Medical Ethics and Captain Sijan

I am going to tell you the story of Lance Sijan. Captain Sijan was an air force officer, not a doctor, and his story might seem odd in a psychiatric newsletter. But his approach to life, honor, and duty illustrates the fundamental principles of medical ethics so well, that his standard of service stands as a benchmark for physicians who have taken an oath similar to his oath — to protect and preserve human life in the face of destructive forces.

I knew Captain Sijan briefly during the time he and I were cadets at the U.S. Air Force Academy, where I attended the first two years of college. Cadet Sijan (pronounced sigh-jan) was a year older than me. As an upperclassman, he had the full right and capacity to haze my memory because they had such a very difficult interactions were usually good growth learning is unlimited… i.e. a freshman). To negative units: one whose potential for deficiencies in me and the other Doolies different from the other upper classmen. We were in different cadet squadrons, which on the planet served no meaningful purpose. It was a year older than me. As an of college. Cadet Sijan the first two years of the Academy, where I attended the first two years of the Academy, and I lost track of him. At least I lost of “Mr. Kiser, you cannot do it right.”

My other contact with Sijan was on the athletic playing fields. Sijan’s primary sports responsibilities. My few interactions with Sijan locked him into my memory because they had such a very different quality from interactions with other upperclassmen. The typical upperclassman would transfer his knowledge to my brain by yelling at me at a volume of 1,000 decibels and at a distance from my nose of two inches (thus correcting my problem of selective hearing, bad vision, and/or stupidity). Sijan, on the other hand, would first stand a few feet away and affix me eyeball to eyeball with a laser stare that burned a hole through the back of my skull. The first time I saw that stare, it was obvious that Sijan was tough as nails, and that I had better be prepared to hear what he was about to say. That stare made my guts tighten up as he approached me. I steeled myself against waves of panic rising from impending doom sensations. I was sure he had designated me as the recipient of an imminent, annihilating verbal coup de grace — but to my absolutely dumbfounded amazement, Sijan spoke to me quietly — using a kind, low, firm voice. Then and thereafter, whenever I had our “little talks,” he would describe the problems or shortcomings in my performance, and regardless of the situation, he usually ended our interaction by saying words to the effect of “Mr. Kiser, you cannot do it right.” That use of double negatives in his message was striking, because it made it clear that I could not do my job by being passive or inert. Instead doing my duty required that I remain active, alert, and vigilant to my responsibilities.

My other contact with Sijan was on the athletic playing fields. Sijan’s primary sports activity at the Academy was varsity football, in which he excelled. However, the athletic events of real blood-lust at the Academy were the intramural team competitions between the various cadet squadrons. Those games were intensely competitive, since they served as metaphors for sticking by your buddies in combat. The level of rivalry was intense and sometimes brutal. I will never forget rugby games against Sijan’s squadron. My body and I have indelible memories of running with the ball and meeting one of Sijan’s head-on tackles. Our collision would inevitably result in his slamming me and my epidermis to the ground. Our collision would inevitably result in his slamming me and my epidermis to the ground. Our collision would inevitably result in his slamming me and my epidermis to the ground. Our collision would inevitably result in his slamming me and my epidermis to the ground. I steeled myself against waves of panic rising from impending doom sensations. I was sure he had designated me as the recipient of an imminent, annihilating verbal coup de grace — but to my absolutely dumbfounded amazement, Sijan spoke to me quietly — using a kind, low, firm voice. Then and thereafter, whenever I had our “little talks,” he would describe the problems or shortcomings in my performance, and regardless of the situation, he usually ended our interaction by saying words to the effect of “Mr. Kiser, you cannot do it right.” That use of double negatives in his message was striking, because it made it clear that I could not do my job by being passive or inert. Instead doing my duty required that I remain active, alert, and vigilant to my responsibilities.

If Sijan had the ball, the experience of tackling him one-on-one was a formidable experience. Whenever I saw Sijan running toward me with the rugby ball tucked under his arm, I felt like a cow on the tracks about to test out thecowcatcher of an oncoming locomotive. I knew I was unlikely to enjoy the upcoming interaction. I only hoped I would live through it. At those times, everything in me wanted to turn away and avoid the futile and painful attempt to bring Sijan down, but his own words would go through my mind: “Mr. Kiser, you cannot do it right.” I never did figure out how to tackle Sijan by myself. He was so tough and determined, I simply could not tackle him unless a small army of teammates assisted me, but I always did my duty as best I could.

He was so tough and gritty that my continual thought throughout those games was “Nothing brings Sijan down.” I can’t say it enough — “Nothing brings Sijan down.”

Lance Sijan and I went our separate ways after my second year at the Academy. At that point I decided to resign my commission in order to start pre-medical studies for medical school, and I lost track of him. At least I lost track of him until my second year of medical school. At that time I studied pathology under a brilliant and tough instructor, Dr. Bruce Falls. Dr. Falls often used a Socratic method in his teaching. On those occasions, he first assembled a row of tables and chairs at the front of the lecture hall, followed by his calling out names of 4 or 5 students and inviting them to sit in the chairs in front of the class. After the chosen students were seated behind the tables, Dr. Falls turned to the class and announced that today was a special day, in that we had the privilege of having a “panel of experts” with us, and that those “experts” were going to help us to understand more fully the topic under current study. (For some reason, those “experts” seemed to be those students who used Dr. Falls’ class for extensive napping experiences. Perhaps that was the reason I developed a case of severe insomnia during Dr. Falls’ lectures.) Dr. Falls would then, tongue in cheek, formally introduce each student as Dr. X, Dr. Y, etc., and proceed to recite an elaborate set of fantasy credentials for each “expert.” By that time the class was rolling in the aisles with laughter.

After completing the introductions, Dr. Falls turned down the lights and began showing slide after slide of various diseased organs and tissues, and with each slide he would query each expert about the illness the slide illustrated. For each “expert,” the questions became more and more detailed to the point that a courtroom cross-examination appeared to be underway. Whenever he had plumbed the depths of each “expert’s” knowledge, to the point that the “expert” could respond to questions only with a series of “I don’t know” answers, Dr. Falls would walk over to the student, and in a quiet voice say, “Doctor, you cannot not know.” The first time I heard Dr. Falls say
APA Fellowship

Fellowship is a national honor awarded by the APA to psychiatrists who have made and continue to make significant contributions to the profession and the community. Excellence, not merely competency, is the hallmark of the potential Fellow. Starting in 2002, APA Fellowship was restructured into two categories:

FELLOW: Members who meet the following criteria:
- Five consecutive years as an APA General Member
- ARNP, BCPS, or CSA certification
- Three letters of recommendation from APA Fellows
- Concurrence of the TSPP

DISTINGUISHED FELLOW: Members who meet the following criteria:
- Eight years as an APA General Member
- Primary identification must be psychiatry for those in combined fields (e.g. psychiatry and pediatrics)
- Significant contributions in at least 5 of the areas listed below:
  - Certification by the ARNP, BCPS, or CSA
  - Involvement in the work of the District Branch or other components of the APA
  - Involvement in other medical and professional social organizations
  - Participation in non-remunerated mental health and medical activities of social significance
  - Participation in community activities unrelated to income-producing activities
  - Clinical contributions
  - Administrative contributions
  - Teaching contributions
  - Scientific and scholarly publications
- Three letters of recommendation from current APA Fellows

Members who were elected as APA Fellows prior to 2002 will be automatically designated as Distinguished Fellows. The process of nomination for Distinguished Fellow starts at the District Branch. All eligible members will be identified by the APA with a listing provided each Chapter's Fellowship Committee Representative by TSPP. You should contact your Chapter representative if you are interested in applying. Applications should be submitted to TSPP by March 15, 2003. The TSPP Fellowship Committee will meet in San Antonio on April 5, 2003 to review applications. The Executive Council will consider recommendations from the Fellowship Committee on April 6, 2003. APA will announce in December members who will be recognized as Distinguished Fellows. For more information, contact your Chapter Fellowship Committee representative listed below, your Chapter President, or TSPP.

Bexar County .... Patrick Holder, MD
Brasos Valley .... David Rosen, MD
Corpus Christi .... Cecilia Childers, MD
East Texas .... John Hall, MD
El Paso .... Gerard Gregory-Quinones, MD
Galveston-Brazoria .... Grace Jameson, MD
Heart of Texas .... Gail Eronhauer, MD
Houston .... Frederick Mikhail, MD
Lone Star .... Tony Payson, MD
North Texas .... Ed Nace, MD
South Texas .... Francesc Iglesias-Royo, MD
Southeast Texas .... James Greed, MD
Tarrant .... Joseph Burkett, MD
Texas ............ Bryan Wieck, MD
West Texas .... Tom Hanreita, MD

TSPP and Foundation Conduct Annual Meetings

TSPP and the Texas Foundation for Psychiatric Education and Research conducted their respective Annual Meetings on November 16, 2002 in Fort Worth during the TSPP Convention and Scientific Program. Secretary-Treasurer Clay Sawyer, MD, noted that TSPP had an operating deficit of about $60,000 for 2001, 2002, and that TSPP's balance sheet remains healthy. He reported that since TSPP assumed responsibility for dues management from the APA, dues revenue has increased by 25%.

The membership approved remaining amendments to the TSPP Bylaws, a project taking two years by the Constitution and Bylaws Committee. The Bylaws were amended to conform with APAs new Bylaws, established when the APA became a 501 (c)(6) organization.

By acclamation, the membership elected the following members to serve as Board Members from May 2003 - May 2006: Shirley Marks, MD;

Charles Bowden, MD; Mohsen Mirab, MD; and, Conrad McDonald, MD.

MEMBERSHIP CHANGES

READER SERVICES

TSPP Newsletter

FEBRUARY / MARCH 2003

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Council considers recommendations of the Fellowship Committee; and, December 2003 - APA notifies TSPP of nominees elected to Distinguished Fellow.

Forensic Psychiatry Committee: The committee reviewed the policy of TSPP regarding the insanity defense, plans for conducting a conference on the insanity defense, and the work of the SB 553 Task Force which is drafting a report on competency to stand trial.

Government Affairs Committee: The committee discussed the make-up of the upcoming Legislature, progress made by Chapter Political Action Committees, and various legislative issues, including psychology prescribing, restraint and seclusion, physician assistants, mental health insurance parity, suicide prevention programs, insanity defense, worker’s compensation, malpractice reform, and guardianship.

Long Range Planning Committee: The committee discussed its structure, charge and name and formulated recommendations for consideration by the Executive Council.

Managed Care Committee: The committee discussed initiatives to promote psychiatric care in various organizations, the need to continue to file complaints against practices of some HMO carve-outs, and nomenclature used by managed care that is detrimental to the physician-patient relationship.

Members-in-Training Section: The committee discussed assignments for writing articles for the Newsletter, procedures for entering TSPP’s Resident Paper Competition, ideas to encourage more residents to become members, and ways to increase resident participation in TSPP activities. The committee also discussed issues facing early career psychiatrists, including the negotiation of contracts.

Membership Committee: The committee reviewed attempts by APA to change the authority of District Branches in approving membership and TSPP’s successful Assembly Action Paper addressing this concern.

Newsletter and Website Committee: The committee reviewed topics for future articles for the Newsletter and the relaunching of the TSPP website.

Professional Practices Committee: The committee reviewed, edited and approved Practice Guidelines for Office-Based Outpatient Withdrawal Techniques for Alcohol, Anxiolytic/Sedative/Hypnotic Drugs, and Opiates.

Public Mental Health Services Committee: The committee reviewed various initiatives underway by TMHMR and issues of access and funding.

Scenes from the TSPP Annual Convention

The TSPP Annual Convention and Scientific Program, “New Frontiers in Psychiatry,” was conducted at the Worthington Hotel in Fort Worth on November 15-17, 2002. The Conference was the best attended meeting in years. The Scientific Program was outstanding, the Awards Banquet was inspiring, and the social functions were fun. Please plan to attend TSPP’s Annual Convention and Scientific Program in Houston on November 7-9, 2003.

FEBRUARY / MARCH 2003

TSPP NEWSLETTER

Your Committees at Work...

TSPPs committees met in Fort Worth on November 15, 2002 and conducted the following business:

Budget Committee: The committee reviewed membership statistics and financial reports and conveyed to APA Assembly Speaker, Albert Gaw, MD, concerns TSPP has with some APA procedures. The committee reviewed and approved membership classification changes and requests for dues reductions and waivers.

Children and Adolescents Committee: The committee discussed issues regarding access to care for children and adolescents, especially regarding barriers to care, as well as to improving communication with primary care physicians. The committee concluded that while more child and adolescent psychiatrists are needed in the state, barriers to care exaggerate the problem. The committee expressed concern about unqualified clinicians attempting to fill the void.

Constitution and Bylaws Committee: The committee reviewed amendments to the Bylaws which will be submitted to the membership for approval and discussed policies of APA regarding certifying conformity of Bylaws with APA Bylaws.

Continuing Medical Education Committee: The committee reviewed program plans for the 2003 Section on Psychiatry Program and the 2003 TSPP Scientific Program. The committee reviewed the 2002 TSPP Needs Assessment and the value of TSPP’s accreditation. The committee adjourned and joined the MIT Section meeting to discuss ways of encouraging support of the Scientific Program by residents.

Fellowship Committee: Procedures for Distinguished fellowship applications were reviewed, noting the following key dates: March 15 - Chapters submit Distinguished fellowship applications to TSPP; April 5 - the Fellowship Committee reviews applications and formulates recommendations for the Executive Council; April 6 - the Executive Council announces Distinguished Fellow.

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Executive Council Actions...

The Executive Council met in Fort Worth on November 16, 2002 and approved the following actions:

* At the request of the Budget Committee, the Council approved changes in membership classifications of 3 members, approved a dues reduction for one member, and approved a dues waiver for one member.

* The Council authorized a conference call of members to develop positions regarding the Legislative Task Force on SB 553.

* Upon the recommendation of the Long Range Planning Committee, the Council approved the following.

  * The Committee’s name will be changed to the Strategic Planning and Coordinating Committee.
  * The Committee’s charge will include the following changes: a) development of a strategic plan regarding TSPP’s relationship with the APA which meet the constitutional objectives of TSPP as well as a strategic plan for TSPP and the committee’s internal relationship with other TSPP committees and the organizational structure of TSPP; b) assist the President and Executive Council regarding the committee charges; c) develop a policy and procedure for the preparation and presentation of actions papers to the APA Assembly; d) provide direction to TSPP Assembly Representatives; e) develop a method of identifying future leadership from TSPP’s membership; and, f) restructure the membership of the Committee to include (but not be limited to) TSPP Executive Director and Assistant Director as staff support, APA Assembly Representatives, APA Committee and Component Representatives, chapter representatives (the method to be determined later), and representatives from Government Affairs and Membership Committees.

* Upon recommendation of the Managed Care Committee, the Council approved a request to have the President seek information from APA regarding initiatives they are taking to promote psychiatric care in business organizations and reference to substantiate the financial savings to be made by addressing psychiatric problems.

* The Council approved as amended and recommended by the Professional Practices Committee, Practice Guidelines for Office-Based Outpatient Withdrawal Techniques for Alcohol, Anxiolytic/Sedative/Hypnotic Drugs, and Opiates.

* In Executive Session, the Council considered ethics cases referred by the Ethics Committee.

Welcome Reception

Dr. and Mrs. Robert Rush, MD.

APA Assembly Speaker, Albert Gaw, MD, addressing the Executive Council.

Robert Zapalac, MD, recipient of the Distinguished Service Award, with James Krolic, MD (right).

Sheldon H. Preskorn, MD, delivering his presentation, “Psychiatric Drug Development and the Human Genome Project: What is the Connection and the Implications?”

Alex Munson, MD, recipient of the Distinguished Service Award, with his wife Patti Kuhn.

Dr. and Mrs. David Axelrad at the Welcome Reception.

Dr. and Mrs. Edward Ruttie visit with Joseph Burkett, MD (center).
The Affirmative Defense of Insanity in Texas
Victor R. Scarano, MD, JD

The conference on The Affirmative Defense of Insanity in Texas was held on Friday, February 7, 2003, at the Hyatt Regency Austin Hotel. By all accounts, it was a great success. Two hundred eighty-four people registered for the conference, providing a diverse audience (physicians - 27%; attorneys - 52%; legislators and legislative staff - 6%; allied health professionals - 2%; and others - 13%). Perhaps, the value of the conference was best expressed by an attorney from North Texas who made the following statement at the end of the conference during an audience participation segment: “I want to express to the organizers of this conference and participants my great admiration and appreciation for your providing this conference. I have been practicing law for 50 years. This is by far one of the most exciting days, and probably the most exciting, stimulating event like this that I have ever been to.”

Following the Yates case in Houston, public interest in the insanity defense was heightened and it was a foregone conclusion that bills addressing the insanity defense would be filed in the upcoming 78th Texas legislative session. As a result, David Axelrad, MD, Chairman of the Forensic Psychiatry Committee of the Texas Society of Psychiatrist Physicians (TSP), contrived the idea of having a seminar addressing the affirmative defense of insanity in Texas to educate legislators and their staff, lawyers and psychiatrists in an objective manner on the issues surrounding the insanity defense. Dr. Axelrad played a major role in organizing the seminar, recruiting speakers, as well as contacting other professional organizations as sponsors of the seminar.

The sponsors of the conference included: Texas Society of Psychiatrist Physicians Texas Criminal Defense Lawyers Association Texas District and County Attorneys Association State Bar of Texas Committee on Legal Services to the Poor in Criminal Matters and Committee on Disability Issues American Journal of Criminal Law

The conference on The Affirmative Defense of Insanity in Texas was held on Friday, February 7, 2003, at the Hyatt Regency Austin Hotel. By all accounts, it was a great success. Two hundred eighty-four people registered for the conference. Though rejecting the volitional arm of the M’Naghten test, Professor Bonnie argued that a cognitive test that inquires as to whether the defendant appreciated the wrongfulness of his/her conduct is a necessary and sufficient formula in determining insanity. Professor Bonnie noted that the term “appreciate” is meant to signal a deeper and more reflective understanding of the significance of the conduct rather than simply recognizing that one will be punished for doing it. Though rejecting the volitional arm of the ALI standard, Professor Bonnie stated that it would be manageable if only allowed in cases where the defendant suffered from severe psychiatric disorders, which supported Dean Slobogin’s argument that the volitional arm would raise another level of responsibility on the defense attorney. Everyone agreed that the insanity defense is seldom successful if a volitional arm was added to the Texas statute and the defense was unsuccessful, the prosecution could use the defendant’s inability to control his/her behavior to enhance punishment as it would be argued that such discontrol makes the defendant more dangerous.

The next speaker was Richard J. Bonnie, JD, the John S. Battle Professor of Law, University of Virginia School of Law, and Director, Institute of Law, Psychiatry, and Public Policy, University of Virginia. Professor Bonnie’s presentation was entitled Why “Appreciation of Wrongfulness”? The presentation followed the ALI standard as contained in the Texas Family Code, Section 5.11(a).

Dean Shannon argued that the Texas affirmative defense of insanity is, in reality, no defense as there are few, if any, successful cases in Texas unless agreed to by the prosecution.

The next speaker was Christopher Slobogin, JD, LLM, the Stephen C. O’Connell Professor of Law, University of Florida Frederic G. Levin College of Law. Professor Slobogin spoke on M’Naghten and its Variations, argued against the expansion of M’Naghten by substituting the term “appreciate” for “know,” and argued against the volitional arm as incorporated in the ALI standard.

Professor Slobogin argued that the volitional arm is not workable as it is not possible to distinguish the irresistible impulse from the impulse that is not resisted. In addition, he noted that the appreciation test is too broad because of its vagueness and its resistance to a precise definition. In its stead, Professor Slobogin argued for a mens rea alternative that he identified as the Integrationist Test. This test would allow the defendant to argue that his/her mental state was such that he/she lacked the mental state to commit a crime, that he/she believed the circumstances were such that it justified his/her actions, and that he/she believed the circumstances were such that he/she committed the actions under duress. Brian D. Shannon, JD, Associate Dean for Academic Affairs and the Charles “Tex” Thornton Professor of Law, Texas Tech University School of Law, followed Professor Slobogin. Dean Shannon’s presentation was entitled Expanding the Current Texas Insanity Defense to Include a Volitional Standard: Going Back to the Future. Dean Shannon clearly understanding the difficulty of determining whether an impulse was controllable or uncontrollable narrowed the volitional arm to those mentally ill defendants with a severe psychiatric disorder, i.e., schizophrenic, bipolar disorder, schizoaffective disorder, or other major psychiatric disorder diagnosed through accepted scientific criteria.

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Dean Shannon argued that the Texas affirmative defense of insanity is, in reality, no defense as there are few, if any, successful cases in Texas unless agreed to by the prosecution. Dean Shannon argued that the jury should be told what happens to an NGRI acquitted after the trial is over. He pointed out that since the citizens of the State of Texas entrust a jury with deciding life and death, it makes sense that the jury can be trusted with information as to the consequences of an NGRI judgment.
Psychologists Prohibited from Prescribing Medications

New York Mental Health Bill Becomes Law

On December 9, 2002, New York Governor George Pataki signed the Mental Health Professions Act, originating from Senate Bill 0772. The bill defines the scope of practice of psychology and requires the licensing of mental health counselors, creative arts therapists, psychoanalysts, and marriage and family therapists. This new statute, which was first introduced as a bill four years ago, will prohibit unlicensed and unregulated individuals from offering mental health services to the public.

In the law, psychologists are explicitly barred from prescribing or administering medicine or using invasive procedures (e.g., electroconvulsive therapy). It also requires therapists to refer patients with “serious mental illnesses” to a physician for a medical evaluation.

At a time when organized psychology is pressing state legislatures across the country to permit psychologists to prescribe psychotropic medications and after New Mexico enacted a law giving psychologists limited prescribing privileges in 2002, New York State has explicitly and forthrightly prohibited psychology from prescribing medications. Thus, New York has the distinction of being the first state to explicitly prohibit prescribing by psychologists.

The bill was supported by the New York State Psychological Association. Is it possible for the Texas Psychological Association to follow the high standard set by and lead established by the New York Psychological Association?
the sun, and the stars to navigate ourselves through the mountains back to the Academy grounds. During that time, patrols of upperclassmen, portraying enemy soldiers, would try to capture us and mimic interrogation and torture experiences. Our task involved evading them while we attempted to live off the land and return to our base—the Academy grounds. That survival hike was an incredible experience for me. Starvation under conditions of extreme physical exertion can produce unexpected effects on a human being. At the end of the third day, I was hit out of nowhere by a biological imperative which sent profound shock waves throughout my entire sense of self. The biological imperative instructed me, “You will eat anything, ANYTHING, in order to survive.” Until that time I had no idea that such a part of me existed.

In the days that followed, we pursued a terrifying journey into the unknown—geographically, mentally, and physically. With Sijan’s injuries, his challenge must have been gruesome.

On our hike, our group somehow succeeded in escaping detection by the “enemy” patrols, and we navigated successfully through the mountain ranges to the pass overlooking the Academy grounds. I must tell you that one of the most gorgeous sights I have ever seen in my life was that view of civilization, as represented by the Academy grounds below us. An aura of especially spectacular beauty shimmered over its mess hall, in which, upon arrival, we would be divided into groups of ten and that our mission was to use the map, compass, and survival techniques to find our way through the terrain. Students were instructed to eat the plants, roots, and flowers they found, but they were also taught that they could use the plants for medicinal purposes.

After graduation from the Academy, Sijan had gone to flight school. He had been assigned as a 1st Lieutenant to the 560th Tactical Fighter Squadron. On 9 November 1967, while conducting a bombing pass over North Vietnam near Laos, his aircraft exploded after being hit by enemy fire. We had extracted him from the plane in a low-level bailout due to the bombing run, plummeted to the ground hard.

... his aircraft exploded after being hit by enemy fire. Sijan, who had ejected from the plane in a low-level bailout due to the bombing run, plummeted to the ground hard.

We would begin the tour at this point and announced that the large building before us was Sijan Hall, named after Captain Lance Sijan, who had died in Vietnam. I was dumbstruck. Every physiological reflex I had seemed to explode. My insides trembled. I was already starting to cry. I could not bear to hear the guide talking. In a choked voice, I interrupted and blurted out the question, “Can you tell me what class Captain Sijan was in?” The tour guide gave me a funny look that seemed to ask, “Why is that old white-haired fellow in the back asking me such a silly question?” “He was in the class of ’65,” she said. That did it for me. The Lance Sijan I knew was in the class of ’65, but it could not be him. It could not be. Nothing brings Sijan down. Nothing brings Sijan down.

I had been so dismayed and bewildered on the tour that I had heard little of what the tour guide had said about Sijan Hall. A kaleidoscope of scenes and memories had paraded before me instead. As soon as possible thereafter, I researched every source I could find to discover what had happened to Lance Sijan. My efforts uncovered a remarkable story.

After graduation from the Academy, Sijan had gone to flight school. He had been assigned as a 1st Lieutenant to the 560th Tactical Fighter Squadron. On 9 November 1967, while conducting a bombing pass over North Vietnam near Laos, his aircraft exploded after being hit by enemy fire. Sijan, who had ejected from the plane in a low-level bailout due to the bombing run, plummeted to the ground hard.

He suffered a fractured skull, a mangled right hand with three fingers bent backwards to the wrist, and a compound fracture of the left leg, with the bone protruding through the skin. He then faced the task of evading the enemy in a condition while fighting for survival by living off the land. Could he do it? He had to do it. As I discovered this part of his history, I was astounded by the courage and determination that Sijan demonstrated in the face of extreme adversity.

Sijan succeeded in safely reaching the Academy grounds. The campus was totally deserted. We proceeded immediately to the mess hall, where we indulged in the most delicious eating experience imaginable. (For me it consisted of wailing down twelve bowls of breakfast cereal, not yet cleared from the table from the previous meal. Sadly, I was too engrossed to eat the fillet mignon that arrived a few minutes later.)

We then left the mess hall to go back to our dormitory rooms. With the campus deserted, and no upperclassmen to hassle us, we strolled at our leisure, free from the traditional Doolittle requirement to run at double time in a posture of a rigid attention, military brace. We whooped and hollered, rejoicing in our miraculous survival and achievement.

Upon our arrival to the dormitory, we found it deserted, with all the doors closed. We stopped down on our beds, nearly dead with fatigue, but filled with immense relief that our ordeal was over. Then all hell broke loose. Suddenly dorsways everywhere flew open, pouring forth scores of screaming upperclassmen. We had fallen into a trap! The survival hike was a series of uniform combinations, ranging from casual academic class uniforms, through athletic clothing, to full parade uniforms. Doolies in particular were required to wear those uniforms with precise grooming, with all articles of clothing arranged in exact and perfect neatness. Achieving the necessary standards under normal conditions easily required a full 10 hours of careful and conscientious dressing, with careful attention to correct imperfections.

In the rapid-fire drill underway, the upperclassmen were requiring us to change to the next uniform in 15 to 30 seconds before ordering us to assemble at attention in rigid military brace in the hallway for inspection formation. Successful accomplishment of these blazingly fast uniform changes was impossible. Doolies were emerging from their rooms too fast for us to keep up with them as they charged to the hallway inspections without pants, shoes, or any clothes at all. The upperclassmen examining us would then point out with loud, booming voices, in the strictest terms, that we had failed to accomplish the task, such as fashioning implements from our parachute for survival, as we had been taught. He could only himself by scouting himself backhands on his elbows and bottom.

A search and rescue effort was launched to find him. Sijan’s voice was picked up from his radio transmitter during the first few days, but the responding rescue aircraft encountered heavy ground fire from all directions and could not land a ground search party. At one point a rescue helicopter heard a ground transmission from Sijan saying, “I see you, I see you. Stay where you are. I’m coming to you!” Unfortunately, Sijan’s injuries painfully limited his ability to maneuver within sight of the helicopter crew. After 30 minutes of hovering over the jungle, all crew eyes intensely scanning the dense jungle foliage for movement, the helicopter began receiving increasingly heavier ground fire. Finally bullets began piercing the Fuselage in a withering hail of fire, and voice contact with Sijan disappeared. The helicopter was forced to leave. Rescue efforts and electronic surveillance in the area throughout the following days found no trace of Sijan. Finally the search was called off, and Sijan was presumed lost.

But Sijan was still alive. On that November day he was alone. He was surrounded by enemy forces. He could not walk or use his mangled right hand. He was in desperate need of food, water, and medical care. In spite of all that he was still Sijan. For an amazing 45 days, with no food or water at all, he somehow evaded capture by painfully dragging himself, day after day, along the ground toward American lines and what he hoped was deliverance from the enemy. For continuous days and nights, in spite of pain, he dragged himself along the jungle floor, with no food, before collapsing into exhausted sleep. Eventually he became profoundly emaciated and weak. He had worn the flesh off his buttocks down to the bone. At this point in Sijan’s story, I found myself

glorious eating experience imaginable. (For me it consisted of wailing down twelve bowls of breakfast cereal, not yet cleared from the table from the previous meal. Sadly, I was too engrossed to eat the fillet mignon that arrived a few minutes later.)

We then left the mess hall to go back to our dormitory rooms. With the campus deserted, and no upperclassmen to hassle us, we strolled at our leisure, free from the traditional Doolittle requirement to run at double time in a posture of a rigid attention, military brace. We whooped and hollered, rejoicing in our miraculous survival and achievement.

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wondering what he was thinking about the Code of Conduct, a set of ethical standards for prisoners of war, which each cadet commits to memory. One section of that code states: “I will never surrender my own freedom will.”

Knowing Sijan, I believe he might have drawn a part of his strength each day from those words and the idea “You cannot do it right.”

Finally he became so weak that he could drag himself no more. At that point he was discovered by the enemy and taken to a hut and placed under guard. He finally began receiving some food. After a few days he was getting some of his strength back.

What were his thoughts then? I suspect that he again was thinking about the Code of Conduct, particularly the section that states:

“If I am captured I will continue to resist by all means available. I will make every effort to escape and aid others to escape.”

When there was only one guard watching him, Sijan beckoned him over. When the guard came over and bent down, Sijan used his good left arm to knock him out with a karate chop to the head. Despite his continued impairments and the strong odds against him, Sijan dragged himself into the jungle to escape. He repeatedly tried to push his way through the bamboo walls of his cell, and his fellow prisoners could hear the cracks as the guards beat him with sticks to get him back inside. His physical condition continued to deteriorate.

After several days, the North Vietnamese prepared to transport the three prisoners to Hanoi. The other Americans were taken to Sijan’s cell to help him to the truck. They were appalled by Sijan’s appearance; almost to the point of retching when they saw his condition. He had become so thin that every bone in his body seemed visible. Almost all of his body was covered by open sores or oozing flesh. Both hipbones were exposed where the underlying tissue had been worn away.

As they were moving Sijan to the truck, Sijan looked up at one of the American officers and called him by name. The officer asked Sijan how he knew him. Sijan replied, “We were at the Academy together. Don’t you know me? I’m Lance Sijan.” The officer must have become well known to the North Vietnamese guards, because the guard turned and closed the door. In his weak condition, Sijan could probably have done nothing, but he was not going to try.

In order to build up his strength for the next escape attempt, Sijan asked his captors to prop him up on his cot for assistance in exercising. He would work his arms around a few times, and then fall back exhausted from the effort.

Sijan’s health steadily failed. Unrelated injuries were now complicated by respiratory problems. He weakened to the point that he could only whisper a single word. Then he could only blink Morse code letters with his eyes. Then only eye blinks of yes or no. Then no strength was left to blink his eyes at all.

Finally one night Sijan began making strangel sounds. As his captors sat him up, for the first time in many days he spoke in a loud and clear voice. He said, “Oh my God, it’s over,” and then he called out “Dad, Dad, where are you? Come here, I need you!” He was sinking fast. His captors beat on the walls to call the guards to take him to the hospital. The guards finally came into the cell and took Sijan out. Sijan's captors never saw him after that. A few days later the camp commander told them that he had died.

In 1974 his body, along with the headstone he had made, was returned to the country for internment in his hometown.

On March 4, 1976 Captain Lance Sijan was awarded the Medal of Honor posthumously by President Gerald Ford. Captain Sijan thus became the first graduate of the U.S. Air Force Academy to receive our Nation’s highest decoration for heroism above and beyond the call of duty.

On May 31, 1976 the U.S. Air Force Academy named Sijan Hall, a cadet dormitory, in honor of Captain Sijan. Additionally, the U.S. Air Force honors Air Force personnel who exhibit the highest example of professional and personal leadership standards with the Lance P. Sijan award. He asks you: Captain Sijan did his duty — what can we do to maintain our duty? I have long been proud of the high ethical standards achieved by TSPP and its members, but can we do more?

Sijan demonstrated loyal adherence to the military Code of Conduct. That code has six sections. In medicine we have a similar code for our ethical duty – the Principles of Medical Ethics of the American Medical Association. Those principles have seven sections, and the concepts contained therein demonstrate a remarkable conformity to the standards held fast by Captain Sijan.

The importance of those principles is so critical to the practice of medicine that I will list them here.

Section 1 “A physician shall be dedicated to providing competent medical service with compassion and respect for human dignity.”

Section 2 “A physician shall deal honestly with patients and colleagues, and strive to expose those physicians deficient in character or competence, or who engage in fraud or deception.”

Section 3 “A physician shall respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patient.”

Section 4 “A physician shall respect the rights of patients, of colleagues, and of other health professionals, and shall safeguard patient confidences within the constraints of the law.”

Section 5 “A physician shall continue to study, apply, and advance scientific knowledge; make relevant information available to patients, colleagues, and the public; obtain consultation, and use the talents of other health professionals when indicated.”

Section 6 “A physician shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical services.”

Section 7 “A physician shall recognize a responsibility to participate in activities contributing to an improved community.”

Now read these sections again and for each section, ask yourself: “What have I accomplished in these areas?” You have probably done more than you realize. Congratulate yourself for those unnoticed and unheralded accomplishments. Now ask yourself: “Can I do more? Can I reach the level of Captain Sijan’s devotion?” The answers will be different for each of us.

Now read the sections and think about TSPP. Decide whether we can use TSPP to keep the standards of Lance Sijan alive. Remember that his standard holds the idea that discharging our duty is an active, dynamic process. You cannot do it right. You cannot not know. If you follow through on your decision, you will prove me right. Nothing brings Sijan down.

Assistant/Associate Professor
Psychiatry

The Department of Psychiatry and Behavioral Sciences at the University of Texas Medical Branch in Galveston is recruiting for a Psychiatrist to work part-time in our Southwest Houston Outpatient clinical service.

All candidates must be Board Certified in either adult or child and adolescent psychiatry and have practiced in the South Texas area. Excellent communication skills and the ability to communicate with children and families are essential.

The University of Texas Medical Branch is an equal opportunity/affirmative action employer. Minorities and females are encouraged to apply. MS/MD
I recently had the privilege of taking part in a visit to the Texas State Capitol. The trip took place on February 4 in conjunction with the "First Tuesdays" program arranged by the Texas Medical Association. This program, whose motto is “Taking Medicine’s Message to the Capitol,” is an attempt to provide an organized opportunity to literally “flood” the state legislature with physicians for a day. A worthwhile program, the idea stems from the well-known fact that a personal visit to a legislator at the Capitol is the most effective method of legislative contact. Senators and representatives alike are impressed by the fact that physicians will take an entire day away from busy schedules to advance the cause of medicine so as to ultimately affect policy.

First, allow me to present the good news. I was able to meet personally with nearly twenty different legislators on February 4. Without exception, all of these legislators were opposed to any attempt by psychologists to gain prescribing privileges. Without exception, all agreed that such an idea runs counter to the concepts of quality patient care and of ensuring patient safety. Without exception, all agreed that only properly-trained physicians should be engaged in the practice of medicine.

In addition, all agreed with other TMA positions, as well, and indicated to me that we will engage in the practice of medicine.

They emphasized that day. We were then grouped by legislators as well as the talking points to be in effective instruction in communicating with legislators as well as the talking points to be emphasized that day. We were then grouped by home and surrounding districts, and a TMA lobbyist was assigned to each group. The lobbyists were helpful not only in guiding us quickly to the many different locations we needed within the Capitol, but also in introducing us to staff personnel in each legislative office. I was impressed with the degree to which contacts had been established ahead of time; the lobbyists had done their homework and were themselves already well-known to each staff. They also were keenly aware of the most important people we needed to see personally for each issue. As a result, we were welcomed immediately into each office and were able to meet with each representative within minutes; the vast majority of these contacts were made without appointments. I was also fortunate to be in the company of Joe Cunningham, MD (Chairman of the TMA Council on Legislation) and Roland Georza, MD, both of whom are from Waco and both of whom are well-known and well-respected in organized medicine at both the state and national levels. These two gentlemen opened more than one door for me that I’m sure would not otherwise have been available, thus helping me to spread TSSP’s message more effectively.

My final impressions? I had the time of my life. Far from feeling intimidated by the idea of trying to influence important people at the seat of government, I experienced a most enjoyable, a most gratifying, and a most productive day. Thanks to TSSP’s annual August leadership forum, to TMA and TSSP training programs, and to David Keelrad, MD, who appointed me Political Action Coordinator for the Lone Star Chapter (thus forcing me to meet and to get to know my home legislators), I felt prepared.

Our legislators are human beings elected to serve us; they cannot do so without our input. They want to talk with us, to get to know us, to learn from us. This task is not that hard to do, and becomes much easier with experience. Opportunities for such experience abound. The psychologists are doing it, and doing it effectively.

Please consider making a trip to Austin to visit with legislators individually or in a group from your Chapter. If you inform TSSP ahead of time, TSSP will help you with the meetings by giving you a briefing on the issues, providing information to distribute, identifying legislators to visit, and even escorting you on your visits. TSSP encourages members to undertake this opportunity, especially during the month of February. We must not back down from the challenges facing psychiatry and our patients during the legislative session. Get involved. Get involved now!

A Visit to the Capitol
J. Clay Sawyer, MD
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