Today, the United States is the only Western country with capital punishment, although it continues to be in the company of some of the most populous nations in the world (like China, India, and Indonesia) that have also retained it. This year Nebraska became the 19th state to repeal the death penalty.

Even though a majority of Americans support the death penalty for the crime of murder, it remains a controversial issue. Critics of capital punishment claim that it should be abolished because it does not deter crime, cannot be administered without racial bias, and costs up to 3 times as much as life without parole. Alternatively, opponents argue that capital punishment is morally fair, provides retribution, and is not cruel if administered by humane techniques.

In recent times, opposition to capital punishment has further gained impetus with notable court opinions challenging the constitutional basis of this penalty. Advances in DNA evidence technology have helped uncover the mistaken execution or conviction of innocent defendants, shedding light on the irreversible nature of grave errors linked to capital punishment—adding fuel to the fire. Whether phrased in philosophical, political, ethical, or economic terms, for the past 2 centuries, the death penalty has remained the subject of bitter debate, one that is not new to the profession of medicine or for that matter, psychiatry.

Psychiatrists were dragged to the center stage of this debate when a series of US Supreme Court opinions in the last 50 years led to an increased reliance on psychiatric expertise in death penalty cases. This expanding role has led to novel clinical and ethical questions surrounding psychiatric practice in this arena that the profession continues to grapple with: (1) Should psychiatrists only work for the defense in capital cases, because assisting the prosecution could be equated with attempts to secure the death penalty for a person? (2) Should psychiatrists provide opinions about a person’s competence to be executed knowing that a finding of competence will lead to the person’s death? (3) Do psychiatrists have an ethical obligation to participate in death penalty cases, knowing that not doing so would increase the chance of execution of the mentally ill defendants on death row? (4) Is it possible to separate the moral question of capital punishment from the ethics of medical practice?

This issue of Psychiatric Annals explores answers to many of these complex questions and presents them in a succinct form to the reader. In the first article, I provide a brief overview of the history of capital punishment in the United States with special emphasis on the small but significant role played by psychiatry. This is followed by an article from Drs. Reena Kapoor, Katherine Michaelsen, and Maya Prabhu who describe the various types of evaluations that psychiatrists may be called upon to perform in death penalty cases. The authors also provide guidelines for clinicians, highlighting the legal, clinical, and ethical issues involved. Next, Dr. KyleeAnn Stevens discusses the problems with existing legal standards for determining competence to be executed and exposes the wide gap between the dictates of law and the practice of psychiatry. Then, Drs. Karen B. Rosenbaum, William Connor Darby, and Robert Weinstock provide a detailed analysis of ethical debates surrounding the issue of physician participation in death penalty cases. In the Feature article, Dr. James B. Reynolds reflects back on his role as a forensic psychiatric evaluator in a high-profile capital case and describes the professional and personal complexities that psychiatrists might face if they chose to work in this arena.

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