



Texas Society of Psychiatric Physicians NEWSLETTER

FEBRUARY / MARCH 2003

PRESIDENT'S MESSAGE

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-john*) was a year older than me. As an upperclassman, he had the full right and capacity to haze my life out of existence — should he at any time decide that my presence on the planet served no meaningful purpose. We were in different cadet squadrons, which meant that our contact on campus was limited. Nevertheless, Sijan stood out in our brief encounters because he was quite different from the other upper classmen.

The majority of upperclassmen readily utilized every opportunity to "improve" the deficiencies in me and the other Doolies (defined in the cadet manual as "that insignificant whose rank is measured in negative units: one whose potential for learning is unlimited... i.e. a freshman"). To be painfully honest, I must say that those difficult interactions were usually good growth experiences for me and my classmates.

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 he and 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 not 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 in such a crushing, skidding tackle, that even to this day I am convinced that he invented dermabrasion, long before it became an aesthetic technique in dermatology.

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 the cowcatcher 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 not 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 Fallis.

Dr. Fallis 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. Fallis 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. Fallis' class for extensive napping experiences. Perhaps that was the reason I developed a case of severe insomnia during Dr. Fallis' lectures.) Dr. Fallis 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. Fallis 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. Fallis would walk over to the student, and in a quiet voice say, "Doctor, you cannot not know."

The first time I heard Dr. Fallis say



R. SANFORD KISER, MD

"Doctor, you cannot not know," I thought a lightning bolt had struck me. It felt like Lance Sijan was sitting in the lecture hall with me. His double negative definitions of duty were back! It was clear to me at that point that the ethical duties of a physician were exactly the same as those of an air force officer. Serving my patients involved more than sitting quietly on the sideline. Being a doctor involved ongoing, active attention to my responsibilities, and ethically I could not sleep on the job.

Thereafter my definition of medical ethics has been summed up in two simple but

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CAPTAIN SIJAN

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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 mere 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
- ABPN, RCPS, or AOA 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 ABPN, RCPS, or AOA;
 - Involvement in the work of the District Branch or other components of the APA;
 - Involvement in other medical and professional organizations;
 - Participation in non-compensated 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 Fellow.

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:
Austin James Hageman, MD

Bexar County Patrick Holden, MD
Brazos Valley David Rosen, MD
Corpus Christi Cecil Childers, MD
East Texas John Hall, MD
El Paso Gerardo Gregory-Quinones, MD
Galveston-Brazoria Grace Jameson, MD
Heart of Texas Gail Eisenhauer, MD
Houston Adib Mikhail, MD
Lone Star Tony Payson, MD
North Texas Ed Nace, MD/John Sadler, MD
Red River Bryan Wieck, MD
South Texas Fructosito Irigoyen-Rascon, MD
Southeast Texas James Creed, MD
Tarrant Joseph Burkett, MD
Victoria George Constant, MD
West Texas Tom Hanretta, MD

Congratulations...

The American Psychiatric Association has notified TSPP that the following members have attained Distinguished Life Fellow in 2003:

Diane Fagelman Birk, MD (Dallas)
Robert S. Demski, MD (Bulverde)
Deanna D. Emerson, MD (Houston)
Byron L. Howard, MD (Dallas)
Edgar P. Nace, MD (Dallas)
Graham A. Rogeness, MD (San Antonio)
Havey A. Rosenstock, MD (Bellaire)
Stephen B. Shanfield, MD (San Antonio)
Stephen M. Sonnenberg, MD (Austin)
Jerome Tilles, MD (San Antonio)
Robert E. White, MD (Houston)
Robert L. Zapalac, MD (Leander)

The American Psychiatric Association Board of Trustees accepted TSPP's recommendations for APA Distinguished Fellow, as follows:

Kenneth S. Arfa, MD (Houston)
Debra M. Katz, MD (Humble)
Shirley G. Merritt, MD (Friendswood)

Please join TSPP in congratulating the members in your Chapter on this honor!

The APA Board of Trustees also approved applications for Fellow for the following:

Gail Alexander, MD (Dallas)
Vatsala Bhaskaran, MD (Houston)
Gerald Busch, MD (Houston)
Joseph Castiglioni, MD (College Station)
William Drell, MD (Houston)
Boyce Elliott, III, MD (San Antonio)
Gregory Graham, MD (Houston)
Nelson Gruber, MD (Houston)
Edythe Harvey, MD (Houston)
Linda Hawkins, MD (San Antonio)
Abel Hipolito, MD (San Antonio)
Malathi Koli, MD (San Antonio)
Ruth Levine, MD (Galveston)
Rita Moss, MD (Dallas)
Ruth Netscher, MD (Houston)
Mahin Sadre-Mashayekh, MD (Houston)
Ray Scardina, MD (Tyler)
Nurun Shah, MD (Houston)
Timothy Sharma, MD (Houston)

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 Annual Convention and Scientific Program.

Secretary-Treasurer Clay Sawyer, MD reported that TSPP had an operating deficit of about \$60,000 during FY 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 TSPP elective offices: President Elect 2003-2004 - J. Clay Sawyer, MD; Secretary-Treasurer 2003-2004 - Gary L. Eter, MD; Councilor-at-Large 2003-2006 - Franklin Redmond, MD; Assembly Representative 2003-2006 - Priscilla Ray, MD; Rep. to the APA Division of Government Relations 2003-2006 - Leslie Secrest, MD; Rep. to the APA Division of Public Affairs 2003-2006 - Timothy Wolf, MD.

The membership approved a petition to create a new Galveston-Brazoria Chapter. With the formation of this new Chapter, the balance of the members in the former Galveston-Jefferson Chapter (Chambers, Hardin, Jefferson and Orange counties) will decide whether to remain as a Chapter or be merged into another Chapter. Dr. Sawyer reported that the Foundation has received \$219,414 from 936 donations. He reported that Annual Campaign 2001 generated \$35,007 from 94 donations. The Foundation has made 53 grants totalling \$57,400 through 2001. He concluded the financial report by commenting that the Foundation's assets had grown from \$9,662 in 1992 to \$188,875 by April 2002.

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 Mirabi, MD; and, Conway McDonald, MD.



MEMBERSHIP CHANGES

NEW MEMBERS

The following membership applications were recently approved by the Executive Committee.

MEMBER IN TRAINING

Boudjenah, Djillali, MD, El Paso
Braslow, Kenneth J., MD, San Antonio
Chaudhry, Monir, MD, Austin
Day, Hemant, MD, Carrollton
Guirgis, Hossam, MD, Lubbock
Haqqani, Muhammad R., MD, Fort Worth
Higgins, Napoleon, Jr., MD, Dickinson

Miller, Lisa A., MD, Houston
Pelouquen, Jenny L., DO, Galveston
Radoulova, Kristina N., MD, San Antonio
Schillerstrom, Jason, MD, San Antonio
Schillerstrom, Tracy L., MD, San Antonio
Vyas, Shyam A., MD, Houston
Wong, Kit Yue, MD, Dallas

GENERAL MEMBER

Lloyd, Jim O., DO, Richardson
Morehead, Daniel B., MD, Austin

Ripley, Lucius A., MD, Seabrook
Thompson, Peter M., MD, San Antonio

Member in Training to General Member

Anderson, Norma J., DO, Boerne
Barber, Michael J., MD, Houston
Beard, Laura, MD, Dallas
Bennett, Marty N., MD, Dallas
Bracken, Jill W., DO, Garland
Gonzalez, David, MD, San Antonio
Guerra, Carlos Jr., MD, Houston
Martinez, James M., MD, League City

Rashti, Denise J., MD, Bellaire
Shook, Iaina, DO, Temple
Suri, Muhammad, MD, Fort Worth
Tcheremissine, Oleg, MD, Houston
Thompson, Matthew, MD, Houston
Wadley, Byron R., MD, Longview
White, Daniela, MD, Houston
Woods, Michael S., MD, Carrollton

TRANSFERS FROM OTHER DISTRICT BRANCHES

Anderson, Michael A., MD, GM, Transfer from Ohio
Drouillard, Gary, MD, GM, Transfer from Hawaii
Esche, Mark, MD, GM, Transfer from Southern California
Gowda, Ashwin, MD, GM, Transfer from Minnesota
Maramreddy, Haritha, MD, MT, Transfer from Louisiana
Okayli, Ghadeer, MD, GM, Transfer from Arizona
Ripperger-Suhler, Jane, MD, GM, Transfer from Arizona
Sargent, Albert III, MD, FE, Transfer from Kansas
Singh, Gayatri, MD, MT to GM, Transfer from Kansas
Wakhlou, Sidarth, MD, MT, Transfer from Alabama

TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS

A District Branch of the American Psychiatric Association

EXECUTIVE COUNCIL 2002-2003

EXECUTIVE COMMITTEE (*)

President R. Sanford Kiser, MD
President-Elect Priscilla Ray, MD
Vice President Gary L. Eter, MD
Secretary-Treasurer J. Clay Sawyer, MD
Immediate Past President Charles L. Bowden, MD

COUNCILORS (*)

A. David Axelrad, MD Lynda Parker, MD
Charles Bowden, MD Deborah C. Peel, MD
Gary L. Eter, MD Margo K. Restrepo, MD

REPRESENTATIVES TO THE APA ASSEMBLY (*)

A. David Axelrad, MD Priscilla Ray, MD
Robert G. Denney, MD Paul H. Wick, MD
Tracy Gordy, MD, Area V Rep.

REPRESENTATIVES TO APA DIVISIONS (*)

APA Division of Government Relations Leslie Secrest, MD
APA Division of Public Affairs Timothy K. Wolff, MD

COMMITTEE CHAIRS (*)

Budget Committee J. Clay Sawyer, MD
Children and Adolescents Cmte Linda Rhodes, MD
Constitution and Bylaws Committee Bill Reid, MD
Continuing Medical Education Cmte Regs Stewart, MD
Ethics Committee Michael R. Arambula, MD
Fellowship and Awards Committee Patrick Holden, MD
Forensic Psychiatry David Axelrad, MD
Government Affairs Committee Marsha E. Leatherman, MD
Long Range Planning Committee Robert Denney, MD
Managed Care Committee George Santos, MD
Members-in-Training Section Trina Cormack, MD
Membership Committee Gary L. Eter, MD
Jacquie McGregor, MD
Newsletter & Website Committee Edward L. Reilly, MD
Joseph Castiglioni, MD
Nominating Committee Charles Bowden, MD
Professional Practices Committee Lynda Parker, MD
Public Mental Health Services Cmte Larry Tripp, MD
Jim Van Norman, MD

CHAPTER REPRESENTATIVES (*)

Austin Chapter Laurie Seremetis, MD
Bexar County Chapter Franklin C. Redmond, MD
Brazos Valley Chapter Joseph Castiglioni, MD
Corpus Christi Chapter Raul Capitaine, MD
East Texas Chapter James Buckingham, MD
El Paso Chapter Gerardo Gregory-Quinones, MD
Galveston-Brazoria Chapter Grace K. Jameson, MD
Heart of Texas Chapter Gail Eisenhauer, MD
Houston Chapter Mae McMillan, MD
Lone Star Chapter J. Clay Sawyer, MD
North Texas Chapter Madeline Harford, MD
Red River Chapter Joseph Black, MD
South Texas Chapter Roberto Gonzalez, MD
Southeast Texas Chapter Edward S. Furber, MD
Tarrant Chapter Edward S. Furber, MD
Victoria Chapter Shirley Marks, MD
West Texas Chapter Shirley Marks, MD

MEMBER-IN-TRAINING REPRESENTATIVES (*)

Austin State Hospital Priscilla Stark, DO
Baylor College of Medicine Kimberly McLaren, MD
Baylor Child/Adolescent Muneeza Hayee, MD
JPS Psychiatric Residency Suresh Durgam, MD
Texas A&M, Scott & White Narcedallia Zegarra, MD
Texas Tech, El Paso Quddusa Doongerwaala, MD
UTHSC, Houston Ari Shoaib, MD
UTHSC, San Antonio Tiffany Ballard, MD/John Temison, MD
UTMB, Galveston Trina Cormack, MD
UTMB, Child/Adolescent Iheome Arene, MD
UT Southwestern Paul Carlson, MD
UT Southwestern, Child/Adolescent Arvind Singh, MD
UT Southwestern, Geriatric Mary Bret, MD

REPRESENTATIVES FROM OTHER ORGANIZATIONS

Texas Dept. of MHMR Steven Shon, MD
TMA Interspecialty Society Cmte J. Clay Sawyer, MD
TSPP Auxiliary Jaime Quintanilla, MD/Harry Rauch, MD
TSCAP Grace K. Jameson, MD
TFPER Leslie Secrest, MD
TMIHLG Leslie Secrest, MD

TSPP EXECUTIVE OFFICE

Executive Director John R. Bush
Assistant Director Debbie Sundberg

(*) Voting member of the Executive Council

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 TSPPs 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 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 to 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.

Member-in-Training Section: The committee discussed assignments for writing articles for the Newsletter, procedures for entering TSPPs 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 TSPPs successful Assembly

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 representation (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 to business organizations and references 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.

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. The committee reviewed a draft guideline for Cannabis Withdrawal and made plans to develop guidelines for Cocaine and Stimulants.

Public Mental Health Services Committee: The committee reviewed various initiatives underway by TXMHMR 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 TSPPs Annual Convention and Scientific Program in Houston on November 7-9, 2003.

Award recipients (left to right) Ed Furber, MD (Psychiatric Excellence), Margo Restrepo, MD (Psychiatric Excellence) and Senator Mike Moncrief (Special Service)



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



Dr. and Mrs. Robert Denney at the Welcome Reception



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



Psychiatric Excellence Award Recipient Madhukar Trivedi, MD (right) with A. John Rush, MD.



Dr. and Mrs. David Axelrad at the Welcome Reception



Dr. and Mrs. Edward Reilly visit with Joseph Burkett, MD (center)



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



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

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 30 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 Psychiatric Physicians (TSPP), conceived 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 Psychiatric 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 program was funded by a grant from the Texas Foundation for Psychiatric Education and Research, an affiliate of TSPP.

I was given the task of summarizing the various points discussed during the conference at the end of the day. The following is a summary of the presentations and the panel discussion that took place during the conference.



HOWARD V. ZONANA, MD

The first speaker was Howard V. Zonana, MD, Medical Director, American Academy of Psychiatry and the Law, and Professor of Psychiatry, Yale School of Medicine. Dr. Zonana provided an excellent overview of the history of the insanity plea and

its origins in English case law. Dr. Zonana reviewed the 3 important insanity defense statutes in the United States:

1. M'Naghten and its variants = cognitive test
2. Durham = product test (criminal act was a product of mental illness)
3. ALI Model Penal Code = cognitive test plus a volitional arm

Dr. Zonana then reviewed the Connecticut law which follows the ALI standard. In Connecticut, an NGRI acquittee is committed to the state hospital system under the oversight of the Psychiatric Security Review Board made up of members appointed by the governor. The Psychiatric Security Review Board's purpose and function is to review the NGRI acquittee's progress and to interview him/her from time to time to determine whether he/she can be transitioned to a less restrictive environment and eventually determine whether the NGRI acquittee can be released into the community. Dr. Zonana indicated that the primary concern of the Psychiatric Security Review Board is public safety. Dr. Zonana provided details of the program and data indicating that the NGRI acquittee spends much more time in a restrictive environment than those found guilty of the same crime.

As a result of the increased length of time of incarceration for an NGRI acquittee, the number of insanity defenses in the state of Connecticut has dropped significantly since the Psychiatric Security Review Board was created. As this is probably true in Texas, the defense attorney must seriously consider the strategy of having his/her client found guilty and having the client spend his/her prison time at one of the TDCJ psychiatric hospitals, i.e., Monford, Skyview, or Jester IV.

Dr. Zonana provided a list of the insanity defense standards for all 50 states and the federal government. Dr. Axelrad informed the attendees of AAPL's Practice Guidelines for Forensic Psychiatric Evaluation of Defendants Raising the Insanity Defense published as a Supplement in the Journal of the American Academy of Psychiatry and the Law, Volume 30, Number 2, 2002.



CHRISTOPHER SLOBOGIN, JD, LL.M.

The next speaker was Christopher Slobogin, JD, LL.M., 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 illness 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 commit-



BRIAN D. SHANNON, JD

ted 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 Dr. 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 psychotic disorder, i.e., schizophrenia, bipolar disorder, schizoaffective disorder, or other major psychotic disorder diagnosed through accepted scientific criteria. Dean Shannon noted that juveniles engaging in delinquent conduct are evaluated under the ALI standard as contained in the Texas Family Code, Section 55.51 (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.

Dean Shannon argued that the jury should be told what happens to an NGRI acquittee 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.

Lyn McClellan, JD, Supervising Assistant District Attorney, Harris County District Attorney's Office, commented that he had no objection to providing information to the jury as to the disposition of an NGRI acquittee, as the Texas Code of Criminal Procedure section 46.03 would allow him to tell the jury that the NGRI acquittee would be out on the streets in a very short period of time. Others mentioned that perhaps if Texas followed the Connecticut model the jury could be notified that the NGRI acquittee would come under the control of a Psychiatric Security Review Board whose primary concern is public safety. National statistics could also be cited that indicate the NGRI acquittee spends more time in a restrictive environment than someone found guilty of the same crime.

During the question and answer period following Dean Shannon's presentation, an attendee remarked that a 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 dyscontrol makes the defendant more dangerous.



RICHARD J. BONNIE, JD

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" is the Morally Preferable Standard for the Insanity Defense*. Professor Bonnie began by laying out his case for the following:

1. There should be an insanity defense,
2. but it should be narrow, because it is an exception to the rule of individual responsibility,
3. but not quite as narrow as it appears to be in Texas.

Professor Bonnie expounded on the very long moral and jurisprudential history handed down over several centuries from English law to the criminal justice system in America.

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 psychotic disorders, which supported Dean Shannon's proposal.

Professor Bonnie suggested that it could be argued that the word "know" in the Texas statute might be interpreted as conveying the same concept as "appreciate."

Comments from the audience noted that it might not be all that easy to have the jury understand the concept of a deeper and more reflective meaning to be conveyed by the work "appreciate/know," but it is more likely than not the only possibility in broadening the ultra-narrow current Texas cognitive test.



JAMES E. SMITH, LMSW-ACP, DCSW

The next speaker was James E. Smith, LMSW-ACP, DCSW, Chief Executive Officer, North Texas State Hospital. Dr. Smith provided an excellent historical overview of the creation and development of the Texas state hospital system.

Dr. Smith provided information about the class action suit, i.e., *R.A.J. v. TDMHMR Commissioner* filed in Federal court and intended to reform the state's eight psychiatric hospitals. Dr. Smith noted with some pride that the North Texas State Hospital was the first of the state hospitals to be released from federal oversight.

Dr. Smith provided information about the creation, function, and development of the Vernon Campus of the North Texas State Hospital as the state's premier maximum security forensic unit. Since the beginning of the new millennium, forensic units have been established at Kerrville State Hospital and Terrell State Hospital to accept patients from Vernon who have been determined no longer manifestly dangerous by the Dangerousness Review Board.

Dr. Smith explained that one of the Vernon campus' primary missions is the care and treatment of NGRI acquittees in order to return them to a normal mental state and to society in a step down program. In conclusion, Dr. Smith emphasized though great strides in the care and treatment of patients has been made in the state hospital system there is always room for improvement.

The panel discussion in the afternoon was moderated by Catherine Burnett, JD, Vice President, Associate Dean, and Professor of Law at South Texas College of Law. Joining the five speakers on the panel were Lyn McClellan, JD, Supervising Assistant District Attorney, Harris County District Attorney's Office, and John P. Niland, JD, Director, Capital Trial Project, Texas Defender Service.

There was discussion about the need for a "fair disposition" of the NGRI acquittee that incorporated concepts of *therapeutic restraint, conditional discharge*, and public safety. Lyn McClellan spoke of the important need



CATHERINE BURNETT, JD

to narrow the world of mental illness noting that only a segment of individuals with mental illness commit crimes. Of those who commit crimes, Mr. McClellan noted that some of those crimes are a product of the individual's mental illness and some are not. Additionally, of those with mental illness who commit crimes and whose criminal conduct is related to their mental illness, some know that what they are doing is wrong and some do not.

Mr. Niland's comments brought about a discussion concerning the expert's responsibility to the criminal justice system of respect for the process and the expert's duty to perform a fair and comprehensive evaluation while striving for objectivity.

There was discussion regarding the tension between the ethical duties of the attorney and the expert. While the lawyer has an ethical

**THE AFFIRMATIVE DEFENSE OF INSANITY IN TEXAS
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duty to represent the interests of his/her client zealously within the limits of the law, the expert's ethical duty is to perform a fair and comprehensive evaluation while striving for objectivity. The expert should not take offense but should resist a lawyer's attempt to have the expert see the case through the eyes of the lawyer. The lawyer should understand that he/she is best served when the expert follows his/her ethical obligations.

There was discussion about jury nullification, i.e., the jury's disregard of instructions in a particularly heinous crime. The question of a bifurcated trial was raised with two possibilities. In the first scenario, a jury would decide guilt or innocence, and a second jury would

decide disposition. In the second scenario, the defendant would admit to the criminal act and a jury would decide whether or not he/she was insane at the time of the act. If the jury finds the defendant was sane, a second jury would decide guilt/innocence and punishment. The consensus among the panelists indicated that this was an interesting academic discussion, but, most likely, would not be adopted by the Texas state legislature.

TSPP will prepare a transcript of the conference proceedings which will be available soon in hard copy or computer diskette format. (See Transcript Order Form Above)

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 07727. 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" (ie, 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?

NAMI Resolution Does Not Endorse Psychologists' Prescribing

The NAMI Board of Directors adopted the following Resolution on January 16, 2003:

WHEREAS psychiatric medications, while highly effective in treating the symptoms of serious mental illnesses, are powerful and potentially dangerous if not properly prescribed and monitored, and

WHEREAS people with serious mental illnesses often suffer from multiple medical conditions requiring pharmacological interventions that can produce complex medication interactions, and

WHEREAS there is currently insufficient data on the degree of training, experience and clinical supervision necessary and appropriate to enable psychologists to prescribe medications safely and effectively, and

WHEREAS there is also insufficient data to support the position that expanding prescribing privileges to psychologists will increase access to care for individuals with serious mental illnesses in rural or medically under-served regions;

BE IT RESOLVED THAT

NAMI does not currently endorse proposals before state legislatures to expand prescribing privileges to psychologists. NAMI acknowledges that serious shortages exist in the mental health professional workforce, particularly in public mental health systems and in rural and medically under-served regions of the country. However, there is no current evidence that expanding prescribing privileges to psychologists will address these shortages.

Additionally, NAMI calls upon the Substance Abuse and Mental Health Services Administration (SAMHSA), working in coordination with the National Institute of Mental Health (NIMH) and other relevant federal agencies, to undertake a national study and issue a report evaluating the scope and extent of workforce shortages in the mental health field, describing the impact of these shortages on access to quality care and treatment for people with serious mental illnesses, and recommending strategies for attracting and retaining qualified professionals in the mental health field, including in rural or medically under-served regions of the country.

continued from Page 1

profound concepts: "You cannot not do it right" and "You cannot not know." I could not and would not justify failures in medical ethics and derelictions in clinical duty by passive inactivity or ignorance.

After medical school graduation and residency training, I became caught up in the busy routine of the life of medicine, to the point that I never got the opportunity to return to the Academy until this past summer. At that time my family and I vacationed in Colorado. We decided to visit my old stomping grounds at the Academy. As we got out of our car, we followed a guided tour that was just then departing from the Visitors Center. The tour climbed a small hill behind the Visitors Center. As we got to the top, we had an excellent view of the expanse of the Academy campus. The guide halted the tour group at the top of the hill, below which I saw a large building that had not been there when I attended the Academy. The guide said that

... 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 Viet Nam.

I was dumbstruck. Every physiological reflex I had seemed to explode. My insides trembled. My legs started disappearing underneath me. My vision began turning into a sheet of white haze. After a few seconds I got myself back together, and I could again hear the tour 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 366th 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 his lacerated skin. He now faced the task of evading the enemy in that 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,

two thoughts about Sijan went through my mind: "You cannot not do it right" and "Nothing brings Sijan down".

Another set of memories flashed before me. At the end of basic training at the Academy, all cadets went through survival training. For the training, we were boarded onto buses with windows blackened over to conceal our outside view, and after what time seemed to be an interminable amount of time, we were deposited into the depths of the Rocky Mountains. We were then given the provisions that a pilot ejecting over enemy territory would have: a parachute (useful for cutting up to fashion ropes, tents, and other implements), a map, a compass, and a hunting knife. After a brief lecture on techniques to build traps to capture small animals for food and advice on what wild plants were edible, we were told that we would be divided into groups of ten and that our mission was to use the map, the compass,

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 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 served our first meal in seven days. We had been promised that our arrival meal would consist of filet mignon with all the fixings.

As cautiously and carefully as our ravenous appetites would allow, we descended the face of the mountain range, all the while on the lookout for lingering "enemy" patrols. Eventually we 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

glorious eating experience imaginable. (For me it consisted of wolfing down twelve bowls of breakfast cereal, not yet cleared from the table from the previous meal. Sadly, I was too engorged to eat the filet 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 haze us, we strolled at our leisure, free from the traditional Doolie 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 flopped down on our beds, nearly dead with fatigue, but filled with immense relief that our ordeal was over. Then all hell broke loose. Suddenly doors everywhere flew open, pouring forth scores of screaming upperclassmen. We had fallen into a trap!

Before the impact of the ambush could fully hit us, the shouting upperclassmen were running us through a drill of a series of frantic uniform changes. The cadet attire at the Academy consists of several sets 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 minutes 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 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 usual nose to nose fashion, how sloppy, stupid, and lazy each of us were. They indicated we were so incompetent that we obviously could not even dress ourselves. As "self-improvement" we were then required to do sit-ups, push-ups, etc. to ensure that our performance improved for the next uniform change. We had gone from conquerors of the Rocky Mountains to the scum of the earth.

Again and again, another uniform change was ordered. In our exhausted condition, the physical toll of this fast pace rendered us slower and slower, and our hope for escape from this torture began to vanish. Finally Doolies began to break under the stress.

One of the first to go was my roommate, Bill. Suddenly he began sobbing hysterically. He fell to the floor. He started shouting that he had gone blind and could not dress himself. Instantly our room was filled with mobs of upperclassmen, surrounding him with shouts and screams that he was a phony faker. None of their words produced a change in Bill. His sobbing became louder and shriller. Finally he screamed and arose from the floor, shoved his way through the crowd of upperclassmen,

and started running. He collided violently with the wall of our room, knocking himself back to the floor, where he lay crying and whimpering. A deep hush descended upon the upperclassmen, as they realized that he in fact was blind. One of the ranking upperclassmen motioned for them to take Bill away. Shortly thereafter the pace of uniform changes slowed, and we were finally able to achieve the required uniform standards. We were then excused to our rooms to rest.

That experience was my first exposure to hysterical blindness. To a major degree, my decision to enter the field of psychiatry originated from the stark symptoms I saw in my roommate. Bill later received discharge from the Academy, and he was thereafter free from facing extreme circumstances. As this story proceeds, we shall see that Lance Sijan did not receive deliverance from similar agony and despair.

Instead, as I researched further in Sijan's attempts at survival, I marveled at the degree to which his experiences paralleled those described above and how well he put his survival training into use.

Due to the horrific nature of his impact injuries, Sijan was virtually immobilized. With the compound fracture of his leg, he could not walk. The similar injury to his right hand rendered him unable to accomplish simple tasks, such as fashioning implements from his parachute for survival, as we had been taught. He could only propel himself by scooting himself backwards on his elbows and buttocks.

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, with 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 and little water, 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

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 of my own free will."

Knowing Sijan, I believe he might have drawn a part of his strength each day from those words and the idea "You cannot not 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 just 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. How jubilant must his desperate hopes then have been! How high must his waves of pride have risen! How well had he told himself "You cannot not do it right!"

Unfortunately, he was recaptured after only a couple of hours. His precious freedom had again been robbed.

He was then taken to a prison in Vinh, and placed into solitary confinement in chains in a bamboo cell. Two other American air force officers who had recently been captured were there. Those men have provided important details of Sijan's experiences.

Soon after arrival at the prison, Sijan was interrogated by a North Vietnamese guard who had been nicknamed "the Rodent." The Rodent entered Sijan's cell and began interrogation. He demanded that Sijan provide him with military information. Sijan refused to cooperate, his voice weak and exhausted, sounding almost near death. Throughout the interrogation the Rodent talked about the bad condition of Sijan's arm and hand, as he threatened to twist it unless Sijan gave him the information he wanted. To each question Sijan responded with, "I'm not going to tell you; it's against the code." Then he would start screaming, obviously in response to the Rodent's carrying through with his threat. Each interrogation session lasted a long time. The sessions were repeated again and again. Nevertheless, Sijan refused to surrender any information other than his name. Sijan made it clear to the Rodent that when he got better, he was going to come get him. Rather than providing military information, Sijan's screams were followed by insults and threats for the Rodent.

Throughout all this torture, Sijan maintained a clear focus on his ethical duty. The Code of Conduct states:

"When questioned, should I become a prisoner of war, I am bound to give only name, rank, service number, and date of birth. I will evade answering further questions to the utmost of my ability..."

Sijan could not not do it right. Nothing brings Sijan down.

Despite pain and torture, Sijan continued to seek not only his own escape, but also the escape of his fellow prisoners. He whispered through the bamboo walls, struggling through his weakness to get each word out. He tried to devise a plan to steal one of the guard's gun and overpower their captors. His thoughts

Sijan's classmate probably remembered him as a muscle-bound 220 lb. football player, but now Sijan had no muscle left on his body and he was virtually helpless.

dwelt on the fact that he had escaped once, and that he could do it again. 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 overlying 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 gone into shock at that point. Not only had he known Sijan at the Academy, but they had been in the same squadron. Their dormitory rooms had likely been within a few doors of each other. Sijan's classmate probably remembered him as a muscle-bound 220 lb. football player, but now Sijan had no muscle left on his body and he was virtually helpless.

By this time, Sijan's medical condition was causing symptoms of delirium. He was experiencing episodes of confusion and fading in and out of consciousness. The bouncing, jolting truck ride to Hanoi took several grueling days.

Upon finally reaching Hanoi, the three Americans were put into a cell in the infamous "Little Vegas" prison. The cell was cold, wet, and dank. It was exposed and vulnerable to the elements of weather. Its cement floor was covered by a pool of water. Respiratory illnesses began quickly for Sijan and the other prisoners. In his fatally weakened state, such conditions were clearly lethal for Sijan.

In spite of everything, Sijan continued to fight to escape. One night, a guard opened the door a little to look in, and Sijan beckoned to the guard to come closer. It was the same motion he had used to overcome the guard back in the jungle. By now Sijan's reputation 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 not going to try.

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

Sijan's health steadily failed. Untreated 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 out Morse code letters with his eyes. Then only eye blinks of yes or no. Then no strength was left to blink his eyes at will.

Finally one night Sijan began making strangling sounds. As his cellmates 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 cellmates 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. His cellmates 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 marking his grave in North Vietnam, was returned to this country for interment 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.

Now I ask 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 consistency 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 not 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 relevant outpatient clinical experience. Candidates with interest and skills in this area should send a vitae, cover letter and three letters of recommendation to: Robert M.A. Hirschfeld, M.D., University of Texas Medical Branch, Department of Psychiatry and Behavioral Sciences, Route 0188, Galveston, TX 77555-0188.

The University of Texas Medical Branch is an equal opportunity/affirmative action employer. Minorities and females are encouraged to apply. M/F/D/V

A Visit to the Capitol

J. Clay Sawyer, MD, TSPP Secretary-Treasurer

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 enhance patient care.

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 achieve both tort reform (a constitutional amendment capping non-economic damages at \$250,000 has the most support at present) and a prompt pay bill (the former "HB 1862" that

was vetoed by the Governor, only now without the possibility of opting out of binding arbitration). These three issues were the main topics we agreed to emphasize in the legislature on that day.

I am pleased and proud of the fact that TMA has not only supported TSPP's position of opposing the initiative by some psychologists to gain prescribing privileges from the legislature, but that they also have adopted our position as one of their own. In fact, the TMA "First Tuesdays" handbook lists our now well-known slogan as a key sound bite: **"Allowing psychologists to prescribe medications in Texas would be a high-risk experiment and a prescription for disaster."**

The entire day was well-planned and well-executed. After arriving at the TMA building in Austin, about one-half of the morning was spent 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 Goertz, 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 TSPP'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 TSPP's annual August leadership forum, to TMA and TSPP training programs, and to David Axelrad, 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.



J. CLAY SAWYER, MD

Please consider making a trip to Austin to visit with legislators individually or in a group from your Chapter. If you inform TSPP ahead of time, TSPP 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. TSPP 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!



CALENDAR OF MEETINGS

FEBRUARY

23-24 Joel Roberts Communications Seminar and Capitol Day
Doubletree Guest Suites Hotel
Austin, TX

MARCH

27-30 American Society for Adolescent Psychiatry
Annual Meeting
"Adolescents and Their Environment"
Contact: Pam Wilger, pam@pcmisandiego.com or www.adolpsych.org

APRIL

4 TMA Section on Psychiatry
8:00 am - 12:00 pm
Henry B. Gonzalez Convention Center
200 East Market Street
San Antonio, TX

5 TSPP Committee Meetings
Hilton Palacio Del Rio Hotel
200 South Alamo
San Antonio, TX

8:30 am - 3:30 pm	Committee Hospitality Room	La Carona
	Refreshments For Committee Members	
9:00 am - 10:30 am	Professional Practices	La Vista
	Children and Adolescents	La Duquesa
	Budget	La Reina
	Continuing Medical Education	La Princesa
9:00 am - 4:00 pm	DBSA Texas	Hacienda III
10:30 am - 12:00 pm	Newsletter and Website	La Reina
	Managed Care	La Vista
	Membership	La Princesa
12:00 pm - 1:15 pm	Foundation Board of Directors Luncheon	Hacienda II
1:15 pm - 2:45 pm	Constitution & Bylaws	La Reina
	Members in Training	La Princesa
	Forensic Psychiatry	La Vista
1:15 pm - 4:15 pm	Fellowship	La Duquesa
2:45 pm - 4:15 pm	Strategic Planning & Coordinating Committee (Formerly Long Range Planning Cmte)	La Reina
	Public Mental Health Services	La Vista
	Ethics	La Princesa
4:15 pm - 6:15 pm	Government Affairs	La Reina
6:15 pm - 7:30 pm	Reception	La Vista

6 TSPP Executive Council Meeting
Hilton Palacio Del Rio Hotel
200 South Alamo
San Antonio, TX

9:00 am - 12:00 pm Executive Council Salon del Rey North

TSPP MEMBER INFORMATION UPDATE

NAME _____			
ADDRESS _____			
CITY _____	STATE _____	ZIP _____	
TELEPHONE _____	FAX _____	E-MAIL _____	

Send your update information to:

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