Williamson v. Liptzin and the Weakening Concept of the Community Standard of Care

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In 1998, mental health care made one of its periodic appearances in the national news media. "Killer blames his therapist, and jury agrees" announced the New York Times, "Psychotic killer sues his psychiatrist," said Time magazine, and CBS News' 60 Minutes, perhaps the closest thing America has to a national forum, devoted a segment to this dramatic and unexpected malpractice judgment in North Carolina. All over the country, therapists gasped.

In early 1994, University of North Carolina law student Wendell Williamson decompensated, and not for the first time.[1] He developed a belief that he was telepathic and disrupted class by announcing this. He was referred to the student health center, but treating him promised to be an uphill battle; two years earlier, suffering similar symptoms, he was hospitalized but refused medication and was lost to followup. Despite this unpromising history, the center's psychiatrist Myron Liptzin, M.D., was able to engage him in treatment, and the results were remarkable. On an antipsychotic medication, Williamson's symptoms diminished to such a degree that he interacted successfully with his peers and teachers and completed all classes that semester. At the end of the semester, consistent with usual practice at the center, Liptzin told him to contact his family doctor during his upcoming summer at home and to return to the center in the fall.

That's not what happened. Williamson stopped taking his medication, and fell back into paranoid psychosis. In fact, for the first time, he began to consider taking violent action against his imagined persecutors. On January 26, 1995, he murdered two students and critically wounded a police officer. A jury found him not guilty by reason of insanity. In May 1997, confined to a psychiatric hospital, he and his attorneys sued...Liptzin! They argued that Liptzin's failure to refer Williamson to a specific psychiatrist, and other alleged failures, caused the murders and therefore also caused the devastating changes in Williamson's own life. In October 1998, to the surprise of legal observers, the jury awarded Williamson $500,000. The mental health community faced a new fear: Make sure that your patients comply with followup care or risk a malpractice judgment.

Far fewer people know the end of the story. In December 2000, an appeals panel overturned the judgment against Liptzin. They found that his omissions were not the proximate cause of the murders and that the murders were not reasonably foreseeable at the time he was treating Williamson. They also concluded that if the original judgment were allowed to stand, it would force more restrictive care on patients, reduce the availability of care, and thereby work to the detriment of patients and the public.

Why is this appeals decision not more widely known? One can only speculate. For the

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[1]This account of the case is drawn from Stone (1999) and from the appeals judgment (Williamson v. Liptzin, 2000).

general media, the appeals decision was perhaps a "dog bites man" story, unsurprising and therefore unnewsworthy. For the legal authorities in the mental health disciplines, it may lack interest because it impels toward a looser standard rather than a stricter one. These authorities, in my experience at least, tend to highlight cases that move practitioners in stricter, more conservative directions. Authorities associated with malpractice insurance carriers, in fact, have a motivation for this tendency.

So the Liptzin case followed a sort of arc, a burst upward followed by a quiet fall back to the level at which we started. What lessons can we draw?

The main lesson here, I believe, is that the traditional importance of the community standard of care is under assault and that those who care about mental health care should act to defend it. This concept, despite its flaws, has provided essential legal protection for the exercise of clinical judgment in balancing many considerations, including sheer practicality, in our work with patients. If the necessity of this balancing act is not acknowledged in the legal system, we face serious difficulties. For example, the expert witnesses hired by Williamson convinced the jury that Liptzin committed malpractice by failing to inform Williamson that he had Schizophrenia and by failing to contact a psychiatrist in Williamson's home town. But Liptzin surely had competing considerations on his mind. He may have felt that telling a paranoid, noncompliant patient that he had an incurable mental illness would not be the best way to engage him in treatment. And he also would have been aware that, given his limited time in the clinic, if he took the time to track down a psychiatrist in one student's home town, another student might be deprived of his care altogether. If his lawyers had been able to argue successfully that his actions were consistent with the relevant community standard of care and therefore not legally negligent, chilling and disruptive anxiety for practitioners across the country would have been avoided. Instead, Williamson's experts convinced the jury that Liptzin, and implicitly the entire community of mental health practitioners, should be held to a much higher standard. If judges and juries are misinformed about the relevant standard of care, whether because testifying experts are themselves uninformed or have sold themselves to the highest bidder, everyone suffers.

In Williamson vs. Liptzin, the appeals court judges saved us from ourselves. They may not be there the next time we need them.

References

Williamson v. Liptzin (No. Carolina Ct. App. 2000).

Stone, A.A. (1999). Commentary: The verdict against Myron Liptzin--who sets the standard of care? Psychiatric Times, 16.