For it is a fact that even the psychologist who does avail himself of in-hospital training which gives experience with the more seriously maladjusted, always functions under the supervision of psychiatric medical personnel and his training always is restricted to the psychotherapeutic aspects of treatment and never, since he is not a physician, can he or does he assume overall responsibility for any other aspects of the case. As a result, the fully trained psychologist, the well-trained one, cannot often without medical assistance ascertain which prospective clients for psychotherapy, the psychologist's method of treatment, are in need of other medical measures such as drug or physical treatment or in-hospital care. Since these very measures are often life-saving in many instances, the public should not be exposed to situations where they cannot be knowledgeably considered.

Background of Legislation

The method by which H.R. 10407 and its companion bill in the Senate, S. 1864, have been presented to the Congress is indicative that the public interest is not the chief concern of the bills' proponents. When hearings were held in the Senate on S. 1864, our concerns and differences with the psychologists' organizations were laid upon the table. It was agreed by all concerned that the psychologists' and psychiatrists' organizations could and should explore and resolve these differences in the interests of appropriate public protection. The view was expressed by us, and we thought at the time adopted by all concerned, that as professional specialists we could present a bill together with appropriate safeguards for the public. As a result, our representatives and representatives of the psychologists' associations began discussing precise language and amendments to the bill which is 10407.

Then, in the middle of these conferences, in which the public interest and concern was our pole star, we received a telephone call from a representative of the D. C. Psychological Association which advised us that they had been informed that appropriate maneuvering could bring their bill to a vote and they no longer wished to confer with us. Still later, when these non-professional efforts bogged down, there was another telephone call to start treating the problem at a professional level again. And once again, there was a telephone call to terminate these efforts, not on any ground that the public interest would be promoted by such termination, but because it was felt that the bill could be enacted in a hurry without further scrutiny.

Specific Objections

If this were not sufficient evidence as to the true nature of this bill, we can turn to its provisions themselves. Section 5(C) permits any psychologists to hire as many nonpsychologists as he wishes and so long as they are employed by him they can practice psychology without a license. I submit that a doctor would be deprived of his license almost instantly if he attempted to treat people in this fashion. Section 12 of the bill permits a corporation to make a psychologist an officer and then, with all its corporate anonymity, corporate limitation of liability, and no personal responsibility, to treat people with