

Balt. Sun; 11-29-82

## Doctor Koop's Bad Idea

THE surgeon general of the United States, Dr. C. Everett Koop, recently made news at a meeting of pediatricians by maintaining that violence was a treatable public health problem.

The idea is strategically unsound and clinically preposterous.

Doctors have never wanted anything to do with violence and still

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By John R. Lion

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don't. Few pediatricians wish to see violent children and even psychiatrists avoid violent adults.

The American Psychiatric Association report on "Clinical Aspects of the Violent Individual" came out in 1974 and is now out of print; violence is not as popular as the study of depression or schizophrenia.

Child abuse was practically ignored by the medical profession until such time as laws came into existence requiring doctors to report incidents of child abuse; doctors would much have preferred to look the other way. Even now, once a case of child abuse is recognized, the management of the case is assumed by social welfare and criminal justice institutions.

Outside of training hospitals or specialized facilities, it is an exceedingly rare practitioner who elects to diagnose and treat violent patients and their families.

A pediatrician faced with a violent youngster will almost inevitably shunt that patient somewhere else. He hasn't the skills or the time to spend with the patient and his family. That's the kind of thing Marcus Welby might be able to spend a fanciful day doing.

Speaking of television, the surgeon general also suggested that doctors watch the entertainment "menus" of their patients. He was referring to television violence.

Dr. Koop ought to be aware of other public health aspects of television, not just violence. For example, studies have shown that heavy alcohol drinking is depicted in 40

percent of prime-time programs, yet only 1 percent of the characters on the programs are shown to have a drinking problem or to be alcoholics.

Nor does anyone ever seem to get seriously hurt driving, despite the perverse frequency of car smashups on these shows.

Analyses of adult programs indicate that a mere 7 percent of major characters have injuries or illnesses requiring treatment. Victims of injuries are hardly even shown.

All in all, television's effect far transcends the simple display of aggression. The TV menu Dr. Koop speaks of is hardly to be changed by the medical profession. If the surgeon general wants to do battle with the industry, that's quite another matter with a potentially effective outcome.

The most distressing thing about Dr. Koop's comments is their epidemiological fuzziness. His remarks indicate that clinicians should focus on signs and symptoms of childhood violence such as psychomotor epilepsy.

Psychomotor epilepsy has been linked with violence, but the link is tenuous. The disease is very rare anyway. About 15 percent of all epilepsies are of the psychomotor type and the coexistence of violence epilepsy is even rarer. Trying to diagnose a violent child on the basis of brain dysfunction is crucial, but it contributes as much to the reduction of crime and violence in America as the swatting of a single mosquito contributes to the control of malaria.

If the surgeon general really wants to have an effect on health and violence as they relate to one another, he ought to go to work on alcohol-related highway deaths. That's where the numbers are.

The other day we memorialized the nearly 58,000 people killed in the Vietnam War. An equal number of people are killed every single year in this country in highway accidents and over half of them are alcohol-related. They are preventable. Physicians play the tiniest role in such prevention. Politicians, legislators and judges are responsible.

The surgeon general's office has influence. It battled the tobacco industry and won major victories. Instead of doctors, Dr. Koop should start working with the Mothers Against Drunk Drivers (MADD). That would reduce a lot of carnage.

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