

Hello. My name is Mark Schultz, and I am a retired psychiatrist who lives in Williston and had a private practice for 36 years also in Williston. I am writing to express my strong concerns about the current bill proposing that psychologists be allowed to prescribe medication.

Psychologists are mental-health practitioners who made the conscious decision NOT to seek medical training. Psychology is a social science, not a medical science. It is precisely because psychologists lack medical training that they appear not to have any understanding that seeking prescriptive authority without a full medical background is dangerous. You can't cherry-pick which aspects of medical training are most relevant—it's all relevant. And how can patients trust the prescriptive training that psychologists would receive if that training is set up by psychologists themselves? The very people who eschewed medical training are devising a medical training program? I find that notion disturbing.

The idea of assuming that psychologists can be productively trained to prescribe medication safely—because mental health, after all, is mental health—feels a bit to me like assuming a carpenter can be trained to build a suspension bridge, because construction is construction. Yes, there is overlap between psychiatry and psychology, but in many fundamental ways the two disciplines are apples and oranges.

You never know what bit of medical education or experience will end up being the deciding factor in making decisions to prescribe medication, or not. An overlooked argument against the psychologists' proposed plan is how crucial it can be to know when NOT to prescribe. I remember a case where a woman presented to me with signs of depression. During the interview she mentioned having trouble swallowing, which could have been a symptom of anxiety but didn't quite feel so. I referred her to a neurologist, and she was diagnosed with myasthenia gravis. In another case, the medical center referred an older man to me, again for depression. Just watching him walk down the corridor from the waiting room made me wonder if he had Parkinson's Disease, which was not part of his problem list. I sent him for testing, and, sure enough, he did. If both of these people had been seen by a medically undertrained prescriber, I'm quite certain their underlying medical diseases would have gone unrecognized, and they would have walked out with prescriptions they didn't need.

Rather than create a class of pseudo-physicians, I would much prefer seeing time, effort and money devoted to enhancing the growing collaboration between psychiatry and primary medical care. Let the people who've chosen to become fully trained in medical care do the prescribing.

Mark Schultz