROVIDE INFORMATION TO INVESTIGATORS.**

TSPP recommends that the Medical Practice Act guarantee that, at any time during the processing of a complaint, a physician against whom the complaint was filed shall have the right to provide investigators with documents or other information, orally or in writing, concerning the facts surrounding the complaint with the assurance that such documents and information will be reviewed by investigators.

**RECOMMENDATION 3.6: THE PHYSICIAN SHOULD NOT BE MEASURED AGAINST REASONABLE AND OBJECTIVE STANDARDS OF ACCEPTABLE MEDICAL PRACTICE.**

According to several reports received by TSPP from its members, decisions about acceptable medical practice are often based on the opinions of individual board members rather than on an established standard. TSPP recommends that the Medical Practice Act require that the determination of acceptable medical practice be based on generally recognized professional standards that acknowledge the diversity of opinion that exists with respect to the diagnosis and appropriate management of many illnesses.

**RECOMMENDATION 3.7: ESTABLISHMENT OF STANDARDS FOR SELECTION OF REVIEWING PHYSICIANS, NURSE INVESTIGATORS, OTHER TSBE PROFESSIONALS, AND EXPERT PANELS.**

TSPP recommends that the Medical Practice Act establish standards for the professional education, continuing medical education and postgraduate certification of those who evaluate the merits of complaints against physicians. Members of expert panels should be required to possess expertise and experience in the specific areas addressed in the complaint and should be free of bias and conflicts of interest.

**RECOMMENDATION 3.8: OFFICE OF PHYSICIAN ADVOCATE.**

TSPP recommends that the Medical Practice Act require the establishment of an office of physician advocate within the TSBE. The office should be staffed by persons whose task it is to thoroughly review all matters pertaining to a complaint against a physician, assure that the physician is dealt with fairly during the course of the investigation, and assure that the physician’s defense is adequately presented in any proceedings conducted by the board.

**RECOMMENDATION 3.9: REFORM OF INFORMAL PROCEEDINGS.**

Informal proceedings (Sec. 164.003 of the Medical Practice Act), as abundantly documented by TSPP members, are typically of an inquisitorial nature and bereft of even a semblance of fairness. TSPP recommends that the Medical Practice Act require that complaints against physicians be afforded the basic due process protections outlined below.
**T E X A S  S O C I E T Y  O F  P S Y C H I A T R I C  P H Y S I C I A N S**

**2004 Annual Convention & Scientific Program:**

"Beyond Essentials: Excellence in Texas Psychiatry"

Omni Hotel • San Antonio, Texas

---

**D A I L Y  S C H E D U L E**

**FRIDAY, NOVEMBER 12**

7:00 am - 6:00 pm  
Registration/Information

7:00 am - 4:00 pm  
Exhibits

7:00 pm  
TSPP Annual Awards Banquet

**SATURDAY, NOVEMBER 13**

7:00 am - 8:30 am  
Continental Breakfast for Program Registrants with Exhibitors

7:00 am - 4:00 pm  
Exhibits

7:30 am - 8:30 am  
Continental Breakfast for Program Registrants with Exhibitors

8:30 am - 5:00 pm  
Scientific Program Afternoon Session:

- "Establishing Your Own Successful Psychiatry Practice — One Doctor's Story"  
  Presenter: Vivek Singh, MD

5:30 pm - 7:00 pm  
TSPP Annual Awards Banquet

**SUNDAY, NOVEMBER 14**

7:30 am - 8:00 am  
Registration/Information

8:00 am - 12:00 pm  
Scientific Program:

- "Fibromyalgia Syndrome: Diagnosis, Pathogenesis and Specific Drug Efficacy"  
  Presenter: I. Jon Russell, MD, PhD

12:00 pm - 1:15 pm  
Member Luncheon

12:30 pm - 2:00 pm  
Annual Business Meeting Luncheon

5:30 pm - 7:00 pm  
Riverwalk Reception

---

**ANNUAL CONVENTION CONTRIBUTORS**

The Texas Society of Psychiatric Physicians is pleased to recognize the following confirmed contributors and educational grants to the 2004 Annual Convention and Scientific Program:

**PLATINUM**

Abbott Laboratories
AstraZeneca Pharmaceuticals
Eli Lilly and Company
Forest Laboratories
GlaxoSmithKline

**GOLD**

TSPB Bexar County Chapter

**SILVER**

Medorion
The Psychiatrists’ Program

**BRONZE**

American Psychiatric Publishing, Inc  (represented by L&M Bookstore, San Antonio)
Cephalon, Inc.
Cyberonics, Inc.
Reckitt Benckiser Pharmaceuticals
UTMB Correctional Managed Care

---

**T E X A S  S O C I E T Y  O F  P S Y C H I A T R I C  P H Y S I C I A N S**

**2004 ANNUAL CONVENTION & SCIENTIFIC PROGRAM**

November 12-14, 2004 • Omni Hotel, San Antonio, Texas

Please complete this form and return it with your check, money order or credit card information for your registration and event fees to the Texas Society of Psychiatric Physicians, 401 West 15th Street, Suite 4675, Austin, Texas 78701 by October 24 to receive the discounted registration fee. Registration forms and payments by credit card may be faxed to TSPP at (512) 478-5223.

**REGISTRATION FEES**

**WELCOME RECEPTION** – Friday Evening

- Attendance $ No Charge

**SCIENTIFIC PROGRAM** – Saturday and Sunday

- TSPP/Texas Academy of Psychiatry Member $190 $235
- TSPP/Texas Academy of Psychiatry-Medical Student $ 25 $ 35
- Non-Member $235 $290
- Non-Member MIT/Medical Student $50 $50
- Allied Health Professional $105 $130
- Spouse $ 95 $120
- Advocacy Organization Leadership $ 55 $50

**REGISTRATION AFTER DISCOUNTED**

- No add’l charge if requested prior to October 24

**ADDITIONAL CHARGES**

- Group Discounts: Split Alliances, Dual Duties and Trust
- “Case Presentations: Treatment of Severe Mood Lability and Aggression in Adolescents in the Juvenile Justice System”
  - Presenter: Brigitte Y. Bailey, MD
  - Co-Presenters: Anne T. Lopez, PhD and Steven R. Plohska, MD
- “Stereotactic Functional Neurosurgery for Severely Disabling, Medically Intractable Psychiatric Disorders”
  - Presenter: Terrence S. Early, MD
  - Co-Presenter: Haring J.W., Nauta, MD, PhD

**TOTAL REGISTRATION FEE ENCLOSED**

- $5.00 for each Luncheon/Banquet Fee

**METHOD OF PAYMENT**

- Please make checks payable to “Texas Society of Psychiatric Physicians”

- D- Check □ VISA □ MasterCard □ Credit Card # □ Exp. Date □ Name of Cardholder (as it appears on card)

- Signature

- Credit Card Billing Address

---

**CANCELLATION POLICY:** In the event of cancellation, a full refund will be made if written notice is received in the TSPP office by October 24, 2004, less a 25% handling charge. No refunds will be given after October 24, 2004.

Return to: TSPP • 401 West 15th Street, Suite 4675 • Austin, TX 78701 • (512) 478-0605 • FAX (512) 478-5223

---

**REGISTRATION ENCLOSED**

**Number of Individuals Attending:**

- Please provide the number of individuals attending each event.

**Check Amount:**

- $150.00

**Method of Payment:**

- Check □ VISA □ MasterCard □ Credit Card # □ Exp. Date □ Name of Cardholder (as it appears on card)

- Signature

- Credit Card Billing Address

---

**M E T H O D  O F  P A Y M E N T**

- Please make checks payable to “Texas Society of Psychiatric Physicians”

- D- Check □ VISA □ MasterCard □ Credit Card # □ Exp. Date □ Name of Cardholder (as it appears on card)

- Signature

- Credit Card Billing Address
The Ethics Corner
Milton Altschuler, MD

Does anyone remember "THE GOLDWATER RULE?"

Psychiatrists are often called on to discuss possible explanations for activities of individuals that may be in the headline of the day. It is tempting to be quoted by the media either in writing or on television and to be recognized as an expert of aberrant behavior.

I was reminded of the seductiveness of this invitation to extemporize on someone’s behavior when a forensic psychiatrist appeared on national television to state that an individual with Asperger’s Syndrome could certainly experience intimacy because he had been married on two occasions. The material he reviewed for his “expert” opinion was based on reading a trial deposition and observing him in a televised courtroom appearance that was broadcast on Court TV.

Prior to the 1968 presidential elections Senator Barry Goldwater was denounced by prominent psychologists and psychiatrists as at best paranoid and at worst having paranoid schizophrenia because of his stand against the Soviet Union. Both the psychological and the psychiatric professions were embarrassed by the revelations that these “expert” psychologists and psychiatrists had based their opinions on seeing him on television and reading media reports concerning a very prominent and public senator from Arizona.

I have noticed that, particularly on talk shows, there are various psychologists and psychiatrists being asked for their opinions regarding the “criminal of the week.” Bear in mind that the Principles of Medical Ethics with Annotations especially applicable to psychiatry state that “On occasion psychiatrists are asked for an opinion about an individual who is in the light of public attention, or who has disclosed information about himself/herself through public media. It is unethical for a psychiatrist to offer a professional opinion unless he/she has conducted an examination and has been granted proper authorization for such a statement.”

I believe that we, as individuals and as a profession, will gain greater respectability and credibility if we keep this ethical standard in mind when we deal with the media.

If you have any comments please do not hesitate to contact me at my email address: m410@swbell.net

Recommendations for the Texas State Board of Medical Examiners
continued from Page 5

blance of due process.

TSPP recommends that the Medical Practice Act delete the word “informal” in the designation of these proceedings; require that, at the discretion of the physician subject, these proceedings be made open to the public; require that the individual presiding at the proceedings be a neutral finder of fact and arbiter of law, that transcripts be provided for each proceeding, that the subject physician be permitted to present evidence as well as fact and expert witnesses in the physician’s defense, and that the physician or the physician’s counsel have the right to cross-examine all individuals providing evidence or testifying against the physician.

RECOMMENDATION 3.10: THE RIGHT OF APPEAL

The administrative hearing provision in the Medical Practice Act (Sec. 164.007) purports to permit a physician to appeal a decision of the TSBE to an administrative law judge. In reality, the appeal is an artifice, since the act permits the TSBE to disregard the administrative law judge’s findings and conclusions. According to our members who have pursued this “appeal,” the board does not hesitate to ignore contrary rulings by an administrative law judge, making such appeals costly and usually fruitless for physicians.

TSPP recommends that the Medical Practice Act provide a true right of appeal. The language of Sec. 164.007 should be changed to read:

RECOMMENDATION 4: PROTECTION AGAINST DISCRIMINATION

TSPP recommends that the Medical Practice Act prohibit discrimination against physicians applying for licensure or relicensure, or against physicians against whom complaints have been filed, based on age, race, gender, religion, national origin, locations of professional training or education, medical specialty, or any history of psychiatric or other medical illnesses.

You have just been subpoenaed.
Do you know how to respond?

If you have your malpractice insurance through The Psychiatrists’ Program you can rest assured. With a simple toll-free call, a risk manager can assist you with the immediate steps you need to take to protect your practice.

As a Program participant, you can call the Risk Management Consultation Service (RMCS) to obtain advice and guidance on risk management issues encountered in psychiatric practice. Staffed by experienced professionals with both legal and clinical backgrounds, the RMCS can help prevent potential professional liability incidents and lawsuits.

If you are not currently insured with The Program, we invite you to learn more about the many psychiatrist-specific benefits of participation. Call today to receive more information and a complimentary copy of “Six Things You Can Do Now to Avoid Being Successfully Sued Later”

THE PSYCHIATRISTS’ PROGRAM
The APA-endorsed Psychiatrists’ Professional Liability Insurance Program

Call: 1-800-245-3333, ext. 389  E-mail: TheProgram@prms.com
Visit: www.psycho program.com

Managed by Professional Risk Management Services, Inc. (a California agency of Cal-Psy Insurance Agency, Inc.)
The TSPP Leadership Conference conducted in San Antonio at the Hyatt Regency Hill Country Resort on August 7-8 was a huge success. The Saturday program for the Mental Illness Awareness Coalition, attended by over 135 members of the coalition including the Mental Health Association in Texas, NAMI Texas, Texas Depression and Bipolar Support Alliance, Texas Mental Health Consumers, TMA and TSPP, featured a communications workshop conducted by Joel Roberts entitled “Communicating With Impact from CNN to Capitol Hill.” The Conference luncheon speaker was Eduardo Sanchez, MD, MPH, Commissioner of the new Department of State Health Services. Following the program, the TSPP Executive Council met. On Sunday morning, TSPP members participated in a concluding advocacy training workshop.

The TSPP Leadership Conference conducted in San Antonio at the Hyatt Regency Hill Country Resort on August 7-8 was a huge success. The Saturday program for the Mental Illness Awareness Coalition, attended by over 135 members of the coalition including the Mental Health Association in Texas, NAMI Texas, Texas Depression and Bipolar Support Alliance, Texas Mental Health Consumers, TMA and TSPP, featured a communications workshop conducted by Joel Roberts entitled “Communicating With Impact from CNN to Capitol Hill.” The Conference luncheon speaker was Eduardo Sanchez, MD, MPH, Commissioner of the new Department of State Health Services. Following the program, the TSPP Executive Council met. On Sunday morning, TSPP members participated in a concluding advocacy training workshop.

The TSPP Leadership Conference conducted in San Antonio at the Hyatt Regency Hill Country Resort on August 7-8 was a huge success. The Saturday program for the Mental Illness Awareness Coalition, attended by over 135 members of the coalition including the Mental Health Association in Texas, NAMI Texas, Texas Depression and Bipolar Support Alliance, Texas Mental Health Consumers, TMA and TSPP, featured a communications workshop conducted by Joel Roberts entitled “Communicating With Impact from CNN to Capitol Hill.” The Conference luncheon speaker was Eduardo Sanchez, MD, MPH, Commissioner of the new Department of State Health Services. Following the program, the TSPP Executive Council met. On Sunday morning, TSPP members participated in a concluding advocacy training workshop.

The TSPP Leadership Conference conducted in San Antonio at the Hyatt Regency Hill Country Resort on August 7-8 was a huge success. The Saturday program for the Mental Illness Awareness Coalition, attended by over 135 members of the coalition including the Mental Health Association in Texas, NAMI Texas, Texas Depression and Bipolar Support Alliance, Texas Mental Health Consumers, TMA and TSPP, featured a communications workshop conducted by Joel Roberts entitled “Communicating With Impact from CNN to Capitol Hill.” The Conference luncheon speaker was Eduardo Sanchez, MD, MPH, Commissioner of the new Department of State Health Services. Following the program, the TSPP Executive Council met. On Sunday morning, TSPP members participated in a concluding advocacy training workshop.