

Goldwater rule

Yes or No?

no disclosures

Why are we here?

Trump as a case in point.

Trigger warning!

--for Trump voters—

In 2018, Goldwater Rule=Trump Rule



in favor of the Goldwater
rule

disclosure

I think that Trump manifests serious and dangerous behaviors.

What are ethics rules for?

obligations

- to the public
- to the profession

possible public obligations for psychiatrists

- to help voters/policy-makers/leaders make informed decisions
- to help people understand an individual's behavior
- to predict future behavior
- to determine fitness for a given role
- to formulate policy

requires assumptions

- that members of the public care about a diagnosis
- that members of the public understand the meaning of a diagnosis
- that a psychiatric diagnosis might make an individual unfit
- that psychiatrists should determine fitness
- that we can predict behavior on the basis of diagnosis
- that a diagnosis would be more informative than an individual's observed past and ongoing behavior

stigma

We have an obligation to combat stigma.

Linking diagnosis to fitness exacerbates the stigma of all mental disorders.

obligations to the profession

We won't/don't agree.

How many psychiatrists does it take to make a diagnosis?

- How many (psychiatrists or diagnoses) do you have?

Who speaks for psychiatry?

Imagine that process.....

Other physicians do not
announce diagnoses of public
figures they have not examined.

which brings us back to
obligations to the public

Disagreements among professionals/experts result in the denigration
and dismissal of professional expertise.

Is it really a diagnosis—or an accusation?

Can we make a diagnosis without an examination?

If so, why do we perform examinations?

What are diagnoses for?

medical diagnoses are
reassuring:

--they bind anxiety
--even when they're bad

Diagnoses
enable effective treatments

Is that feasible with regard to public figures?

Is that feasible in the present circumstance?

Would diagnosis determine fitness?

- A diagnosis does not, and should not, constitute a determination of fitness---unless the diagnosis is severe dementia, absence of consciousness, or death.
- Do we really want our profession to be the arbiter of presidential fitness?
- The public already inappropriately confuses psychiatric diagnoses with the ability to function. There are highly successful professionals with schizophrenia and people completely disabled by lesser diagnoses, such as anxiety. People with full-blown paranoia can plan and carry out terrible crimes, but appear normal to juries.

Diagnosis: substitute for action?

The current problems are not only obvious, but pervasive, repetitive,
and significant.

What difference would a professional diagnosis make?

- It doesn't take a psychiatrist to see psychopathology—
 - Seth Meyers, on his television show “President Trump this afternoon gave a press conference that can only be described as clinically insane. You know that list of side effects at the end of a pharmaceutical ad? He apparently has all of them.”
 - NY Daily News editorial: “The President of the United States is profoundly unstable. He is mad. He is, by any honest layman’s definition, mentally unwell...”
 - Sen. Corker: White House staff are “running an adult day care center.”
 - Steven Colbert: “I’m not a doctor.....crippling case of narcissistic personality disorder”

What would be Trump’s diagnosis?

- Grandiosity/extreme sensitivity to criticism
- Pervasive self-reference
- Impulsivity
- Immaturity
- Sociopathy:
 - disregard of social norms
 - failure to seek/accept/act on information vital to the job
 - unprecedented number and types of false and/or misleading statements
 - willful or pathological?
 - cheating employees, workers, suppliers
 - absence of empathy

In fact, some of these behaviors are obviously appealing to some of the public.

They are not dissuaded by anybody's assertions of pathology.

free speech?

Free speech has limits.

- If you are a psychiatrist, you are understood to speak with psychiatric expertise. (the doctrine of the boxer's hands)
- You can't ethically speak in public about your patient.
- You can't announce that you can cure all mental illness.
- Do other physician specialists diagnose public figures they haven't examined?

IN CONCLUSION

We shouldn't diagnose
people we haven't examined.

exceptions?

evaluations of individuals inaccessible to examination, who pose major dangers

These evaluations need not be made public; they can be limited to policy/decision-makers

disclaimers

- “I’m not talking about this particular individual, but...
 - I’m not making a diagnosis, but...
 - I haven’t personally examined this individual, but....”
-
- What should be the limits?

- Are there other ways to use our expertise?
- Are there other outlets for our frustration?

