medicine—and I suppose that is a term that I came up with that may not be a good term, but I happen to have been involved for several years in trying to rewrite the laws of optometry, and I have run into all kinds of problems with my friends, the ophthalmologists, where an optometrist ceases to have jurisdiction, if you will permit me to use a legal term, and where the ophthalmologist takes over. Compare the psychologist, vis-a-vis the psychiatrist, what do you feel to be your obligation and responsibility of referral under that set of circumstances?

Dr. MELTZER. Let me go into some detail, but not quite as much as before.

I think it is important to understand that this bill would improve the situation with regard to the working relationship between the psychologist and the psychiatrist. It would help to insure that referral. The way that works is that a psychologist must not practice outside of the bounds of his competency; he must refer, whenever there is a medical problem, the problem to an efficient medical practitioner. This will be written into the code of ethics that will be incorporated into the bill. At this point, the only thing that could happen to a psychologist who did not refer, who did not consult, is that we could throw him out of the D.C. Psychological Association and the Medical Psychological Association. There would be no way of stopping the psychologist from continuing to go his own merry way.

With this bill it now becomes possible to take this fellow's license away from him; it becomes possible to stop him from doing this, and this is certainly necessary.

The majority of psychologists who see patients publicly and who see patients privately often ask for a referral, and the reason for this is clear: a consultation would be important because medical-legal aspects very often are involved.

The problem is how careful could this be spelled out when you have such imprecise terms as "mental illness" now. There is no agreement, even amongst psychologists or amongst psychiatrists what exactly is a "mental illness."

As I pointed out, there is a very large gray area in which there is a great deal of disagreement. There probably is some agreement at the extreme. For example, most people would recognize schizophrenia or dementia psychosis, defrustrative suicidal tendencies, a clear-cut mental illness kind of problem. The same way with problems in which there is some type of disturbance on the basis of brain disfunction. People would, generally, agree that this is the kind of problem that must be seen by a medical person.

In addition, if the person complains of physical symptoms, obviously, his responsibility is to encourage and make sure that he sees a physician. This, incidentally, is no more than a lawyer working with a legal client about problems that happened in his life, or a minister working with his parishioners and counseling them. He encourages his client to get other kinds of help from other types of people.

So there is this area which is a large gray area.

And then there is another area that has to do with problems of adjustment. Most people will agree this is a strictly psychological kind of issue.