For one thing, it would very possibly reduce the number of available man-hours of professional help which are so desperately needed by the population throughout the country as a whole, and here in the District of Columbia, too, because it would lead to all kinds of problems, a main one of which would be an excessive amount of direct contact, I presume, between the two professions, and an inability of the psychologist to function in a helpful way. He would always have to be checking back.

As we read it, he would never take a patient on in psychotherapy, as we have defined it in North Carolina terms, without first having had the equivalent of an O.K. from a psychiatrist.

Mr. SISK. That is the point I wanted to discuss. In attempting to interpret the proposed amendment in Section 4(B); it seems to me it means that in every case you would first be required to have the patient examined by a physician, an M.D., after which the practice, help and assistance of the psychologist would be a part of the treatment handled to some extent under the direction of a physician. Is that your interpretation of it?

Dr. CUMMINGS. I would agree with you, sir, that is my understanding of the proposed 4(B).

Let me ask my colleagues, do they agree? (Pause).

It goes further, one of my colleagues says, in terms of primary responsibility, which is a phrase used in the proposed Section 4(B). I think that bears on the point I was trying to make before. The psychologist is widely recognized by many reputable agencies of our culture, has the training and has available to him the ethical controls in our code of ethics, so he can and does function at a far more professional level in those States where licensing does exist than is implied in Section 4(B). I think I would agree with you, sir.

Mr. SISK. This is not in terms of controversy, but I would like to ask, Dr. Legault, how do you interpret 4(B) as you have written it?

I am asking this question basically because at some point the committee must make a policy decision on these points. We are trying to determine as best we can how this will be interpreted in the medical community and the psychology community if an Act is finally passed to regulate the practice.

Dr. LEGAULT. If I understand Dr. Cummings' statement, he has stated to you that the psychologists are not interested in treating disease; that pyschotherapy as used overlaps and treats other things besides disease with psychotherapy.

We are in total agreement with that. That is exactly what we wanted our Section 4 to specify, namely, that at no time may a psychotherapist from any profession treat disease without being in effective contact with a physician. The proposed alteration of the bill by the psychologists in Section 4(B) specifically eliminates reference to the fact that they would be treating disease. They have left out that phrase. Section 4(B) as they have written it simply specifies that they will not be utilizing physical methods of treatment, but any psychological method of treatment can be utilized by them even for the treatment of mental illness.

Our contention is that if it is for the treatment of mental illness, the primary responsibility for this should fall in the hands of the physician. We do not take the position that psychologists should not