



# Synapse



THE WEST HUDSON PSYCHIATRIC SOCIETY NEWSLETTER

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Robert N. Sobel, M.D., Editor & Syed Abdullah, M.D., Co-Editor

## "YOUR DISTRICT BRANCH"

The plans for the Spring Dinner meeting are in place for May 11th at La Terrazza. This should be an interesting meeting on Sleep Disorders and an opportunity to network with your colleagues. Thanks again to Dr. Lois Kroplick and Dr. Jane Kelman for all their efforts in organizing this event.

I understand that some members are unhappy about the disappearance of the "free" dinners we used to have. First I have to note these were not free. They were paid for by big Pharma. The cost to us was to be the subject of their marketing. Sometimes this was subtle, simply in the form of the representatives' presence at the meeting. Sometimes it meant listening to a biased presentation that was a sales pitch by a physician hired by the drug company to seem like an "objective" presenter. The executive council has debated for many years ending the practice of accepting drug company monies for our meetings, having decided recently to stop this practice. This appears to me to be a nationwide trend among district branches. We have learned from experience that if we offer a "free" event paid for out of district branch funds that we would quickly bankrupt the district branch. We have determined that the modest charge for a good dinner, a lecture (hopefully entertaining and educational without being a sales pitch) with CME and the opportunity to socialize with your colleagues is still a bargain, even though it is not "free". How many of you spend \$25 per person to go out to dinner on a Friday night? Where else can you get CME for \$25? Please consider attending the next meeting.

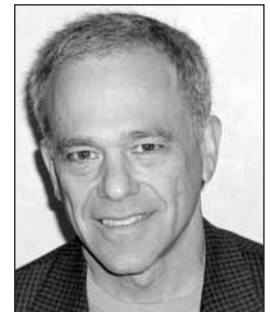
The dinner meetings are only one benefit of membership in the district branch and the APA. There are many benefits beyond the concrete benefits of insurance coverage, subscriptions, discounts, and credit cards. Participation in your APA is an opportunity to network outside the boundaries of your

institutional employment or your office. In fact, psychiatrists employed by institutions (the majority of our members) are the main recipients of many benefits. For example, NYSPA has just been asked to lobby for higher salaries for state employed psychiatrists. NYSPA has lobbied for years regarding scope of practice laws, thus limiting PhD's from prescribing. State institutions would be the first to hire less expensive prescribers if they could, putting you out of work. The APA insurance covers you better than your institutional policy, filling gaps in the institutional insurance that leave you totally exposed to liability in some instances. NYSPA successfully led the fight to protect access to ECT, exclusively conducted in institutions in our area.

I welcome any member or non-member to please call me at 362-2557 or email (DrFlax@aol.com) if you would like to discuss the benefits of membership, any district branch activities, attend an executive council meeting or volunteer to participate. I encourage any member or prospective member to join us for one of our lunch meetings. While our dinners are no longer free (to the member, though subsidized by the district branch), our executive council lunch meeting is free to the individuals attending. You'll get to participate in our scintillating discussions, to network with your colleagues, and to hear about matters of relevance to psychiatrists from different geographic areas and from different institutions or private practice. We meet monthly throughout the year. Call me if you'd like to join us.

The WHPS is one district branch that is a part of the New York State Psychiatric Association (NYSPA). NYSPA holds meetings twice yearly. At the last meeting on March 17th there was an open invitation to anyone interested in information technology to join a committee being formed to look

into all aspects of this burgeoning area. Meetings will mostly be by conference call or listserv. If you are inter-ested, contact Dr. Glenn Martin through the NYSPA office at centraloffice@nyspsych.org or at 516-542-0077.



Seth Stein, Executive Director of NYSPA, spoke about the templates he recommends using for outpatient visits for which you elect to use the E/M codes. He notes that Medicare reimbursement for E/M codes is significantly greater than for the psychotherapy or medication management codes. If you are providing evaluation and management services then you can legitimately use the E/M codes. However, he advises that you must have all the elements in your note (and outlined in his templates) required by the CPT manual, as the likelihood of being audited is very high. The auditors are now private contractors who are paid a percentage of the monies they recover for "fraudulent" billing. So beware and document fully and accurately.

Finally, practicing psychiatry continues to be a joy and privilege. I hope we can all continue to say that. ▲

*James Flax, MD, President*

### In This Issue...

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## The Insanity Defense: Not So Easy!

**W**illiam Demagall was charged with murder, robbery and arson in Columbia County (Hudson), NY, in which it was claimed that he, in the process of stealing drugs from a drug dealer) killed the drug dealer, stole money and various items from him and then set his house on fire to cover up the crime. His defense attorney submitted a psychiatric defense, claiming that Mr. Demagall, at the time of the crime, was not responsible for his actions

(the insanity defense) because he believed that he was "an agent of God, ridding the world of vermin." The defense attorney submitted a report from an Albany Medical School forensic psychiatrist who opined that, while Mr. Demagall knew and appreciated the nature and consequences of his acts, he did not know and appreciate that his acts were wrong. In like manner, the prosecution acquired a New York City forensic psychiatrist who, after evaluating Mr. Demagall and all of the records available, also concluded that Mr. Demagall was not criminally responsible because Mr. Demagall "lacked substantial capacity to appreciate the wrongfulness..." and that, "knowing that a particular behavior is illegal is not synonymous with being substantially able to appreciate its moral wrongfulness...." In essence, the prosecution psychiatrist believed that, while he may have appreciated that his conduct was legally wrong, he could not appreciate that it was also "morally wrong," because he believed that he was "doing the work of God." Thus, both prosecution and defense experts agreed, and it was simply left to the District Attorney to provide to the Court this information, and to ask the Court to dispense with a trial and a hearing and certify to Mr. Demagall's "lack of criminal responsibility," thus sending him off to a psychiatric/penal facility for treatment until such time that he "no longer has a dangerous mental disorder or is mentally ill."

Yet, in a startling rebuke to both the District Attorney and the defense attorney, the Court, in an erudite, well-reasoned decision, rejected the opinions of both forensic experts, quoting the law which provides that, "This Court shall not accept the plea of 'not responsible by reason of mental disease or defect', without first determining that there is a factual basis for such plea..." The Court directed the case to go to trial and, after recognizing its need for a further evaluation, the District Attorney contacted me to evaluate Mr. Demagall and the records, as well as the defense and prosecution psychiatrists' reports and the Court's decision. This was an extremely dramatic and interesting assignment for me since, in all of the 30 years that I have practiced forensic

psychiatry, I have never come upon a case which was rejected by a Court after both defense and prosecution forensic psychiatrists agreed to a lack of criminal responsibility due to mental disease or defect.



Penal Law 40.15 defines the defense of "not responsible by reason of disease or defect" as "in any prosecution of an offense, it is an affirmative defense (meaning the burden rests with the defense to prove the defense, rather than the prosecution to disprove it) that when the defendant engaged in the proscribed conduct, he lacked criminal responsibility by reason of mental disease or defect. Such lack of criminal responsibility means that at the time of such conduct as a result of mental disease or defect, he lacks substantial capacity to know or appreciate either (1) the nature and consequences of such conduct; or (2) that such conduct was wrong."

What appears to be at issue here is the word "wrong." There seems to be some question in the forensic-psychiatric community about the meaning of the term "wrong." It has generally been assumed that the word "wrong" means "legally wrong." Yet, some writers in both the psychiatric as well as legal literature have also included "moral wrongfulness", outside "commonly held moral principles." The Court, in its decision, quoted case law which identified the word "wrong" as indicating legal wrong, and that "by definition, if conduct is against the law, it is against such 'commonly accepted standards,'" meaning against commonly held moral principles, as well.

As I described above, Mr. Demagall believed that, being an "agent of God on a mission," he had the moral right to kill.

In evaluating Mr. Demagall, I had to grapple with both issues, namely, whether Mr. Demagall knew and appreciated that his conduct was legally wrong," and whether he

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SYNAPSE designed by Lydia Dmitrieff

## Adolescent Psychiatrists Wanted!

**A**dolescence is a unique period of life. It is also the stage of development during which major mental illnesses begin, most of which go undiagnosed and untreated until later in life. The demand for psychiatrists to diagnose and treat these disorders in adolescents is outstripping the supply of child and adolescent trained psychiatrists. General psychiatrists willing and able to work with adolescents can expand their practice by helping to meet this need. The American Society for Adolescent Psychiatry is an organization that can support general psychiatrists in obtaining the skill and confidence to do so.

The concept of adolescence as a distinct phase of development is relatively recent. Prior to the turn of the century, adolescents were considered smaller versions of adults. Western societies then began to afford adolescents some reprieve from adult responsibilities. Educational expectations expanded, along with a corresponding delay in gainful employment. Secondary education was increasingly supported for all young people, and today most young people attend college, as well. In addition, the development of the juvenile justice system signals the recognition that adolescents do not bear the same level of culpability for criminal acts as do adults. Recently, evidence of significant neural development continuing into the third decade of life was presented in the case against capital punishment for children under eighteen years of age.

In addition to being recognized as a unique period of development, adolescence is increasingly recognized as a unique period for the development of psychopathology. It was long believed that major mental illnesses typically had their onset during early adulthood. However, there is an increasing body of literature tracing early signs of psychosis and mood disorder to adolescence. From the other end of the developmental spectrum, Attention Deficit Hyperactivity Disorder, once believed to typically resolve by adolescence, is increasingly recognized as a persistent problem through adolescence and into

adulthood. In each case, the signs and symptoms of the disorders are altered during adolescence, and can present a diagnostic challenge. Psychiatrists skilled in establishing a rapport with adolescents and in evaluating their psychiatric conditions are needed.

However, adolescents with psychiatric conditions are an underserved population. Sound methods of sampling and assessment have estimated that the prevalence of functionally impairing mental disorders in children and adolescents is approximately 20%, and that only about 20% of those affected receive any type of mental health intervention. The need for more trained psychiatrists is being recognized in the popular press. CNN has reported that psychotropic medications are being prescribed by practitioners with inadequate training and experience, such as pediatricians or primary care physicians. Recognition of the need for trained psychiatrists is also evident in efforts by several states to encourage the practice of tele-psychiatry to fill the void.

Despite the obvious need, a shortage in child and adolescent psychiatrists has long been recognized, and is likely to persist. The United States Bureau of Health Professions projects that by 2020, there will only be enough child and adolescent psychiatrists to meet two thirds of the demand. The Bureau projects a 100% increase in the use of child and adolescent psychiatrists, compared to an increase of 19% in the use of general psychiatrists. However, during the 1990's, the number of child and adolescent psychiatry residency positions and training programs actually decreased. General psychiatrists with interest and experience in treating adolescents have the opportunity to expand their practice, while providing a needed service to their communities.

Since child and adolescent psychiatry has been recognized as a subspecialty by the American Board of Psychiatry and Neurology, some general psychiatrists have been reluctant to work with minors. However, general psychiatrists can help to

fill the need by obtaining training and experience in the assessment and treatment of adolescents. One avenue is to complete a fellowship in child and adolescent psychiatry. However, a two year fellowship carries a cost in time and potential earnings that is prohibitive to mid-career practitioners.



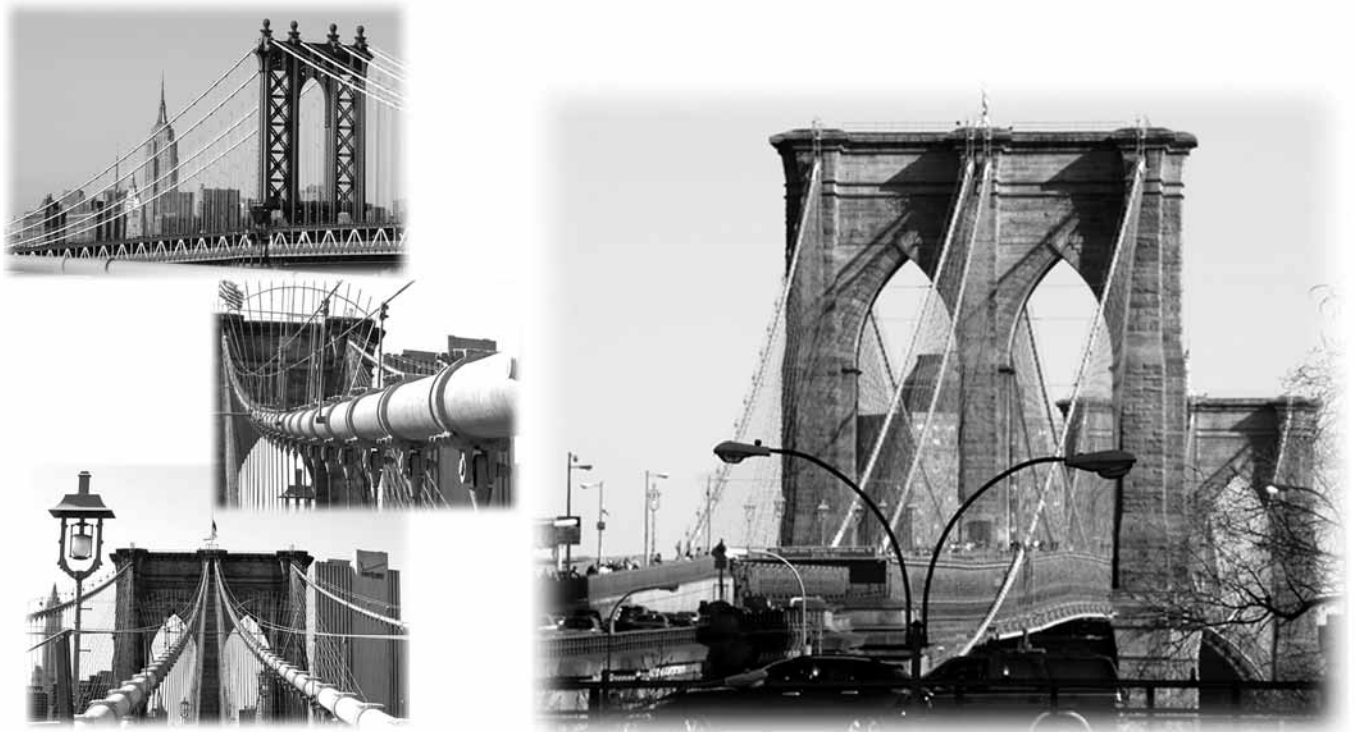
Another avenue is to take advantage of professional organizations which offer continuing medical education opportunities. The American Society for Adolescent Psychiatry is the only organization dedicated to adolescent psychiatry, and it offers membership to general psychiatrists, as well as to child and adolescent psychiatrists. Its annual meeting provides approximately 25 hours of CME in adolescent psychiatry. The Annals of the American Society for Adolescent Psychiatry published annually provides a more in depth treatment of some of the subject matter of the annual meeting. The organization also provides opportunities to boost practitioners' credentials. The Society is a medium-sized, national organization with readily available leadership opportunities, such as Committees on Education or on Topical Studies. If the practitioner desires further validation of their expertise, the Society supports the American Board for Adolescent Psychiatry, which offers an examination to obtain board certification.

The American Society for Adolescent Psychiatry offers a supportive, collegial atmosphere, in which experienced clinicians and researchers readily share their expertise. It is a particularly valuable resource for the general psychiatrist who has the temperament and the inclination to work with teens and young adults. Many of the Society's senior members can attest to

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*Brooklyn and Manhattan Bridges 2007*

*Photos by Robert Sobel, MD*



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## Maimonides: The Scientist, Sage and Physician

A legendary figure, visionary, a prolific writer on subjects ranging from physics to Jewish laws, from Biblical exegesis to theology to psychology and from philosophy to medicine, Maimonides was born in Cordoba, Spain in 1135 and died in Cairo, Egypt in 1204. His writings carried the imprints of Greek and Islamic traditions melded into the Jewish conventions. Spain in the twelfth century was the center of scientific and religious scholarship, where there was free exchange of topics, and cross fertilization of opinions. Maimonides' "Guide for the Perplexed" is a primary text which has been well translated and commented upon in English and is a good window into the mind of the great philosopher. Shlomo Pines' "Translator's Introduction" to his edition of the Guide, a well known and commonly cited essay in which he addresses the Greek and Islamic sources at play in Maimonides' thought. His philosophy is deeply imbued with Neoplatonic metaphysical notions such as emanations and Divine transcendence. Maimonides was interested in understanding the relationship between philosophy and religion. Following on Biblical, Neoplatonic and Aristotelian insights, Maimonides' God is an absolutely simple, necessary, and completely uncaused unity. In this respect, he follows on the Islamic and Neoplatonic traditions envisioning God as the purest of the unlimited being that transcends any internal divisions. God, as a subject defies the normal parameters of language and conceptualization. Maimonides' first major work, begun at age twenty three and completed ten years later, was an Arabic commentary on the Mishna. His other writings included a monumental code of Jewish Law called the Mishneh Torah (In Hebrew) and a classic work of religious philosophy, the Guide of the Perplexed (in Arabic), which was influenced by the teachings of Aristotle and called for a more rational approach to Judaism. It also sought to reconcile science, philosophy and religion. In 1148, when Maimonides was only 13 years old, due to political and religious upheavals and regime changes, he along with many others, had to drift from town to town in search of peace and safety.

After 12 years of wandering the family finally settled in Fez, Morocco. During this period he wrote a treaties on the Jewish calender and began his commentary on the Mishnah, a codification of the Jewish oral Law, arranged according to subjects. After a few years he left Fez for Palestine arriving at Accre in 1165, he visited many holy places of ancient Jewish history. His sojourn in Palestine was brief. The next year the family moved to al-Fustat (old Cairo, Egypt), there he was to remain for the rest of his life.

After the death of his father in 1166 the family was supported for a time by Maimonides' younger brother, David. David died by drowning while on a business voyage to the Indies. The loss of the family resources as well of those of other investors, forced Maimonides into a career of medicine in which he soon excelled. He became the personal physician of al-qadi al-Fadil the Vazier of Saladin. It is said that King Richard "the Lion-hearted" had offered Maimonides to become the royal physician in his court in England but he declined the offer. He, however, accepted the appointment as head of all the Jewish community in Egypt, a position which he held until his death on December, 13th 1204. After a period of mourning, his body was transported from Egypt to Palestine and buried at Tiberias in Galilee.

The major work of Maimonides, *The Guide for the Perplexed*, was completed in 1190 and published in Arabic. In this work Maimonides tried to reconcile faith and reason. It was written for those who possessed the knowledge of the Jewish faith, mathematics, and logic but who, having little or no knowledge of physics and metaphysics, believed that religion and philosophy contradicted each other. Maimonides believed that philosophy, properly understood and used, supported rather than destroyed the faith. In order to demonstrate this, he incorporated many of the arguments for the existence of God and the nature of the human soul found in such Arabian philosophers as al-Farabi and Avicenna. Where philosophical demonstration was inconclusive, as in establishing the concept of eternity or the doctrine of

creation, he relied on the surer teachings of revelation, in the scriptures.

His *Guide* became the fundamental text for the medieval Jewish philosophy. Here a quote from the Sage will be appropriate:

"Teach thy tongue to say I do not know and thou shalt progress." Maimonides' full name was Moshe Ben Maimon. In Arabic he is fondly called: Abu Imran Musa Bin Maimun Ibne Abdullah al-qurtubi al-Israili. However, he is commonly known by his Greek name, Moses Maimonides, which means Moses son of Maimon.

Despite a busy medical practice, Maimonides continued to pursue his religious and philosophical studies. In the Mishneh Torah he organized, edited, summarized and codified the immense collection of laws, customs, opinions and regulations found in the existing Jewish scripture. This work of fourteen books remains one of the major sources of Jewish theology. Most of his works were written in Arabic, however Mishneh Torah was written in Hebrew.

A total of ten medical works of Maimonides, all written in Arabic, have been well preserved and authenticated. In the Journal of Islamic Medical Association Vol 38, 2006- pages 23—26 the following list of his medical writings, has been compiled by H.M. Raddawi, M.D, Clinical Associate Professor of Medicine, University of Illinois College of Medicine:

1. al-Mukhtasarat: The extracts. These are selected compilation of the works of Galen.
2. Fusul Musa Fi al-tibb: The medical aphorisms of Moses. Composed between 1187 and 1119, was Maimonides' most popular medical composition, consisting of 25 chapters, including over 1,500 aphorisms. In this he quotes Galen, and writers such as ibn Zuhr, al-Tamimi, Ibn



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## The Civil Commitment of Sex Offenders

In this report of the 2007 Spring APA Area II Council Meeting I am concentrating on the civil commitment of sex offenders because it was the major point of discussion in the Public Psychiatry Committee. It was also discussed in the Council session and the New York State Psychiatric Association's President, Deborah Cross, had written an important letter to the Governor about the Bill (from which I have quoted liberally).

The Bill, The Sex Offender Management and Treatment Act, has been passed and it is not quite as bad as previous versions. It does include two provisions that NYSPA had recommended: if "treatment" was the official justification for putting sex offenders in Mental Hospitals then surely it should start as soon as they are convicted and not wait until after their prison terms had finished. The Bill does establish a sex offender treatment program under the Department of Correction that will be made available to inmates serving sentences for felony sex offenses.

The Bill also includes enhanced criminal sentences and mandatory minimum periods of post-sentence supervision; a partial response to NYSPA's recommendation of indeterminate sentences to last until those convicted were determined to be safe for release. The main problem with the Bill is its

basis for civil retention: "mental abnormality" defined as "...a condition...that predisposes him or her to the commission of...a sex offense". Unfortunately, the Supreme Court in reference to the Kansas commitment law said that the Legislature is free to decide its own definition of mental disability, independent of science. It can say that, by definition, rape is mental disability - or abnormality. As Dr Cross said: "the bill creates an improper and inappropriate link between persons with mental illness and sexually predatory behavior and can only enhance the stigma currently associated with mental illness by identifying criminal behavior as mental illness".

Although the program is within the Office of Mental Health it creates "secure treatment facilities" that "shall not be considered...as hospitals". Thus "dangerous sex offenders requiring confinement" are neither prisoners nor patients and they will be confined in facilities that are neither prisons nor hospitals!

And then there is the cost: estimated to be \$200,000 per year per person, with 200 prison releases per year entering the program, after ten years it could be \$400 million annually. There is one sentence in the bill on the Legislative Intent saying that it should not take away from the purpose of

the Office of Mental Health. But this level of funding will surely be "an unstoppable competitor for community funds and could swallow up mental health funding".

There is no doubt that dangerous sex offenders are a serious problem and that trials of pedophiles can be very difficult with the requirement for testimony from children. (And there are some sex offenders who do have a mental illness and are appropriately retained under the previous civil commitment laws.) But to use junk science and Alice-in-Wonderland definitions to avoid facing these difficulties and dump the problem and the stigma on the mentally ill and their services is a cruel negation of responsibility by the Legislature.

Now that the law is passed we have to work with it. The Committee on Public Psychiatry decided to recommend that NYSPA should be active in working with the legislature and government in producing the regulations that will follow from the Bill despite opposition to the concept. ▲

*Nigel Bark*



### Maimonides, cont'd.

Wafid, Ibn Rizwan, and al-Farabi. The book was translated from Arabic to Latin and Hebrew.

- Sharh Fusul aburqat: Commentary on the aphorisms of Hippocrates. It was divided into seven books
- Fi al-jima: On coitus/intercourse. Two treatises were written on sexual hygiene and aphrodisiac remedies.
- Fi al-bawasir : On hemorrhoids. Composed in 1187 on the management of hemorrhoids.
- Maqala fi al-Rabw: A discourse on Asthma. Written in 1190, it outlines symptoms, treatment and prevention.
- Kitab al-sumum wa al-mutaharriz min al-adwiya al-qattala: A book on Poisons and

Protection against Lethal drugs. Written in 1198, it discusses organic and inorganic poisons, their toxicity, antidotes, and remedies as well as general advice on emergency measures.

8. Sharh asma al-uqqar: Commentary on the names of drugs. This work, which was cited by ibn Abi Usaybia, was recently discovered in the library of the Aya Sofia in Istanbul. It contains 2,000 names of drugs listed alphabetically in Arabic.

- Fi tadbir al-sihha: On the regimen of health.
- Maqala fi bayan bad al-a rad wa al-Jawab anha: A treatise in elucidation of symptoms and the response to them. A compilation of detailed answers to specific questions posed by the ailing King al-afdal ibn

Saladin.

The last two treatises are available in original manuscripts at the Bodleian Library in Oxford. ▲

*Syed Abdullah, M.D.*

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- Bloch, S: Moses Maimonides' contribution to the biopsychosocial approach in clinical medicine. Lancet. 2001Sept8; 358 (9284): 829-32.
- Stanford Encyclopedia of Philosophy.

Other references available upon request.

*National Depression Screening Day*  
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THE WEST HUDSON PSYCHIATRIC SOCIETY

presents

## THE FALL EDUCATIONAL MEETING

Guest Speakers:

***Jack Wei-Sen Horng, M.D., F.C.C.P.***

Director, Secour Sleep Disorder Institute at Good Samaritan Hospital

and

***Lauren Broch, Ph.D.***

Associate Director, Sleep Disorder Institute, Good Samaritan Hospital

Presenting the topic:

## The A to Zzzz's of Sleep Disorders

Meeting Date: Friday, May 11, 2007

Time: 6:00-9:00 PM Dinner

WHPS business meeting

Presentation by Drs. Broch and Horng

Location: La Terrazza Restaurant, 291 South Main Street, New City, NY 10956

Tel: 845-638-0757

**Directions:** Take the NY Thruway to Exit 13N (Palisades Pkwy - PIP) and proceed to Exit 10 (Nanuet/ New City) Off Exit 10 turn LEFT at traffic light. Proceed to next traffic light and turn RIGHT onto Little Tor Rd. Go approximately one mile on Little Tor to third traffic light and turn RIGHT on Collyer Ave (Rt 76). Proceed to traffic light (road ends) and turn LEFT onto Main Street. La Terrazza is on LEFT across from the A&P.

There will be a charge of \$25 per person for this event (members and non-members).

Please RSVP before May 1, 2007 by leaving a message with Dr. Lois Kroplick 845-362-4215 or Dr. Jane Kelman, 845-638-2626

Checks (payable to West Hudson Psychiatric Society) must be received by May 1, 2007 to reserve your place: Send payment to: Jane Kelman, M.D. 120 N Main St. Fourth Floor New City, NY 10956

**Please note:** Attendees will receive 1.0 CME Credit Hours \*\*

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*The Insanity Defense, cont'd.*

believed that he was doing the work of God and thus could not appreciate that his conduct was morally wrong. I approached the evaluation of Mr. Demagall and the records from a slightly different perspective. I attempted to assess whether Mr. Demagall's actions during and after the crime indicated that he fully appreciated that what he was doing was legally wrong. But I also decided to assess whether his actions at and after the crime indicated to me that he was quite aware that he was doing something illegal and, whether those actions would indicate that he was not simply on a "God-driven mission."

It was fascinating to me to discover that after killing the victim, Mr. Demagall "stole" money and other of the victim's possessions, then put the victim's body on a sofa, covering him up to his neck with a blanket, "so that he would look like he was sleeping if someone looked into his windows," set fire to the room that the victim was in, and then locked all of the doors to the house before leaving the house. I also learned that he specifically donned a torn, yellow shirt that he had taken from the victim's home, "so that when I walked slowly down the street away from the house, people would think I was simply someone taking a walk." He then called his cousin, asking for a ride "out of

town," to a motel. When he attempted to trade some of his possessions for medication at a pharmacy, the pharmacist became suspicious and called the police. When the police approached him, he showed them ID, that he had stolen from his cousin, and attempted to mislead the police by giving them his cousin's name instead of his own

From this information, I concluded that, irrespective of Mr. Demagall's assertions that he was "on a mission from God," his actions belied that assertion. Mr Demagall clearly and unequivocally knew and appreciated that he was engaging in an illegal act, since he attempted to cover up the crime and to present himself in such a way that he would not be seen as fleeing from the crime scene, and, attempted to give the police a false identity. That, certainly, indicates a "guilty mind." I also concluded that it is inconceivable and contradictory that an individual working under the "auspices of God" would steal, attempt to cover up the crime and misrepresent himself to the police. Why would someone in the service of God, have to do that?

The case went to trial and Mr. Demagall was found guilty on all counts.

I present this information in order to demonstrate how complex the insanity

defense actually is, and that an individual is not absolved from his/her crime simply by claiming that they are acting "under some moral concept" while being aware that their actions were illegal. As the Court held, "were that to be the law, killers believing they possess a moral mandate to defend the 'unborn,' would be excused from legal responsibility for homicides of physicians performing abortions." Indeed, following this reasoning, vigilantism by mentally ill persons would be excused. The insanity defense has been around since, at least, the 1400's and was formally codified in British common law in the 1800's. Yet, it still possesses nuances and interpretations, that we grapple with to the present day. ▲

*Alan J. Tuckman, M.D.*

*Psychiatrists, cont'd.*

the personal and professional satisfactions of caring for these youngsters, and setting the tone for how they will cope with the challenges of mental disorders throughout their adult lives. Interested psychiatrists can learn more about the Society at [www.adolpsych.org](http://www.adolpsych.org), or can contact me directly at [drferro@optonline.net](mailto:drferro@optonline.net). ▲

*Dominic Ferro, M.D.*

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