kinds of patients this is very much integrated with psychiatric teaching. So that his experiences are those in which he is generally thinking about, not only the medical and surgical aspects of the case but also the psychological aspects.

So even before beginning his internship or his three years of formal residency training in psychiatry, he has had extensive experience in general medicine as well as in psychiatry per se.

As I mentioned, the training of the clinical psychologist is really exclusively limited to psychology and courses which relate to psychology, whereas the psychiatrist learns psychology in addition to his work in the basic and clinical medical sciences.

I think another important difference which Dr. Legault has spoken to briefly is the area of total responsibility and, as he has described, the training of the psychiatrist is very much geared toward assuming more and more responsibility so that when a psychiatrist finishes his training and is ready to go into practice, he is able to assume total care for a patient. That means he can assume responsibility in any medical area and obviously make all major decisions about the patient.

There is really nowhere in the training of the psychologist that he has a total kind of responsibility for patient care.

Dr. Meltzer pointed out in his comment a couple of weeks ago he had spent one or two years in a veterans' hospital. I think we can be sure in such a setting a psychologist in training does not have the experience of really taking on responsibility for the person and deciding what orders should be written on the patient. It is only the physician writes orders deciding what kind of treatment the patient needs and making decisions as to when the patient would be well enough to leave the hospital and things of this sort. So the work of the psychologist trainee is always under the direction of psychiatrists or other medical personnel.

Perhaps the last major difference is that the psychiatrist in training does have extensive experience with all kinds of mental illnesses and psychiatric training is geared so that the trainee spends a large amount of time with hospitalized, very sick patients, he spends time with patients who have combined medical psychiatric problems, and he spends time with patients who have minor psychiatric illnesses, but his experience in diagnosis and treatment does run the gamut of all psychiatric, psychological, medical kinds of illnesses.

And again a psychologist in his training program is usually very limited. He may be assigned for his psychology internship to a student health clinic where he would not have the opportunity to severe sick patient or usually the internship he would have would be in one setting which obviously does not provide the diversity of experience.

So I think these are some of the major differences.

Mr. WALKER. Thank you, Doctor.

Thank you, Mr. Chairman.

Dr. LEGAULT. May I add something to that?

Mr. SISK. Yes.

Dr. LEGAULT. It is something I really feel must be commented on because it leaves a feeling every time I hear the term. We have to use it, I know it is necessary. We keep referring to the psychologist really treating minor mental illnesses, which in effect they do, but they are only minor from the point of view of the doctor considering the whole