

which is the section 4(B), both in the Society's proposal and in our comments here.

Is it feasible, is it really necessary for a psychologist practicing within the boundaries of his competence and under his code of ethics, on a mandatory basis to have every client he sees examined by a physician? This subcommittee on June 3 heard the testimony of a psychiatrist, not part of the official representation, and it seemed to me as I read her testimony she was saying, no, in her experience psychologists are very capable of making the decisions as to when it will be important for the psychologist to recognize that the client has problems, be they medical, legal or in any other area, which exceed his boundaries of competence. At that point, under our code of ethics, he must assist that client in obtaining the kind of help appropriate to the client's problems.

Dr. Brayfield, in the hearing on May 20, mentioned Dr. Allen S. Mariner, who is a nationally prominent psychiatrist who has written an article which bears on the point we are making here. Dr. Mariner, even though he is not a psychologist, would seem to be making the point very forcefully that as long as what I have just indicated here is the case—and he believes, incidentally, that psychologists are very capable of recognizing when there are symptoms which should be referred to an appropriate medical individual—whenever the psychologist realizes this, he is to refer the patient. Otherwise, the feeling of these people and so many others is that a psychologist can very effectively practice psychotherapy, counseling and diagnostic evaluation or psychological testing or consumer analysis or behavior or any one of the several kinds of psychological activity.

These comments bear on both Sections 4 and 5. I am raising questions here as to whether we need to be controlled as vigorously as the psychiatrists would appear to want to control us in their wording of both Sections 4 and 5. That is the question I am raising.

Mr. SISK. I appreciate your comments, Dr. Cummings. Apparently Sections 4 and 5 represent to some extent the problem and the differences in approach by representatives of practicing psychiatry here as against the psychologists.

I was interested in hearing your comments. As I understand, if I may interpret—I do not want to put words in your mouth—this new proposed (B) under Section 4, which is a proposal, goes a good deal further than you feel is necessary. Is that, in essence, what you are saying? Could I then ask this question: Do you feel it does irreparable harm to the legislation which we are attempting to develop, dealing with the regulation of the practice of psychology in the District?

Dr. CUMMINGS. I feel a little at a loss to evaluate, in your terms, whether irreparable harm would be done by any of the provisions of the statute—

Mr. SISK. Maybe I should not have used the term "irreparable." Do you have a feeling as to whether it would be helpful or hurtful?

Dr. CUMMINGS. I believe Section 4(B) in its present form would definitely be hurtful, because it seems to me that it leads to control of the profession of psychology or one important aspect of the profession of psychology by psychiatry to a degree which would eventually hurt the using public of the District of Columbia.