The articles here span the range from a valuable brief history of forensic psychiatry to the death sentence by Dr. Gulrajani, to a discussion on the range of psychiatric evaluations in capital cases by Drs. Reena Kapoor, Katherine Michaelsen, and Maya Prabhu. Dr. KyleeAnn Stevens follows with a discussion on the effect of a particular case on subsequent expert opinion. Next, is a passionate recrimination of psychiatric participation in the death penalty by Drs. Karen B. Rosenbaum, William Connor Darby, and Robert Weinstock. This issue reviews the history of psychiatric participation in capital cases and leads the reader to think twice about our role as clinicians in this area.

In 1980, I provided testimony against John Wayne Gacy, who had tortured to death 25 young boys and buried them under his home. My testimony, along with that of others, led to his life ending in the electric chair. I still remember the hair standing up on the back of my neck as I interviewed him in his cell in the Cook County Jail (Chicago, IL). He was taking notes of our interview as he told me “I don’t know what the big fuss is about, I was only getting rid of human trash.” Was Gacy’s execution justified? Did it have deterrent value? Was he capable of rehabilitation?

Of course, I did not decide on whether he would receive the death penalty; I testified that there was no way that a major psychiatric illness led him to this behavior. But questions remain, even in such a heinous case, about whether his death solved any problem in society and could we (clinicians) have learned anything constructive from his life in prison? Is a sentence to death ever justified? Not to mention that since 1973, 150 people who were assigned the death penalty have been exonerated based on evidence.¹

What is the proper role of psychiatrists (and physicians) in capital cases? For me, the opinion mentioned in this issue (Rosenbaum et al.) by Bernard Diamond defines how we in the field of psychiatry should interface with capital punishment cases.

REFERENCE