

William Z. Potter, M.D., Ph.D.

PSYCHIATRY  
CLINICAL PSYCHOPHARMACOLOGY  
3031 PARK ROAD, N.W.  
WASHINGTON, D.C. 20010

February 26, 1980

re: Dr. Raphael Osheroff  
5249 Duke Street  
Alexandria, Va. 22304

To whom it may concern:

I extensively evaluated Dr. Raphael Osheroff in January, 1980 with regard to his current psychiatric condition and prognosis. This evaluation involved 3 hours of individual meetings with Dr. Osheroff, 3 hours of telephone consultations with both other physicians involved in his treatment and individuals who had interacted with him in important respects over the last ~~ten~~ years and over an hour in a meeting in which he interacted with his colleagues. My conclusion, which is shared by the other psychiatrists who were consulted, was that Dr. Osheroff had suffered from an episode of severe unipolar depression which responded to time and a belated course of pharmacotherapy. He is not now depressed and has no psychiatric condition that would prevent him from resuming his activities as a practicing physician, parent and full member of society. If a depression does reoccur it should not be debilitating since an effective medication is available and will work within a month.

It should be noted that independent of his history of a major depression Dr. Osheroff in the past appropriately sought consultation for problems which, in a broad sense, fall under the old diagnostic category of anxiety neurosis. This is a condition for which a high percentage of well-functioning individuals, especially in the D.C. area, might be diagnosed and treated. The fact that an individual seeks psychiatric treatment for anxiety is a sign of their willingness to deal constructively with a widespread problem and in no way suggests that they may be unfit for interpersonal tasks such as parenting.

A summary of Dr. Osheroff's previous history is helpful in understanding the basis for the above conclusions:

Between 1966 and 1973 by which time he had entered private practice, Dr. Osheroff was in an insight-oriented psychotherapy with Dr. Frances Board (except for 1969-1970 when he was on a fellowship in Boston). He was married during this period and sons were born in 1968 and 1971. There were marital problems culminating in a divorce in 1972. Despite these problems Dr. Osheroff maintained a close relationship with his sons and for a period of time assumed almost full responsibility for them while in the process of setting up his practice. His successful completion of his training and rapid progress in private practice are clear indications that his functioning was not impaired during this period.

The next time Dr. Osheroff sought psychiatric consultation was during the winter of 1976-1977 when he was undecided about whether to oppose his former wife's plan to take the sons (now 5 and 8) with her second husband to Europe. Two years earlier Dr. Osheroff had remarried and his second wife had just had a baby and was encouraging him not to oppose these plans. Dr. Board, who was consulted at this time, felt that the attachment to the sons was so strong that their



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removal might be associated with emotional consequences. Retrospectively, this judgment was correct since the de facto loss of the sons (the eldest was named after Dr. Osheroff's father who had died when he was an early adolescent) recapitulated the loss of his father, an event which had been very traumatic.

Encouraged by his wife, he rejected Dr. Board's recommendations and began to see Dr. Wellhouse (who was located by his wife) in the spring of 1977 on a 3 times per week basis. At this time, both on the basis of Dr. Osheroff's description and that of Dr. Wellhouse, there was clear evidence of a reaction to his sons' departure and an inability to derive satisfaction from his domestic life and practice. He would tear easily and become melancholy around discussions or events that reminded him of his sons. He made a visit to Europe to see them and during that time made a decision to divest himself of his corporate position and remain as head of a large practice consisting primarily of patients requiring renal dialysis. This was in the summer of 1977 and does not appear to have been an impulsive act since he had been negotiating such an arrangement for over a year. The final decision may have been hastened, however, by the experience of being separated from his sons.

The restructuring of the practice which occurred in September, 1977 was not associated with any lasting improvement in either his subjective feelings or interpersonal relationships. By early 1978 things were clearly worse and not only in the subjective area of regrets over his sons and lack of satisfaction in his day-to-day life. More syndromal signs of a depression appeared with constant irritability, withdrawal from social engagements, ruminating over decisions, fragmented sleep, outbursts of tears and the beginning of actual difficulty in attending to all of the details of his practice which he had managed well until then.

In the spring of 1978 he hired an associate and then, a few months later, another. Following the arrival of the first he took a 3 week vacation--his first in years--and seemed improved while away from all pressures. On his return to work, however, all symptoms of depression returned. His general life situation deteriorated as his wife felt neglected and his associates felt that he was not carrying his share of the practice. These perceptions were consistent with the behaviour that depressed individuals display; Neither his wife nor associates understood that he was suffering from an autonomous depressive syndrome.

By summer of 1978 the depression was of sufficient severity that Dr. Greenspan did not oppose (although he did not support either) an attempt at pharmacotherapy with Dr. N. Kline in New York City. Treatment was not coordinated and an adequate medication trial (either in terms of dose, duration, compliance and range of drugs) was not done. Dr. Osheroff described his feelings at the time, "Blackness descended upon me." He agreed to a trial separation from his wife who found life with him intolerable.

By November, 1978 he had recurrent thoughts of suicide and began to select drugs for this purpose. He was sleeping little, pacing, tearing, obsessively ruminating and barely functioning, if at all, in his medical practice. At this point, his wife who had returned threatened to leave

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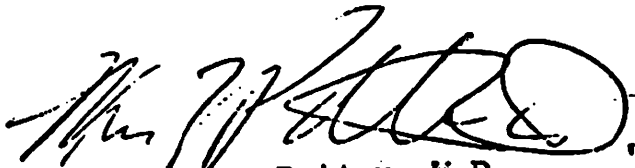
permanently if he did not enter a hospital. Dr. Wellhouse also felt that hospitalization was indicated and on January 1, 1979 Dr. Osheroff became an inpatient at Chestnut Lodge in Rockville, Maryland.

There, in the absence of pharmacotherapy and in the presence of an intensive confrontive psychotherapeutic approach he continued to deteriorate. By summer of 1979, still an inpatient at Chestnut Lodge, he had lost 45 pounds, was totally unkempt, pacing miles a day, agitated, hopeless and ready to divest himself of his practice and enter a permanent facility for the remainder of his life. He was not, however, delusional or out of touch with reality in the formal sense of the term at any time according to available information.

Through the intervention of his mother (Mrs. Bader) he was transferred (Aug. 1, 1979) to Silver Hill upon the recommendation of Dr. Z. Lebensohn, one of the leading psychiatrists in the D.C. area. Despite the primary psychotherapeutic orientation of the director of Silver Hill, Dr. Stubblefield and the staff psychiatrist, Dr. Narad, Dr. Osheroff was immediately treated with full doses of medication to which he had a partial response within two weeks. He continued to improve on the antidepressant (Amitriptyline, 150mg) and had shown himself clinically stable and ready for discharge by October, 1979.

At the time of his discharge his depression was fully remitted. There has been no sign of a relapse despite multiple stresses. He has experienced unusual and complex life problems during this period of "re-entry" into society and work. His responses to numerous stresses have been appropriate to the overall situation although not always strategically in his own best interests. Understandably he is angry about the many painful and difficult consequences of his prolonged depression. His anger, however, is in no way excessive or out of proportion. As noted above, there is no current evidence of psychiatric disability. On the other hand, during an almost eighteen month period (early 1973 - mid 1979) he suffered from a severe enough depression that he was disabled. It took over 6 months for this to be recognized fully by those around him.

Prolonged periods of depression usually result in a disruption of interpersonal relationships and work. Dr. Osheroff's course conforms to this pattern. His "loss" of his sons may have somehow precipitated the depression and certainly constituted a stress with which it was difficult to cope. Focussing too much on these psychological features seems to have obscured the fact of the autonomous depression which has been associated with damage to all aspects of his life. Despite these problems which might be 'reason enough' for a current depression, he is free from the symptoms of the syndrome. There is no psychiatric evidence to suggest that he is not capable of full functioning at his previous successful level.



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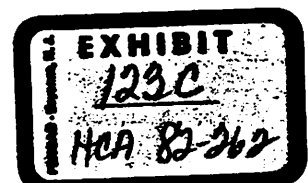
December 14, 1982

To Whom it May Concern:

In January, 1980, I carried out a detailed psychiatric evaluation of Dr. Raphael J. Osheroff at the request of the Medical Board of the Hospital of Alexandria, Virginia. My conclusion was that Dr. Osheroff had suffered from a psychotic agitated depression which was unresponsive to psychotherapy but did respond to the pharmacologic treatment which he received at Silver Hill Foundation of New Canaan, Connecticut, August 1 - November 1, 1979. By January, 1980, his depression had remitted and there was no evidence of any psychiatric condition that would interfere with his practice of medicine. I further concluded that were he to suffer a relapse, it could be readily treated with appropriate drugs. This deterioration in late 1978 and early 1979 appeared to be a product of inadequate treatment and would not be expected to recur.

During the subsequent period of almost three years I have had several meetings with Dr. Osheroff, on an average of one every three to four months. At no time has there been any evidence of recurrence of his depression nor of psychiatric disability. In July of 1981 I specifically addressed the question of whether he was psychiatrically able to function as a parent and found no evidence to suggest that his access to his children by his first wife should be restricted. Neither at that time, nor subsequently, have I observed or heard of any behavior that would call into question his fitness as a parent. Although the facts of his past severe depression and secondary losses obviously influence his current relationships they have not and do not render inappropriate, unhealthy, or damaging his efforts to establish a closer relationship with his children.

Given Dr. Osheroff's performance during the past three years, including his litigation against Dr. Robert Greenspan, the current prognosis for overall stability of his future psychiatric course is good. One mentions the lawsuit because it demonstrated that Dr. Osheroff's perceptions and reports were remarkably accurate. Without being able to validate every statement in 1980, it seemed possible that he was retrospectively exaggerating or distorting the hostile behavior of his colleagues. It has finally emerged that their behavior toward Dr. Osheroff was indeed hostile, opportunistic, unethical and cynical. It now appears that Dr. Osheroff's "fighting back" has been both appropriate and productive. This may also prove to be the case in his efforts to see more of his children. From the information available to me, these efforts are signs of health and not products of psychopathology.



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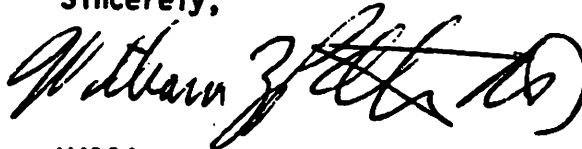
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In summary, I would emphasize that Dr. Osheroff has sustained a full remission from his agitated depression for three years and is likely to continue to do so. Even if he were to suffer another episode, it could be treated effectively within weeks and would not be likely to seriously interfere with his functioning or to impede his ability to act as a parent were he in that role.

Sincerely,

A handwritten signature in black ink, appearing to read "William Z. Potter", written in a cursive style.

William Z. Potter, M.D., Ph.D.