

evolutionary origins of psychosis. This posits that psychosis emerged as an adaptation that provided early human groups with efficacious scapegoat victims, about whom unanimity was more likely. However, features of psychosis alone, as manifested in the 'patient', would have been insufficient for such an unanimity-inducing adaptation to function, as it would have been equally reliant on a corresponding tendency in the general population to both recognise the individual with psychosis in their midst, and to blame them for whatever adversity was at hand. I have thus argued that not only have we inherited a tendency to respond to crises by scapegoating, but we have also evolved a cognitive bias towards selectively scapegoating people who are mentally ill. In other words, our evolutionary origins make us prone to the fallacious conclusion that 'If something is wrong, the madman must be responsible'.

Gartner's analysis of the current state of US politics seems to be based on a similar fallacy; 'Something is wrong, therefore the man responsible must be mad'. Admittedly, his argument invokes narcissistic personality disorder rather than psychosis, but such diagnostic nuances are most likely lost on the general public. Ironically, Trump himself is probably one of the most high-profile contemporary exponents of the human propensity to scapegoat. However, labelling him as 'mad' merely reinforces, in the public mind, the myth of a strong link between mental illness and dangerousness.⁴ As psychiatrists, I believe that one of our duties is to de-mythologise mental illness, rather than to invite people to succumb to their innate propensity to scapegoat it.

- 1 Gartner J, Langford A, O'Brien A. It is ethical to diagnose a public figure one has not personally examined. *Br J Psychiatry* 2018; **213**: 633–7.
- 2 Girard R, Oughourlian JM, Lefort G. *Things Hidden since the Foundation of the World*. Stanford University Press, 1987.
- 3 Riordan DV. Mimetic theory and the evolutionary paradox of schizophrenia: the archetypal scapegoat hypothesis. *Med Hypotheses* 2017; **108**: 101–7.
- 4 Angermeyer MC, Matschinger H. Public beliefs about schizophrenia and depression: similarities and differences. *Soc Psychiatry Psychiatr Epidemiol* 2003; **38**: 526–34.

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Gartner is a clinical psychologist

On the face of it, it seems unnecessary to add to Langford's excellent response to Gartner's absurd thesis on Donald Trump's mental state.¹ But Langford makes one important mistake: Gartner does not 'expect the American people to thank him gratefully for his expert medical opinion', because Gartner is not a medical doctor and so cannot give a medical opinion. On the contrary, he is a clinical psychologist and does not claim to be a psychiatrist (personal communication, 9 November 2018).

This is highly pertinent to the debate for two reasons. First, it renders his demand upon the psychiatric profession to lower its ethical standards even more unreasonable. Second, it begs the question of why a psychiatrist was not invited to argue for this motion on a topic of ethics in psychiatry, in a psychiatric journal. If none could be found to argue for the motion, there is no debate to be had.

O'Brien, as chair of the debate, is quite incorrect in introducing Gartner as a 'US psychiatrist'.¹ I respectfully call upon the *Journal* to formally publish a correction.

- 1 Gartner J, Langford A, O'Brien A. It is ethical to diagnose a public figure one has not personally examined. *Br J Psychiatry* 2018; **213**: 633–7.

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Ethics of debating if it is ethical to diagnose public figures!

Is it ethical to have a debate on 'diagnosing a public figure who has not been personally examined?' This question came to mind on reading the 'In Debate' article published in the November issue of the *Journal*.¹ I find it is rather ironic that the debate by Gartner, Langford and O'Brien has diagnosed public figures by proxy. On the one hand, one may defend this debate in a scientific journal of repute as an academic or literary freedom – the right to free speech and to express views about anyone. However, in such a situation what happens to the privacy of the public figures discussed in the article and confidentiality regarding information about them, irrespective of the sources? Was any consent sought or taken from those who were quoted in this article? I find that the ethics of discussing public figures in the form of a debate is a proxy or deceptive discussion circumventing the Goldwater rule or principle. In order to make the debate ethical, the authors could have disguised or anonymised the names of the public figures. I wonder if one could take the same liberty of publishing a psychiatric assessment of the authors or other psychiatrists, without offending them? One could consider the views of the authors/debaters as a projection, displacement, suppression, repression, narcissism or any other psychoanalytic defence mechanism based on these authors' writing, publications and use of their twitter or other social media. One cannot rule out any psychic determinism in opinions and views. (Likewise, somebody can do the same for me!) The role of the *Journal* in this connection can also be questioned: the *Journal* permitted the discussion of public figures who had not been personally examined, in contravention of the Goldwater rule and principle, under the guise of an academic debate!

- 1 Gartner J, Langford A, O'Brien A. It is ethical to diagnose a public figure one has not personally examined. *Br J Psychiatry* 2018; **213**: 633–7.

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Editors' response

We are indebted to Dr Chaturvedi for raising concerns about the ethics of publishing a debate on the ethics of diagnosing public figures.¹ This question has entered public discourse in both national and international associations and the press, hence, it is relevant to air in the *Journal*.

The use of fictional characters would not work, as it is the role public figures occupy that is the basis of why some wish to raise concerns about their competence, precisely because of the office they hold or the power vested in their decisions. Mickey Mouse and Donald Duck as fictional characters would not raise so much concern, as they are not real. Using a pseudonym would also be disingenuous. For example, we could say, 'let's take a fictional character, JJ. Let's imagine he is the president of the United States, etc...'. It would not be easy to capture the consternation and concern of different audiences about the actual decisions made by the public figure, and the way it affects people's lives. JJ would not be on TV or in the press, nor be known by anyone. Such an approach would not be credible or progressive.

We were careful in scrutinising the debate, and minimising polemic, yet a debate by its nature seems to engender extreme arguments. Suffice it to say that there was careful editorial scrutiny, and we took much legal advice. The material discussed is already in the public domain and we have not added new information, moreover, the debate is centred on professional ethics and responsibilities, and would not be worthy of discussion were there not an ethical dilemma rather than an evident inevitable and obvious stance to take. Dr Langford's arguments are robust and sufficient, although the Editor in Chief did comment on the debate in the 'From the Editor's Desk' column. What seems to be at play here is a citizenship right to criticise public figures if they behave immorally or unethically in public office, versus the professional responsibilities of doctors, psychologists, nurses and social workers and public servants in general, where they make a statement that seems like a professional judgement, but in the absence of the usual professional codes of assessment and practice. These two positions seem to be conflated in Gartner's assertion, yet he is entitled to make them, and that the arguments are considered before rejection, or qualified, where this seems necessary. Professional codes of conduct are governed by regulatory bodies, such as the General Medical Council in the UK for doctors as well as guidance from the Royal College of Psychiatrists, where psychiatric practice is under scrutiny. There are no easy answers, which is the foundation for the ethical dilemma. Thus, we think the debate appropriate and a reasonable offer in the *Journal* to promote discussion and a consideration about good practice among readers. There cannot be a debate unless we present both sides of the argument, otherwise we would be considered one sided, and as we have not revealed any new information other than that already in the public domain, we have not

contravened the Goldwater principle; yet the article asks readers to question the principle and make up their minds, and to receive the arguments for and against Gartner's position. Certainly, the Royal College of Psychiatrists' position is to support the Goldwater principle,² as is the view taken by the American Psychiatric Association.

Dr Braithwaite asks for a correction, that Gartner is a psychologist. A correction has been issued, but we consider the principle should be considered more generally by all professionals working in specialist mental healthcare, not just psychiatrists; and it would be even more controversial were different professional disciplines and their regulatory bodies to come to very different conclusions. The *Journal* welcomes the input of our allied professions. We can only invite other regulatory bodies to give a view.

The College's position statement can be found here: <https://www.rcpsych.ac.uk/improving-care/campaigning-for-better-mental-health-policy/other-policy-areas/goldwater-rule>.²

- 1 Gartner J, Langford A, O'Brien A. It is ethical to diagnose a public figure one has not personally examined. *Br J Psychiatry* 2018; **213**: 633–7.
- 2 Royal College of Psychiatrists. *Goldwater Rule*. Royal College of Psychiatrists, no date (<https://www.rcpsych.ac.uk/improving-care/campaigning-for-better-mental-health-policy/other-policy-areas/goldwater-rule>).

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