

in the form as he indicated of a lecture or a suggestion, because, after all, we are dealing in law. That is what we have to do. Otherwise, there would be no real point in doing it. I would like to know whether you have any comments on the suggestions from the gentleman from North Carolina.

Dr. BRAYFIELD. My experience with the Congress and with the states is such that we have considerable confidence in the legislative skill with which they write provisions. We would be guided by that. In our own ethic codes—this goes to this same point—we use what may be considered stronger language—“shall.” I think that is in accordance with that.

Mr. SISK. Thank you.

I might say, Dr. Brayfield, you mentioned California. I was interested in some comparison of the California law with the proposed programs for the District of Columbia. I have a letter of recent date, May 10, 1968, from Dr. Edward Rubin, President-Elect of the Central California Psychiatric Society, on the subject, and specifically referring to this bill, in which he indicates that he is pleased that an effort is being made to protect the public as to professional help in this bill—it seems to indicate that there is a substantial support for a licensing bill which would improve the situation, and it winds up with five specifics which I am going to very briefly read to you for your comment as to whether or not you would agree or disagree.

“Thus, the legislation should:

“(1) Protect the public from unethical, inadequately trained practitioners.

“(2) Define the scope of services which can be rendered by psychologists, consistent with the training and ethics defined.

“(3) Recognize that psychotherapy may be used appropriately by other professions (i.e.—physicians) than psychology.

“(4) Assure that the ethics and confidential relationship imperative in providing psychotherapy are adhered to and guarded whenever any qualified person provides psychotherapy.

“(5) Require that a non-medical psychotherapist avail himself of medical consultation and direction whenever the assessment of the person in distress suggests serious mental or emotional illness.”

You may or may not agree with all five of those, as being the guidelines along which we thought we should work.

Dr. BRAYFIELD. I did not quite catch who submitted that to you, but I would say that I could not tell whether it was written by a psychologist or a psychiatrist, because in the state of California they enjoy mutually good relationships.

Mr. SISK. That is my understanding. The two professions do cooperate very closely and have a very good relationship.

This was a letter written by the President-Elect of the Central California Psychiatric Society.

The gentleman from Indiana.

Mr. JACOBS. I just want to compliment the Doctor on his testimony. I appreciate very much your testimony and the testimony of the previous witnesses also. I think that, generally, it has been very helpful. I think that the record should reflect, however, one clarification in referring to the action taken by attorneys general in the various states. I think that the record should make clear that my under-