

EDITORIAL

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THE CAPITAL PUNISHMENT DEBATE

The topic of the fourth annual meeting of the Canadian Schizophrenia Foundation at Calgary, Alberta, last May was Crime, Malnutrition, and Orthomolecular Psychiatry. At this meeting a number of papers were delivered dealing with the above relationships. This was an attempt to bring to public attention the role of malnutrition in the development of criminal behavior. This relationship has never been seriously explored by those charged with the enforcement of the law and the incarceration of the criminal.

One of the papers was delivered by Dr. Glen Green, formerly a Medical Officer at Prince Albert Penitentiary. As a result of his experience with treatment of prisoners in a penitentiary setting using both standard and Orthomolecular therapy, he has expressed certain views about the care and treatment of the prisoner who requires treatment. Not everyone will agree with his views on capital punishment. The capital punishment debate is one of the current realities and must be considered from various points of view.

One of the main arguments pro and con is the matter of deterrence. I do not believe this is a real issue because capital punishment at least in civilized countries has never been treated as a deterrent. The only possible deterrent today is the possibility that if one commits murder it

might end in one's own death. But the odds that this will happen are so small that there is really no deterrence.

Two conditions are essential if one is to consider capital punishment a deterrent: (a) Some certainty that murder will be inevitably followed by one's own death. This will not of course deter people who are blinded by emotion (rage) or who are psychotic (schizophrenic, epileptic), (b) A visible public display of the hanging, or electrocution, or whatever method is used. Before anyone is deterred surely he must personally experience what should deter him. If then we really meant capital punishment to be a deterrent we would arrange for the punishment to be held in a public square with nationwide TV and radio. Then millions of people would experience the act. The TV camera could play on the agony of death while commentators would graphically describe the whole procedure. If this were done we would have some of the basic elements for deterrence. But in fact this is not the case, not do I suggest in any way that this is what we should do. However, the fact we do not should remove effectively any argument about its deterrent properties. The argument must be resolved by other means.

Any rational system of crime control must include the following elements:

(a) correct diagnosis to determine whether a

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disease of the brain is a relevant factor,

(b) streaming of convicted criminals into

(1) hospitals for treatment, if ill,

(2) other institutions where the design and operation is matched to the crime.

Those committing high-fear crimes who, on the basis of diagnosis and past experience, are apt to repeat their crime should be kept in the institutions until the risk of any repetition is reduced to a normal level. If they cannot be improved they should be kept in until the natural propensity for crime vanishes as a result of age or other factors. It has been suggested that they should not be released until they reach the age of 40 since very few high-fear crimes are committed by men over 40. A few have to be incarcerated until 60 or 70 to reach the same state.

Since none of the psychosocial treatments has proven successful it is time the newer orthomolecular therapies be used especially since Dr. W. Weathers has already found a significant decrease in the recidivism as a result of such treatment. However, even so there will be a few so recalcitrant to any treatment that one should quarantine them for life, much as one would quarantine a typhoid carrier like Mary, who persisted in following her profession as a cook.

It is simple for attendants to protect themselves against infection from a Typhoid Mary. It is another matter to be secure against assault and murder from a quarantined habitual rapist and/or murderer. In this case until society develops a much more effective way of protecting our prison guards or our police we should retain capital punishment. For in balancing life whom should we favor, the incorrigible criminal for whom killing is no more serious than drinking a bottle of beer, or his victim against whom he will prey? There are no final solutions, and for this reason we must be prepared to consider every form of punishment including capital punishment. In any well-thought-out corrective and prison system the need for capital punishment ought to be vanishingly small.