

QUESTION TIME

MR ANDREW TOOK: We have a couple of minutes for questions so if you would like to ask questions of either Gordon or Michael please do.

Q. I practise in the criminal sphere and I often have medico-legal reports to tender on behalf of an accused. I am a little concerned now, having heard both speakers, because most of the reports refer to the criteria in the DSM-IV and I have not had a DSM-5 case yet, but in almost every report there is a reference to the DSM-IV.

Being aware of the criticism of that publication, where do you see the future in terms of the scepticism that seems to now be in place in relation to the publication in terms of relying on a report that refers to, for example, DSM-IV or DSM-5? It seems to me, and maybe I have been somewhat naive, but I have relied on these reports and they have the appearance of research, probity and so forth but I am now becoming a little concerned that when I rely on them the bench may have the retort, this publication is now not as significant as it once was. Where do we go from here?

MR MICHAEL FORDHAM: I was reading a report today that made the distinction between what this person actually thought and like any good expert report, the assumptions they have made, the basis of what they had said, the application of specialised knowledge, but then took the step of saying and if you apply DSM-IV in this case, it also fits for the following reasons. This was a particularly experienced psychiatrist in the field and they were doing what it was Professor Parker was talking about, which is getting back to fundamental diagnostics.

But decision-makers like criteria and that is why you will continue to see criteria quoted in medico-legal reports but the good ones will go beyond that and talk about the real basis of the reasoning as to why it is they have got to where they have got. You can test it this way, even if they get to a DSM-IV analysis, if they have not set out all the basics as to why they got there, the report is useless anyway. So I would not be too worried.

PROF GORDON PARKER: I think your question goes to the heart of the issue. Up to, say tonight, when a Court received a document from the psychiatrist and the psychiatrist had 10 pages of well-prepared written material, the font is perfect, there are no hanging clauses and pronounces that this patient has condition X because it meets DSM-IV criteria a, b, c, d, e, I think people would be impressed by this. It sounds like it is somehow profound and it is based on some sort of rigorous base. I think what we have attempted to do tonight is there is some pseudo science propounded to you all around and it is hard to separate out root from overall cause. So we hope you would all be a bit more cynical about it. However I agree entirely with Michael, whether it will have any impact in terms of judgments and so on and so forth, I doubt and I think that is right and proper. But I would hope that we would all be more cynical about diagnoses that rely on the DSM system.

MR MICHAEL FORDHAM: Tony, in your field of work, the other issues that are going to arise and be the subject of more research will be this question with some behavioural disorders and the ability for a person at a given moment in time to control their behaviour. That is actually the big field in the criminal law and it really has not been explored yet.

