Abstract
This article reviews Franklin Delano Roosevelt's (FDR's) medical problems during the crucial days of World War II. Based on this review, it appears that FDR was unfit for the presidency during his fourth term. FDR's physicians failed to communicate honestly with the public, which impacted the lives of millions of people around the world.

The mental health of a U.S. president should be a priority due to the president's potentially catastrophic power. There are new remedies to deal with this issue today. All U.S. presidents should have annual exams to evaluate their mental fitness. These exams should be focused on executive function, mood, thought content, and reality-based logical thinking. When completed, they could lead to substantial public benefit.

To assure objectivity, the panel of physicians completing the evaluation should be independent and not in any way affiliated with the U.S. government. All healthcare professionals must not only respect the privacy of the president, but also consider the welfare of their fellow citizens. The president's annual mental evaluation results should be shared with the public.
Evidence of Reduced Work Capacity

After his comprehensive medical evaluation at Bethesda Naval Hospital in March of 1944, FDR's physicians limited his work schedule to 4 hours daily. FDR spent 105 days in 1944 and 45 days in 1945 away from the White House. His death was attributed to a massive brain hemorrhage caused by hypertension, with repeated measurements of blood pressure ranging as high as 300/200 mmHg (Bruenn, 1970). FDR died on April 12, 1945. Earlier that day he had complained of a headache and suddenly lost consciousness. According to the death certificate signed by Dr. Howard G. Bruenn, the cause of FDR's death was brain hemorrhage. An autopsy was not performed (Bruenn, 1970) (Table 1).

<table>
<thead>
<tr>
<th>Date</th>
<th>Blood Pressure</th>
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<tbody>
<tr>
<td>07/30/1935</td>
<td>136/78</td>
</tr>
<tr>
<td>04/20/1944</td>
<td>230/126</td>
</tr>
<tr>
<td>04/28/1944</td>
<td>230/126</td>
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<tr>
<td>05/02/1944</td>
<td>240/130</td>
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<tr>
<td>06/14/1944</td>
<td>194/96</td>
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<tr>
<td>09/11/1944</td>
<td>240/130</td>
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<tr>
<td>11/18/1944</td>
<td>210/112</td>
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<tr>
<td>11/27/1944</td>
<td>260/150</td>
</tr>
<tr>
<td>03/29/1945</td>
<td>240/130</td>
</tr>
<tr>
<td>04/12/1945</td>
<td>300/200</td>
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</tbody>
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(Source: Bruenn, H. G. Clinical Notes on the Illness and Death of President Franklin D. Roosevelt.)

FDR's Physical and Mental Health During His Fourth Term

There is a wealth of evidence that FDR's physical and mental condition during his fourth term was less than optimal. Medical records, personal observations, and firsthand accounts all illustrate the deteriorating physical and mental capacities of the president during his last years in office.

FDR's Physical Condition During His Fourth Term

Published medical documents reveal that during his fourth presidential term, FDR suffered from hypertension and congestive heart failure (see Table 1) and congestive heart failure (Bruenn, 1970), conditions commonly associated with hypoxia and cognitive impairment. His death was attributed to a massive brain hemorrhage, a likely complication of his chronic cardiovascular disease (Bruenn, 1970).

FDR suffered from poorly controlled hypertension dating back to 1937 (Bruenn, 1970). The diagnosis of congestive heart failure secondary to hypertension was made upon the comprehensive medical exam of FDR on March 27, 1944, at Bethesda Naval Hospital (Fleming, 2001). Throughout the last 12 months of his presidency, the medical records revealed the presence of exercise-induced dyspnea, nocturnal cough, and fatigue. Physical examinations revealed generalized edema and an enlarged heart, confirmed by x-rays and a clinical exam, and evidence of poorly controlled hypertension, with repeated measurements of blood pressure ranging as high as 260/150 mmHg to 240/130 mmHg, and 230/120 mmHg (Bruenn, 1970).

FDR died on April 12, 1945. Earlier that day he had complained of a headache and suddenly lost consciousness. According to the death certificate signed by Dr. Howard G. Bruenn, the cause of FDR's death was brain hemorrhage. An autopsy was not performed (Bruenn, 1970) (see Table 1).
operating from various medical conditions (Ferrell, 1992; Fleming, 2001).

The Conference at Yalta (an incredibly important historical event discussed later in this article), did not start until the late afternoon and was canceled one day because of FDR’s medical condition (Ferrell, 1992; Bohlen, 1973).

**Observations Suggestive of Diminished Mental Capacity**
Numerous personal observations indicate FDR’s diminished physical and mental capacity during his fourth term (see Table 2).

On August 18, 1944, after having lunch with FDR, Vice President Truman stated, “The President seemed feeble, and when he tried to pour cream into his tea, more went into his saucer than into the cup. He is just going to pieces” (Fleming, 2001).

On December 20, 1944, former vice president Henry Wallace said, “FDR’s mind is not very clear anymore” (Fleming, 2001). Charles Bohlen, FDR’s interpreter at Yalta in February of 1945 said, “The President was ill at Yalta” (Bohlen, 1973). That same month, Lord Moran, Churchill’s physician, described FDR as, “looking straight ahead with his mouth open as if he were not taking things in. To a doctor’s eye, the President appears very ill. I’d give him no more than a few months to live” (Fleming, 2001). In March of 1945, General Lucius Clay said, “I have been talking to a dying man” (Fleming, 2001). In January of 1945, General Murphy, Eisenhower’s chief civilian advisor, stated, “The President is in no condition to offer balanced judgment upon great questions of war” (Fleming, 2001).

**Evidence for Possible Impairment of Short-Term Memory**
Historical evidence suggests that FDR suffered from impaired short-term memory, a deficit that was observed by numerous individuals. For example, on August 24, 1944, when FDR welcomed the president of Iceland, he repeated his welcoming speech twice, unaware of his error (Fleming, 2001). Also, during the same month, Dorothy Thompson, a respected journalist, observed that FDR repeated the same story at the beginning and the end of their luncheon (Fleming, 2001).

**Potential Evidence for Diminished Concentration and Attention**
Historical records suggest that FDR suffered from diminished concentration and attention, key abilities for a president involved in important discussions and negotiations. An important example of this comes from FDR’s participation in the Yalta Conference.

At Yalta in February 1945, FDR met with Stalin and Churchill at a conference of historical significance. The Crimea Conference (Yalta), which took place from February 4-11, 1945, involved the heads of the governments of the United States, the United Kingdom, and the Union of Soviet Socialist Republics (Dear & Foot, 1995). The discussion at Yalta and the final agreement signed by President Franklin D. Roosevelt, Prime Minister Winston Churchill, and Marshall Joseph Stalin had profound historical consequences, such as the establishment of the United Nations, the rules of voting and procedural matters of the United Nations, and the role of the United States in World War II.

### Table 2: Observations and public statements of experts, government officers, and foreign diplomats about FDR during the last 18 months of his presidency

<table>
<thead>
<tr>
<th>Who</th>
<th>When and Where</th>
<th>Comments and Observations</th>
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<tbody>
<tr>
<td>Dr. Howard Bruenn</td>
<td>March 28, 1944</td>
<td>“The President’s condition is God awful. He has congestive heart failure, bronchitis, hypertension, and gallbladder stones” (Bruenn, 1970).</td>
</tr>
<tr>
<td>Vice President Harry Truman</td>
<td>Aug. 18, 1944 - Lunch with FDR</td>
<td>“The President seemed feeble and when he tried to pour cream into his tea more went into his saucer than the cup. He is just going to pieces” (Fleming, 2001).</td>
</tr>
<tr>
<td>Henry Wallace, former Vice President</td>
<td>Dec. 20, 1944</td>
<td>“FDR’s mind is not very clear anymore” (Fleming, 2001).</td>
</tr>
<tr>
<td>Charles Bohlen, FDR’s interpreter</td>
<td>Feb. 1945 - Yalta</td>
<td>“The President was ill at Yalta” (Bohlen, 1973).</td>
</tr>
<tr>
<td>Prime Minister Winston Churchill</td>
<td>Feb. 1945 - Yalta</td>
<td>“The President had a slender contact with life” (Fleming, 2001; Churchill, 1953).</td>
</tr>
<tr>
<td>Lord Moran, Winston Churchill’s physician</td>
<td>Feb. 1945 - Yalta</td>
<td>“Looking straight ahead with his mouth open as if he were not taking things in. To a doctor’s eye, the President appears very ill. I give him no more than a few months to live” (Moran, 1966).</td>
</tr>
<tr>
<td>Harry Hopkins, FDR’s chief advisor</td>
<td>Feb. 1945 - Yalta</td>
<td>“At Yalta, FDR didn’t follow half of what was going on” (Fleming, 2001).</td>
</tr>
<tr>
<td>Samuel Rosenman, FDR’s speechwriter</td>
<td>March 1, 1945</td>
<td>“FDR was wholly irrelevant and some of the things he said almost bordered on ridiculous” (Evans, 2002; Fleming, 2001; Freidel, 1990).</td>
</tr>
</tbody>
</table>
Executive functioning, a deficit that FDR suffered from diminished while performing cognitive tasks.

A particular importance is an individual’s ability to plan and execute a strategy, the ability to recognize patterns, and syntheses, which is the ability to appreciate metaphoric meaning and monitor cognitive performance. Of particular importance is an individual’s ability to learn from errors and to self-correct while performing cognitive tasks.

Evidence from several sources suggests that FDR suffered from diminished executive functioning, a deficit that surely impacted the United States and the world.

Possible Evidence for FDR’s Impaired Drive and Initiative
During his fourth term in office, it appears that FDR suffered from lack of drive or initiative, a crucial mental capacity for anyone, but an absolutely essential executive function for a world leader.

For example, FDR’s lack of curiosity in regard to his progressive physical and mental deterioration may have reflected his lack of initiative. Reviewing the reports from Drs. McIntire and Bruenn, who managed FDR’s medical illnesses, it is apparent that FDR was not interested in knowing the nature of his medical problems (Bruenn, 1970; McIntire, 1946). In contrast, when he faced polio and paralysis years earlier, FDR had taken a drastically different approach, tirelessly questioning the experts treating him regarding the nature of his illness, his prognosis, and many minute details of his treatment (Ferrell, 1992). FDR’s lack of curiosity about his illness may reflect his diminished drive and initiative.

Another potential example of FDR’s executive dysfunction and lack of initiative is his total silence on the question of whether to accept Yalta as the location for the meeting with Stalin and Churchill. To FDR’s closest associates, there were logical reasons (such as Stalin’s well-established practice of spying on his associates and adversaries (Fleming, 2001; Persico, 2001), and the fact that their previous meeting was held in Tehran) for him to put political pressure on Stalin to accept a more convenient location for the United States. Yet, FDR failed to register these concerns.

Poor Judgment and Impaired Response Control
There are reasons to believe that FDR suffered from poor judgment and impaired response control. Several events from the Yalta conference illustrate this. For example, at crucial points in the conference FDR rambled on about irrelevant and incoherent recollections of his boyhood in Germany (Bohlen, 1973). He also made seemingly politically unwise and inappropriate jokes and comments that were inconsistent with his well-proven record of politically and socially mastered communication. Several of FDR’s comments were particularly alarming and suggestive of possible executive dysfunction. For example, FDR asked Stalin to repeat a toast to the execution of 10,000 German prisoners of war (POWs) that the Soviet leader had made in Tehran a year earlier, and he told Stalin that he was thirsty for German blood and would give 6 million American Jews to the Saudi King, Ibn-Saud, as a special gift (Bohlen, 1973). According to history, these statements were inconsistent with his past behavior.

Possible Evidence for Impairment in FDR’s Ability to Learn from Past Events and Process and Synthesize Information Correctly
There seems to be a consensus among historians that FDR’s fundamental strategy in dealing with Stalin at Yalta was to charm the Soviet leader and promote a trusting relationship between the two of them in order to persuade Stalin and the Soviets to join the battle against Japan. The invasion of Japan was crucial for final Japanese surrender to end the war and save American lives (Fleming, 2001; Bohlen, 1973; Persico, 2001). However, this strategy toward Stalin demonstrated obvious flaws in FDR’s logic.

By this time, FDR was well informed of the purges Stalin conducted for his personal political gain, which had exterminated millions of his people and led to the total annihilation of the first parliament (Fleming, 2001; Bohlen, 1973; Persico, 2001). Even without knowing of Stalin’s murderous practices while governing the Soviet Union, surely FDR had a detailed analysis of how Stalin had ordered the Katyn massacre, where 50,000 Polish POWs were murdered (Fleming, 2001; Bohlen, 1973; Dear & Foot, 1995; Persico, 2001). It was extremely unlikely, if not impossible, for FDR to charm and influence a
mass murderer.

There were other reasons to question FDR’s thinking in regard to trying to create a trusting relationship with Stalin in order to accomplish America’s aims. By the time of the conference, Stalin had demonstrated his untrustworthiness by consistently violating the core agreements of the Tehran Agreement signed by the three leaders. According to the Tehran Agreement, all three powers were to cooperate militarily, and the Soviets were to let American fighter jets have access to Russian airfields (Fleming, 2001; Bohlen, 1973; Persico, 2001). Stalin’s pledge of military cooperation was a lie. On a number of occasions he refused to let American strategic bombers take off from the Russian airfields (Fleming, 2001; Bohlen, 1973; Persico, 2001). Repeated American diplomatic and military protests were to no avail (Fleming, 2001; Bohlen, 1973); the Russians appeared to be indifferent to the projects that were important to the military. Additionally, in the fall of 1944 the Russians abruptly asked the Americans to vacate the shuttle bombing bases in southwest Russia. Ambassador Harriman and General Deane had been unsuccessful in ensuring Roosevelt’s cooperation in obtaining Siberian bases from which U.S. forces could attack Tokyo (Kuter, 1955).

FDR’s strategy to charm Stalin and his failure to change his strategy despite alarming signs seem to be consistent with his possible executive dysfunction.

Evidence of Impaired Communication Consistent with FDR’s Executive Dysfunction

FDR’s March 1, 1945, post-Yalta speech was a portrait of impaired verbal expression, poor grammar and vocabulary, transient disorientation, and poor memory (see Table 3). Dramatically inferior to FDR’s past major speeches, his speech on March 1, 1945, revealed a striking decline in his verbal skills consistent with his impaired executive function (Fleming, 2001; Bohlen, 1973; Freidel, 1990).

Navy Physicians Fail to Disclose FDR’s Health Status

FDR’s physicians failed to warn the public and FDR’s family about the true nature of his medical condition and health status. As a result, FDR’s physical and mental decline leading up to his death were unexpected. James Roosevelt, one of FDR’s sons, stated “I never have been reconciled to the fact that father’s physicians did not flatly forbid him to run. None of us was warned that father’s life might be in danger” (Roosevelt, 1959).

Soon after, Dr. Howard Bruenn and a panel of physicians agreed that FDR was suffering from severe hypertension and congestive heart failure, limiting his life expectancy at that time to an average of 18 months (Daley et al., 1943). Despite this, Dr. McIntire, the Navy Surgeon General, repeatedly assured the public that FDR was okay and that his only problem was a chest cold (McIntire, 1946; Time Magazine, 1944).

The cover-up and misrepresentations about FDR’s health, a disgrace to medicine and politics, were engineered by two Navy physicians, Navy Surgeon General Ross McIntire and Navy Commander Howard Bruenn. Dr. McIntire was consistent in his dishonesty. He repeatedly misrepresented FDR’s health, wrongly reassuring the world that FDR was in great health before his fourth election and expressing his shock at FDR’s sudden death (McIntire, 1946). In his book several years later, Dr. McIntire once again declared to the world that FDR’s death was unexpected (McIntire, 1946).

Dr. Bruenn’s failure was his silence. His behavior might have been consistent with the behavior of an ordinary physician of his time, as he was under strict orders from Dr. McIntire to remain silent. In addition, Dr. Bruenn realized he faced severe punishments for any public disclosure about FDR’s declining health.

There were several adverse consequences of FDR’s physicians’ failure to inform the public of the serious nature of FDR’s medical disorders:

• In November 1944, the voters elected FDR without the knowledge of his medical condition.
  • FDR was not informed of his health condition (Bruenn, 1970; McIntire, 1946); hence, he could not make an informed decision about his political future.
  • FDR failed to actively and adequately prepare Vice President Harry Truman for his future presidential duties (Fleming, 2001; Bohlen, 1973; Freidel, 1990).
  • At Yalta and afterward, FDR’s executive dysfunction presented a major disadvantage for the United States and Britain (see next section).

FDR’s Executive Dysfunction Is a Major Disadvantage at the Yalta Conference

FDR’s failing physical and mental health created a major disadvantage for the United States during the February 1945 Yalta Conference. To start, FDR’s poor decision to have the conference in Yalta, a result of his executive dysfunction, made it easier for Stalin and the People’s Commissariat for Internal Affairs (NKVD) to spy on the American and British delegations, giving them complete access to the top-secret talks that went on between Churchill and Roosevelt (Kern, n.d.). The Soviet espionage was so effective and masterful that Stalin had the opportunity to read the precise translation of all conversations between Churchill and FDR from the evening before (Kern, n.d.). To make matters worse, the decision to hold the conference at Yalta required FDR to make a long journey, a trip that further weakened his already compromised health (Bruenn, 1970).

Because of his poor health and executive dysfunction, FDR failed to study the comprehensive State Department reports (Bohlen, 1973). FDR’s lack of preparation and poor behavior and appearance were observed by the American-British delegation, undermining their confidence in the Commander in Chief (Fleming, 2001; Bohlen, 1973; Weinstein & Vassiliev, 1999).
Finally, FDR's executive dysfunction led him to adopt a hopeless strategy at the conference: attempting to charm and appease Stalin. It was senseless to try to charm a mass murderer, and FDR failed to appreciate the fundamental differences between the democratic and totalitarian governments.

At Yalta, only FDR had access to all the crucial information from intelligence, military, and scientific sources to make logical decisions. Not all members of the president's team had access to all the critical intelligence data from the Office of Secret Service (OSS) or the Manhattan Project (the atomic bomb and ultimate power that ended the war) (Persico, 2001). In essence, FDR's executive dysfunction was even more crucial for the final negotiations and outcome at Yalta.

The Impact of FDR's Compromised Executive Function Upon History

It is difficult to measure the impact of FDR's executive dysfunction upon history. However, we can assume that a neurologically sound, mentally sharp U.S. president would have been much less likely to make the following errors:

- During the Yalta Conference, FDR failed to recall that at the Tehran Conference in November 1943 he had fought hard and won agreement for the Soviet Union to stay out of Manchuria. At Yalta, FDR did not offer any opposition to the Soviet takeover of Manchuria (Fleming, 2001; Bohlen, 1973; Freidel, 1990). If this was a strategic move, FDR never explained his reasons to any of his associates.
- FDR failed to realize the Soviet Union had sold the Kuriles to Japan, wrongly assuming that Japan had forcibly taken the Kuriles from the Soviet Union, and agreed to the Soviet occupation of the Kuriles (Fleming, 2001; Bohlen, 1973).
- Because of his executive dysfunction, FDR failed to change his basic strategy of appeasing Stalin, even after Stalin and the Soviets repeatedly violated their pledges. Within weeks of Yalta, where Stalin agreed to free elections in Poland and in most of Eastern Europe, Stalin's Red Army and the Communist forces forcibly took over the Polish, Romanian, and Bulgarian governments and arranged Russian-style rigged elections (Fleming, 2001; Bohlen, 1973; Freidel, 1990; Weinstein & Vassiliev, 1999). Despite the repeated Soviet violations, FDR continued to provide Stalin and the Soviet Union with massive military aid. Authorized by Congress under the Lend-Lease Act, the American aid during the war totaled $9 billion and included more than 14,000 planes, 400,000 trucks, 1,000,000 telephones, and 4,000,000 pairs of boots (Dear & Foot, 1995; Hynes & Klehr, 2000). Beginning in October 1944 through the secret "Hula" operation, the United States began to supply the Soviet Navy with a flotilla of 30 U.S. frigates, 60 minesweepers, 56 submarine chasers, and 30 large-landing vessels; 15,000 Soviet Naval officers and enlisted men were also trained by the United States (Persico, 2001). Never once, after all the Soviet violations, did FDR cut off or threaten to cut off the massive military aid to the Soviets. It is more than likely that his silence about
the most outrageous Soviet violations contributed to additional Soviet aggressions and was a critical factor in the Communist takeover of the Baltic States and Eastern Europe.

- FDR's inability to change his basic strategy also led to his rigid stance to not accept the March 1945 surrender of one of Nazi Germany's key military divisions, which was under the command of General Kesselring. General Eisenhower, Winston Churchill, General Bill Donovan (Chief of OSS) and Allen Dulles (OSS's Europe Chief) were all in favor of accepting the surrender (Fleming, 2001; Persico, 2001). When informed of the secret negotiations between the representatives of the United States and General Kesselring (Operation Sunrise), Stalin protested loudly and angrily, repeatedly questioning FDR's honesty and integrity. What FDR did not realize then was that Soviet spies had provided Stalin with the precise communication between General Kesselring and the OSS (Fleming, 2001; Persico, 2001; Haynes & Klehr, 2000). In many ways, this was the perfect crisis to address the issue of integrity and honesty in the FDR-Stalin relationship. FDR's response was an angry denial mixed with indignation and disappointment. Before and after Yalta, FDR repeatedly failed to confront the Soviets' violations of signed agreements (Fleming, 2001; Bohlen, 1973; Persico, 2001).

His failure to confront the Soviets, along with his executive dysfunction, once again invited more aggression and military expansion by the communist forces at the expense of Eastern Europe and the Baltic States.

Discussion

Any attempt to study, retrospectively, the health of a world leader in a crucial time in the past naturally faces obstacles of history, political or social bias, and reasonable suspicion of personal or political motives. This study had several major limitations, such as its retrospective nature, the inclusion of second-hand observations, inclusions of observations by non-medical witnesses, the absence of a comprehensive neurological or psychiatric exam, and the subjective nature of interpreting potential political and military information.

Despite all these obvious limitations, it appears that the collective examination of all the data suggests that FDR's mental capacity was indeed compromised significantly during his fourth term. Further, there is good reason to believe that FDR's compromised functioning had a profoundly negative impact on the lives of millions of people around the world.

Sadly, FDR's physicians deliberately misled the public about FDR's health. It is difficult to imagine a fourth FDR victory had Dr. McIntire not misrepresented the reality that FDR was terminally ill before his last election. Indisputably, Dr. McIntire's and Dr. Bruenn's loyalty and respect for the privacy of their Commander in Chief is commendable and extraordinary. It is also clear that the realities of that time period, as well as the fact that both doctors were in the Navy and under the command of a national hero at a time of war, created an environment in which it was almost impossible for the doctors to remain objective in the practice of medicine or how they dealt with the media. Yet, any physician who had the privilege to treat the president should have also considered the welfare of the young men who sacrificed their blood and souls in the trenches of faraway lands to serve their country. Did these young men not deserve a Commander in Chief who was not feeble and could thoroughly study important documents before a crucial meeting determining the final outcome of the war? Ethics or no ethics, loyalty or no loyalty, good intentions or bad intentions, the Navy Surgeon General, Dr. McIntire, erred, and his misrepresentations caused immeasurable pain to millions.

What has changed since FDR? The truth remains that a mentally impaired American president may still cause havoc for the world because the U.S. presidents are not required to have regular psychiatric examinations to evaluate their mental fitness for duty (Salerian, 2002; Ferrell, 1992; Crispell, Kenneth, & Gomez, 1988; Evans, 2002).

Conclusion

Before his fourth election, FDR was mentally unfit to be the president of the United States. His ability to lead a nation at war and make sound judgments to defend the interests of the free world was impaired by his chronic hypertension, congestive heart failure, and executive dysfunction.

Before FDR's fourth election, the Surgeon General lied to the public and falsely reassured the world that FDR was healthy and mentally fit to fulfill the duties of the presidency.

FDR's impaired mental abilities had a profoundly negative impact on history by prolonging World War II and most likely contributing to the expansion of communist rule over Eastern Europe.

The lessons from FDR's medical problems and the inadequate methods of dealing with them have offered new opportunities to examine presidential health. All healthcare professionals must respect the welfare of their fellow citizens and seriously consider their ethical responsibilities in balancing the need for the president's privacy with the potential dangers and adverse consequences for millions of innocent civilians and uniformed men and women.

U.S. presidents, and possibly all government heads, should have yearly exams inclusive of their mental functions. Although there are enormous challenges involved in establishing such a comprehensive task, hopefully it can be done. At a minimum, the president's yearly medical exam should evaluate his mental fitness. Several commonly used neurological diagnostic tools to determine cognitive function, such as the Mini-Mental Status examination (Folstein et al., 1975), the Clock-Drawing task (Hadjistravropoulos, Miller, et al., 1992), the
Montgomery-Asberg Depression Rating Scale (MADRS) (Montgomery & Asberg, 1979), and the Alzheimer’s Disease Assessment Scale (ADAS) (Rosen, Mohs, & Davis, 1984), should be part of the exam. In addition, a direct clinical exam, independently conducted by a qualified panel of forensic psychiatrists, is advisable. Such an examination would evaluate the president’s thought content, judgment, logical thinking, mood, and cognitive ability, but would exclude specific areas such as interpersonal relations, family life, sexual functioning, or psychological issues related the president’s background in order to reduce the potential risk of political exploitation.

Because of their divided loyalties, physicians who work for the president or the government cannot be expected to objectively evaluate and accurately inform the public. Hence, the need for an independent panel of forensic experts to conduct such an examination is obvious.

Hopefully, future presidents will receive better care and hear more honest feedback, and the commander in chief of the United States and his associates will deal with the public honestly.

References

Time Magazine. (1944, October 23). 17.

About the Authors

Alan J. Salerian, M.D., is a psychiatrist and the medical director at Washington Center of Psychiatry in Washington, D.C. He is also a former chief consultant for the F.B.I. and a frequent contributor to national newspapers such as The Washington Post, the Los Angeles Times, and USA Today. Dr. Salerian has authored or co-authored several psychiatric articles in peer-reviewed journals. He has made over 100 appearances on various news shows including CBS’s 60 Minutes, 48 Hours, and the BBC’s Panorama. He is a regular analyst and commentator on the Washington, D.C., CBS television affiliate WUSA-TV. Dr. Salerian is a Diplomate of the American Board of Forensic Medicine and has been a member of the American College of Forensic Examiners since 1997.

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