It is ethical to diagnose a public figure one hasn't personally examined

Summary-Should psychiatrists be able to speculate in the press or social media about their theories? Professor John Gartner argues the risk to warn the public of concerns about public figures overrides the duty of confidentiality; whilst Dr. Alex Langford suggests this is beyond the ethical remit of psychiatric practice.

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It is acceptable for mental health professionals to propose a diagnosis in a public figure they have not examined personally?

"I think a guy running for office who says exactly what he really thinks would astound a hell of a lot of people around the country". The words of an anti-establishment maverick businessman turned politician, standing as the republican candidate for the US Presidency. Public disquiet about his mental health leads to psychiatrists speculating about potential psychiatric diagnoses.

This is 1964, the candidate is Barry Goldwater and the case leads to the American Psychiatric Association (APA) stating that "it is unethical for a psychiatrist to offer a professional opinion unless he or she has conducted an examination and has been granted proper authorisation for such a statement." During his tenure as President of the Royal College of Psychiatrists Simon Wessley suggested UK psychiatrists should abide by the same principal.

However on both sides of the Atlantic speculation about the mental health of public figures is rife. When this debate was commissioned the aim was to avoid a focus on Donald Trump, but it became apparent that this would be disingenuous; it is Trump who is taxing the limits of Goldwater and Trump is the reason this issue is being discussed.

Here, US and UK psychiatrists-Professor John Gartner and Alex Langford-debate the ethical principles and practical implications of abiding with the Goldwater rule or UK equivalent. Should speculation about diagnosis be limited to the individual's doctor with their consent; or is there a duty to warn the public if we are concerned about the mental health of our leaders?

It is acceptable for mental health professionals to propose a diagnosis in a public figure they have not examined personally.

John Gartner, Ph.D.

In 1964, a now defunct magazine, *Fact*, published a survey of psychiatrists weighing in on the mental health of then presidential candidate Barry Goldwater: "1,189 psychiatrists say Goldwater is psychologically unfit to be president!" Goldwater lost the election, in part because his opponent, Johnson, exploited the image of Goldwater as an unstable finger on the nuclear button. But after the election Goldwater won his libel suit against the magazine. Embarrassed by the incident, the American Psychiatric Association adopted the

principle that a psychiatrist should not diagnose a public figure unless they had both personally examined them and received their permission.

Few in the general public had ever heard of this obscure rule until the emergence of Donald Trump. Many mental health professionals felt they had a "duty to warn" the public about the frank signs of dangerous mental disturbance they saw in Trump, just as they have an ethical and legal statutory "duty to warn" any potential victims of violence who might be threatened by one of their patients. This ran afoul of the Goldwater rule, precipitating enormous controversy and debate, not only within the profession, but in the U.S. media, as well as that of other countries, including the UK.

Duty To Warn, an association of mental health professionals that I lead, advocates for Trump's removal on the grounds that he is dangerously psychologically disordered and unfit, arguing that warning the public about a dangerous president trumps the Goldwater rule.

Goldwater was intended to be a "principle" not a "rule"

When I spoke with Dr. Allen Dyer, the last living member of the original APA ethics committee that drafted Goldwater in 1974, he said the current interpretation of Goldwater had drifted far from the framers intentions. Goldwater was meant to be a "principle," that professionals needed to keep in mind, not a "rule" to be followed slavishly in all circumstances. The "Goldwater Principle" has been "ossified," applying "rule-based legalistic thinking to a matter of professional judgment."

In ethics there is often a conflict between two competing principles. “There might be a conflict within the conscience of a particular psychiatrist between the principle of restraint and a more overriding principle, like the duty to warn” he said. The resolution of that conflict should be “up to the professional judgment of the individual professional.” Therefore, Goldwater should not “constrain psychiatrists from making a useful contribution to society” if that means warning about a “potentially dangerous president.” The Goldwater principle was not intended as “a gag order.”

This May, the APA expanded Goldwater, barring not just diagnosis, but the “rendering any professional opinion” whatsoever about a public figure. Dr. Rebecca Brendel, of Harvard, a consultant to the APA ethics committee, wrote: “even if a “psychiatrist, in good faith, believes a public individual poses a threat to the country or national security,” he should remain silent. (1)

More important than national security?

Imagine a gunman entering the New York Public library, brandishing a pistol. If a patron shouted “call the police,” librarian Brendel would chastise them: “Sir, you must remain silent. No speaking allowed in the library” Yes, that *is* a rule—but no sane person would follow it under those circumstances.

Unfortunately, this analogy understates our actual situation. Trump is brandishing, not just a gun, but nuclear weapons, and he is threatening to “destroy the country of North Korea.” See something, say nothing, would appear to be the current national security policy of the APA

2) **An accurate diagnosis does not necessarily require a psychiatric interview**.

The critical comments about Goldwater in *Fact Magazine*, took place in "the era of DSM-II, which was theoretically based, relying largely on psychoanalytic theory," wrote Dyer. (2) Charges such as he was "scarred by his potty training" or a "latent homosexual" were "frivolous extrapolations that had no basis in reality." "We might have written the principle differently if DSM III had existed at that time," said Dyer. "We might not have made such a hard and fast stand on interviewing the patient," as a necessary condition for making a public statement. Because "then it would be possible to explain to the public our evidence and rationale."

The goal of DSM III was to establish diagnostic criteria that were behaviorally observable and didn't rely either on a clinician's theoretical outlook or inferences about internal psychic processes. From that, it logically follows that if I could directly observe a patient's behavior, read his communications, and hear from close informants, I would be able to make a valid diagnosis. In the case of Donald Trump, I have observed literally hundreds of hours of Donald Trump's behavior. I have read thousands of his Tweets. And I have read the testimony of dozens of informants. I would dare say I have a stronger basis for diagnosing Trump than most of the patients in my practice.

"The Goldwater Rule privileges the personal interview as the standard by which a practitioner may form professional opinions," wrote Kroll and Pouncey, (3) even though research shows the psychiatric interview is not the magic Rosetta Stone to divining a patient's illness. "Personal examinations are notoriously flawed… because of conscious (intentional) and unconscious distortions" In particular, patients with severe personality disorders, like Trump, are famously adept at fooling and manipulating others, including therapists. History, records, informants, and if possible direct observation, can be far more reliable.

Bandy Lee wrote: "possibly the oddest experience in my career as a psychiatrist has been to find that the only people not allowed to speak on an issue are those who know the most about it. Hence, truth is suppressed." (4) If the only people not allowed to comment on climate change were climate scientists, society would always be kept in the dark. Blindly following Goldwater legalistically paints us into a logical corner—a reductio ad absurdum. Since, Trump will never voluntarily consent to a psychiatric interview, the truth about his psychiatric state becomes an unknowable mystery, or simply a matter of opinion, like the existence of God. No matter how grossly impaired Trump is, or becomes, no matter how overwhelming the evidence, reality will always be unknowable, even when the emperor clearly has no sanity.

We now live in a pre-Fascistic society, where the press, science, and facts in general are dismissed as fake news. Forces on the right have exploited Goldwater to mean since it is impossible to know whether Trump is truly ill or

dangerous, all who speak out--even if they speak the truth--can be dismissed as unethical partisan liars who should be discredited and punished.

3) **Diagnosis can be essential information for the public's safety**

One of the common arguments against diagnosing Trump is that it is unnecessary. The public can observe his behavior for themselves, the argument goes, and throwing in a diagnosis doesn't add anything useful to the public debate. On the face of it, it's really hard to believe that our decades, centuries really, of research and clinical experience have no information value.

But more specifically, we know in both psychiatry and medicine, diagnosis yields information about prognosis. Before the election, I wrote in the *Huffington Post* (2016) that Trump was a malignant narcissist. (5) At that point, in June of 2016, there was still a strong hope that Trump would "pivot" and become more "presidential." I wrote, "the idea that Trump is going to settle down and become presidential when he achieves power is wishful thinking. Success emboldens malignant narcissists to become even more grandiose, reckless and aggressive. Sure enough, after winning the nomination, there has been no 'pivot' towards more reasonable behavior and ideas, just the opposite. He has become more shrill, combative and openly racist."

And since winning the election he has, predictably, deteriorated further.

Imagine a different 2016, one where the public had been adequately informed that, contrary to their optimistic hopes, based on his diagnosis, it was far more likely he would become much worse. If the public had been allowed to receive that information, history might have turned out very differently.

4) **You don't have to diagnose to warn.**

Many psychiatrists have endeavored to resolve the Goldwater dilemma by refusing to diagnose him, often explicitly stating, "I haven't personally examined him so I can't render a diagnosis, *but* …. "

In some cases, they have educated the public about the diagnostic criteria for various disorders, such as Narcissistic Personality Disorder, for example, and let readers draw their own conclusions.

Others have put aside diagnosis all together, to focus on the many behaviors that are clear warning signs of dangerousness: lying, impulsivity, a pervasive pattern of exploiting and violating the rights of others, a history of violating norms, lack of remorse, paranoid thinking, and incitement to violence.

In the end, this is really the bottom line. The duty to warn doesn't require a multi-axial diagnosis, but it does require you to warn individuals who are at risk. If someone is bringing a gun to your house, you need only know someone is bringing a gun to your house, regardless of their diagnosis. What the public needs to know about Donald Trump is that he is dangerous.

But when the American Psychiatric Association broadened Goldwater to forbid rendering any "professional opinion" whatsoever about a public figure they made it impossible for a psychiatrist to resolve this ethical dilemma in any way but silence.

Thus, if you consider silence in the face of rising Fascism to be unethical, then the only way to adhere to APA ethics is to behave unethically.

5) **The interest of the public has been sacrificed to protect the psychiatric guild.**

"There may be interests in society that are at odds with the interests of the profession." Dyer said in an article about Goldwater in the *Washington Diplomat* (2017). (6) The author summarizes Dyer's position as: "The rule was crafted in part to protect the guild." Embarrassed by the Goldwater incident, the APA feared reckless public statements could diminish the credibility of the profession. But even the most responsible and well-documented statements about public figures are bound to antagonize *someone*, so speaking out is a no-win for the guild under any circumstances.

Psychiatrist John Zinner told *The New Yorker* (2017) that the Goldwater rule is "utterly disingenuous." (7) Zinner reported that at a meeting of the Washington Psychiatric Society in March 2017, a "high official" of the APA, "defended keeping the Goldwater Rule in place, on the theory that if psychiatrists spoke out against Trump, the government would retaliate by reducing reimbursements to doctors for psychiatric treatment. 'It was really not out of ethical concern,' Zinner said, but, rather, 'concern for our pocketbooks.'"

This simple “pocket book” explanation—and in science the simplest explanation is usually the right one -- makes far more sense than the contorted logic offered by Goldwater defenders. But to the extent that the profession is choosing it’s own interests over that of the public, to that same degree the Goldwater rule is an example of APA corruption, not ethics.

The German Psychiatric Association said nothing during the rise of Hitler. Should they be our moral role models? As a Jew, I was raised with the mantra “Never again,” which means it is a grave and terrible sin to be silent in the face of rising Fascism. Professional silence in the face of evil and madness has real world consequences. We may soon be at war with North Korea, and I contend the blood of Trump’s future martyrs drips from the hands of the American Psychiatric Association.

There is a clinical truism: We often bring about the very thing we fear. In an effort to avoid “embarrassing the profession” the APA has stained it with eternal shame.

Rebuttal Alex Langford

I thank Professor Gartner for his views, but I feel he fundamentally misjudges the role of psychiatry in the modern world. The Goldwater Rule, and the many variations of it that are observed by psychiatric organisations around the world, do not shame our profession. Desisting from speculation about diagnoses of public figures is an important and powerful demonstration of ethically informed practice. It also goes some way to addressing some of the more shameful historical practices of psychiatry, and brings us closer to a less stigmatising, more educated and ultimately hopeful future.

To begin with an obvious point, all medical professionals have a central duty to maintain confidentiality. This protects the private information of individual patients, but also our own reputation. Doctors are routinely found to be highly trustworthy in the eyes of an increasingly cynical public. If we loosen our ethical restrictions on the public discussion of medical information, we not only risk scaring away the patients we already have, but also risk the possibility of potential future patients feeling less inclined to see us. In psychiatry more than any other speciality, we should acknowledge the shame and fear that accompanies illness; trustworthiness is an essential prerequisite for an open, therapeutic relationship.

Professor Gartner offers an analogy to support public discussion of diagnosis; namely that of climate change experts not being allowed to talk about climate change. But it doesn't hold up. Psychiatrists frequently discuss mental illnesses,

in a general sense, in print and broadcast media and should be congratulated for doing so. This educates the public about what mental illness is, breaks down stigma, and encourages people to get help. It promotes the use of sensible, careful diagnosis in an appropriate setting.

But discussing the mental health of an individual, not least of someone that you have not met, is a different proposition entirely. This seemingly condones, if not endorses, wild speculation on diagnoses by unqualified people, which has implications. Guesses on social media about possible diagnoses of Trump have included everything from OCD (8) to delusional disorder, with seemingly no realisation that these entities are not just likely to be wildly incorrect, but may have a shaming, belittling effect on people who really do have these conditions. The public will assume that we take a similarly rash and assumptive approach to diagnosing patients in clinic.

The casual use of mental health terminology can quickly become pejorative, as the British tabloid press have demonstrated. The classic “Bonkers Bruno” (9) and the more recent “1,200 Killed by Mental Patients” (10) headlines will only be more likely to be repeated if we openly condone discussion of the mental health of people we’ve never even met.

Professor Gartner writes as if he has forgotten that the Goldwater Rule was established because idle, public conjecturing about a man’s mental health may have cost him the presidency. The rule has cut down on such talk, but the

stigma, which results from it, has been less easy to eradicate. Thomas Eagleton withdrew as a vice presidential candidate in 1972 as he happened to have an undisclosed history of depression (11). British members of parliament have only recently felt that the time is right to disclose their own histories of mental illness (12).

Certainly, psychiatrists, like all doctors, have a duty to break confidentiality when an imminent or severe risk is posed. This is not hard to justify, and the UK General Medical Council very clearly allows for such actions. However, such allowances were only ever envisaged as applying to the doctor-patient dyad, not the doctor-public figure dyad (13). Openly commenting on the potential mental disorder of a public figure because of perceived risk is far less defensible. Professor Gartner likens this to not being able to shout for help when a gunman enters a library. But this analogy doesn't hold, because guns and mental disorders are different things. The former is a potential method of carrying out harm, and the latter is a complex, dynamic psychological state that might or might not increase the likelihood of the method being applied. Guns kill people, but mental disorders, without a method through which to act, do not. The situations where the GMC does deem it justifiable to breach confidentiality are usually around the disclosure of a method of harm (i.e. driving when medically unfit, or a stabbing or gunshot wound) rather than particular disorders. To hijack the analogy, if a man holding a gun enters a library, of course it is alright to shout for help. But if a man with a mental illness enters a library, you don't need to

shout for help unless they are holding a gun, in which case you'd shout about the gun. It is hard to see how disclosing the full psychiatric history of the gunman to the public would add much to their decision making process.

Often, the psychopathology of the person in question is quite clear to the public anyway, and despite our airs of expertise, a psychiatric label adds nothing meaningful to their appraisal of risk. We can illustrate this with Trump. The whole world is aware of the risks he poses, as well as the cause of those risks; namely his frankly repulsive personality. I cannot comprehend how rolling up all his behaviours and traits into a label, narcissistic personality disorder, and giving it back to the public with an "expert" warning, should constitute a better judge of the risks he poses than the judgment that has already taken place. Because – and this is important – the American people had a lengthy and excruciating exposure to his words and deeds during the presidential campaigning period. And then they voted for him.

Professor Gartner rightly fears fascism. Yet there are few more characteristically totalitarian acts than removing people from the sphere of political influence based on a psychiatric opinion that constitutes nothing more than those people's unpopular views recast as mental illness. Examples of the political abuses of psychiatry are countless. The Soviet Union and China both incarcerated dissidents as "sluggish schizophrenics" in their dozens (14), and Black Americans were hospitalised in the 1960s for espousing civil rights ideas (15).

However laudable Professor Gartner's aims, it cannot be ignored that issues of public diagnosis only arise when we are confronted by a political landscape that we don't agree with. John McCain, a far more respected politician than Trump, has recently been diagnosed with a brain tumour yet continues to hold his position without challenge, presumably because the medical establishment agrees with his more liberal views.

Neurologists would never dream of publically discussing McCain's brain tumour with respect to his ability to do his job, just like chest physicians would have been met with disdain for suggesting that Hillary Clinton's campaign bout of pneumonia made her unfit for office. No other speciality would do this, because they recognise the difference between signs of ill health and political behaviour that they do not agree with. Only in psychiatry do we ever feel the need to conflate immorality with illness, and it has done us no good at all.

A diagnosis is not primarily meant to gauge risk, but to help the person that receives it. It is meant to be the start of a journey to recovery, via psychoeducation, understanding oneself, and empowerment to change. Even when the person receiving the diagnosis doesn't feel they have a problem or doesn't want to change, for example the prisoner with antisocial traits, it is still used to guide their management in a way that may eventually help them, for example by repeated attempts to engage them in structured, psychologically-minded interventions.

There are plenty of better ways to achieve the political ends we favour than tendentious psychiatric labelling. For example, the aggressive and persistent use of the very same levers of democracy - laws, rights and ballot boxes - that were used in the creation of the problem.

The saddest irony of attacking politicians we don't like by calling them mentally ill is that it risks turning our young people away from politics because they have mental health problems of their own. There may be incredible 50th president of the USA out there, deciding not to join the party of her leaning because she fears that her teenage psychotic episode will be discovered. That is not the world I want to help create.

The acid test of whether public diagnosis is an idea worth defending is in its application. The movement to label and remove Donald Trump from office has been in progress since the day he entered that same office. The possibility of him being dragged from power on psychiatric grounds remains as fanciful as it was on that first day, and the collateral damage to our patients and profession, as described above, has been widespread.

Professor Gartner response

We are fiddling with Goldwater while the world burns.

In this prestigious academic journal, we are, appropriately enough, one would think, having an academic debate about an abstract ethical principle. But if we put this problem in its true context, such an approach is dangerously absurd.

We are not facing an abstract principle. We are facing a specific concrete crisis that literally threatens to engulf the world in flames.

This situation is unprecedented--sui generis, and thus endeavouring to draw on past precedents, like an election from 1964, is wildly off the mark. The U.S. has gone, almost overnight, from being the cornerstone of the post World War II global architecture, containing Russia and other potential bad actors, in alliance with Western allies like the UK, in support of peace, stability and democratic values to a rogue pre-authoritarian state shredding our alliance to do the bidding of Vladimir Putin. In one year we've gone from a president who won a Nobel Peace prize to one who threatens to impulsively start World War III, and who is afraid to visit London because he is so virulently hated there.

We've never had a U.S. president who is so deeply and dangerously psychologically disordered and unfit. Lincoln was depressed. Clinton was hypomanic. But not all mental illnesses are created equal. Trump's level of disturbance is of a higher order of magnitude by a factor of 10--the greatest psychiatric emergency of the 21st century, maybe even in history. Yet, nowhere is there a psychiatrist to be found who will even make a peep.

One of the “Goldwater fallacies” that angers me most is the “psychiatry has nothing to add” defence. The truth of Trump’s bad behaviour, they argue, speaks for itself. So, no need for us to speak up. To quote my debate opponent “the psychopathology of the person in question is quite clear to the public anyway, and despite our airs of expertise, a psychiatric label adds nothing meaningful to their appraisal of risk.” I invite you to come to the U.S. for a while and see if truth speaks for itself. Truth itself is under attack here. An unholy alliance between a psychopathic president, a corrupt supine Republican party and massive right wing/Russian misinformation propaganda machine has convinced a third of America that Russia didn’t even interfere with out election, and the real criminal is Christopher Steele, the British intelligence agent who warned us we were under attack. When real news is “fake news” and the president tweets bizarre conspiracy theories from racist websites, we are in George Orwell territory. Orwell said, “In a time of universal deceit — telling the truth is a revolutionary act.” Truth doesn’t defend itself. And brave psychiatric revolutionaries seem to be in short supply.

On one hand, we’re forbidden from diagnosing Trump “from a distance.” But on the other, Trump will never consent to being formally examined up close. He recently had a physical and there was no evaluation by a psychiatrist, and no mental health tests employed, except a screening exam for frank dementia. If any other American had access to weapons and was threatening to use them,

while showing increasing signs of instability, anger, paranoia, feelings of persecution, and cognitive confusion, they would be involuntarily committed for psychiatric evaluation. Dr. Bandy Lee, the professor of psychiatry at Yale who edited the bestselling book, The Dangerous Case of Donald Trump, has seriously proposed Trump meets standards for commitment and should be required to undergo psychiatric evaluation, whether he wants to or not. I can't say I disagree.

I compared enforcing the Goldwater gag order in the case of Trump to a situation where an armed gunman enters a library announcing "everyone here is going to die today," and when a patron shouts out, "someone call the police," the librarian scolds "this is a library you must remain silent."

Only in this case, the man is threatening to murder an entire country. The misguided librarian is the American Psychiatric Association. And we can't call the authorities because the homicidal patient is the authorities.

The only thing we can do is speak out

To be silent is a choice. To say psychiatry has no value to add to the discussion is a transparently cowardly excuse to justify that silence

Alex Langford response

No rebuttal from me would ever be as effective as simply asking people to re-read Professor Gartner's second offering, to soak up the maximum amount of absurd. Yes, he really is stating, in the *British Journal of Psychiatry,* that the sole survivors of the impending nuclear holocaust will be curled up in their bunkers, tinfoil hats firmly in place, wailing "damn you, psychiatrists!" into the radioactive wind.

But alas, one of us has to stay tethered to reality. Do re-read his second offering – but with a greater goal than bemusement in mind. Re-read who he describes – a man who is corrupt, a man who doesn't care, a man who is dangerous. A man that he *hates.* A man he *hates* being in power.

Now ask yourself, as a psychiatrist or other healthcare professional, what it is that you do. I know what I do. I try to help people recover from suffering, to rebuild their lives, to understand themselves, to take control of their wellbeing. I don't decide who is fit to run my country. I do not deign to think that I, with my medical degree, should have any more of a say in that that anyone else.

I get one vote. So does everyone else. I might not like who gets elected (and believe me, as an NHS employee, I really don't) but that's the way it is. Professor Gartner may think Trump to be the very worst example of a human being he's ever known, and I may even agree with him, but his compatriots wanted him in power and they knew exactly what they were voting for. He should not be able to overrule them because he thinks he has a medical name for the characteristics that voters saw in Trump before marking their ballot papers.

If Professor Gartner wants to shout about his metaphorical gunman in the library, he can. The US has robust electoral and judicial systems that I suggest he use with ferocity, like millions of his compatriots intend to.

Professor Gartner also quotes George Orwell, but has grasped the wrong end of his dystopian stick. Orwell spent the majority of his life actively rebelling against duplicitous political strategising by jumped-up subgroups against the wishes of the people. His most famous book is about a man whose political ideas got him detained and mentally altered against his will. Yet he wants to do that to Trump. That level of raging inconsistency is quite an achievement.

It was also a quote about telling the truth. The truth is that my patients are good people, who need to trust me, so that in future more people open up to me too. The truth is that I know the difference between helping someone get better and unilaterally deciding that they shouldn't hold political office. The truth is that I would rather give up this profession entirely than associate the challenges faced by my patients with the call to remove that morally redundant husk of a man from the White House.

If you want him out (and you should), you should demonstrate that the policies and qualities that got him in are damaging and nonsensical. Vote him out. Or impeach him. Force his resignation by blockading the supply of McDonalds to the Oval Office, I don't care. But trying to remove him on grounds of mental illness won't achieve anything in the face of 63 million votes except to drive our

professional reputation back to the 1960's, fan the flames of stigma, and form the butt of a few childishly worded tweets.

One final thought. Like treating mental illness, resolving a damaged political landscape is all about searching for causes and fixing them. Has Professor Gartner put even the slightest thought into *why* 63 million people voted for a man that dozens have described as sexist, racist, abusive, denigrating, incompetent, lazy and untruthful, who had more experience as an extra in *Home Alone 2* than as a politician? Perhaps, and this is a wild assumption, those voters were sick of "elitist" experts making all the decisions about their country, and this was the only way they had to show their anger? In this context, does Professor Gartner expect the American people to thank him gratefully for his expert medical opinion and let him quietly usher away their symbol of disgust?

Unless Professor Gartner and his supporters work with their compatriots to address the pressing concerns of voters, removing the man they detest so much on a medical technicality would only stir up their political storm even further. Are they planning to detain every president until they get one they like? Who sounds Orwellian now?

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