

More on 'We are physicians, not providers'

I enjoyed Dr. Nasrallah's recent editorial "We are physicians, not providers, and we treat patients, not clients!" (From the Editor, *CURRENT PSYCHIATRY*, February 2020, p. 5-7,29). In 1993, my colleagues and I incorporated under the name "Psychiatric Physicians" while managing the psychiatric unit of our local hospital. We did this in part to remind hospital administration and our medical colleagues of our identity and value. I personally coined this name in response to a casual remark my older brother made years ago. When I informed him that I was choosing a residency in psychiatry, he replied, "Why don't you want to be a real doctor?"

A stethoscope, pressure cuff, and ophthalmoscope sit on the side table next to my psychotherapy chair, and I use them often. For years, I have administered electroconvulsive therapy and managed vagus nerve stimulation. I inject long-acting depot antipsychotics as well as depot buprenorphine and naltrexone, and I provide esketamine treatment. I spend significant parts of my patients' visits explaining the treatments their other physicians have prescribed, in words they can understand. I still spend hours each week providing psychotherapy.

My psychiatric training afforded me the insight that my brother's remark caused a lifelong change in my own behavior. Our capacity to blend psychology and medicine distinguishes us from our medical brethren and psychology colleagues.

I agree wholeheartedly that the medical bureaucracy/insurance industry degrades and demeans our profession, and we should do all in our power to resist this.

Jim Wiaduck, MD
Norton Shores, Michigan

I congratulate Dr. Nasrallah on his forceful and clear editorial aimed at demystifying labels that only blur our identity and the nature of the patient-physician covenant.

Carlos E. Sluzki, MD
Washington, DC

I absolutely agree with Dr. Nasrallah's position that we are physicians, not "providers," and that the people we care for are patients, not "clients." Given the enthusiasm with which insurance companies have embraced the term provider (under the notion that we are indistinguishable from other types of trained professionals providing care), perhaps we should stop referring to them as "payers" because this does not seem to be their primary function. Instead, we can refer to them as "withholders" to better indicate the difference between what clinicians do (provide care) and what insurance companies do (withhold payment and thus delay care, sometimes with disastrous consequences).

Douglas Berne, MD
Orfield, Pennsylvania



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Regarding being called "providers," I believe we have brought this on ourselves by allowing "management experts" to decide how we treat our patients.

Shyamala Vatsa, MBBS, DPM
Bengaluru, India

Being called a "provider" has been one of the most annoying and insulting things that we have had to endure in the last few years. Until Dr. Nasrallah's editorial, I had never heard anyone raise this issue in a medical journal. The American Psychiatric Association (APA) and the American Medical Association (AMA) must help us with this. I have been saying for years that we are all going to be replaced by nurse practitioners (NPs)!

Rose Gomez, MD, DFAPA
Chicago, Illinois

I thank Dr. Nasrallah very much for his editorial about being called "providers," which has always irritated me. We worked hard to get our MDs. I've told my residents for a long time that the term "provider" sounds more like a wholesale grocery company. A similar term also confounds me: behavioral medicine. What is that, an old-fashioned reform school? We don't change patients' behavior to conform; we treat their illnesses and

Keep in touch!

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Comments & Controversies

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symptoms so that they can do better for themselves.

Henry Kandler, MD
Bronx, New York

I commend Dr. Nasrallah's recent editorial. Society must reconsider the concept that health care is a "product." Patient education is key!

This editorial was translated into Portuguese by a colleague, and it has started a very interesting and fruitful debate.

Renato Ambrósio Jr., MD, PhD
Rio de Janeiro, Brasil

I was extremely impressed with the wisdom Dr. Nasrallah expressed in his editorial about how we should be referred to as physicians, not as "providers." For many years, I have referred to my primary care colleagues as "PCPs," which stands for primary care providers. I will do this no more and instead use the preferred and more accurate term primary care physicians. And yes, I do support his suggestion that the APA's name be changed to the American Psychiatric Physicians Association, and hope that the plan to implement these improvements succeeds throughout the United States.

Donald Banzhaf, MD
Rochester, New York

I absolutely loved Dr. Nasrallah's editorial and completely agree with him. Perhaps we could begin a letter-writing campaign urging Congress to amend Public Law 93-641 by replacing "provider" with "physicians and/or other health specialists" or something to that effect. With enough persuasion, the AMA might even take the lead on this.

Deborah Young, MD
Encinitas, California

I found Dr. Nasrallah's editorial extremely interesting and on target. I agree with his concern about the trend towards "bottom line" medicine.

I understand that, justifiably, Dr. Nasrallah's basic interest is in the realm of psychiatry (both clinicians and patients); however, shouldn't that concern be broadened by recognizing that in all medical relationships, the individual (ie, physician assistant [PA], NP, registered nurse, respiratory therapist, etc.) is a "clinician" who cares for a patient?

Also, while more and more people are willing to admit to being a patient undergoing mental health care, there still are many people who prefer not to be called a patient when—or if—they describe the experience of receiving mental health care.

I teach a class called "Legal & Ethical Issues In Medicine" in a PA program, and one of the major objectives is to get the students to recognize and feel that they are becoming professionals. They are becoming clinicians who will help manage the health care of a patient.

Again, I appreciate Dr. Nasrallah's points, and wish that they could have a broader exposure.

Robert C. Grosz, EdD
Ft. Lauderdale, Florida

I love Dr. Nasrallah's editorial. It was so refreshing to read, and we really need more of this all around. The language we use is important, and as a teaching faculty member, I see medical students and residents tossing around the term "provider" flippantly; it seems the term has been drilled into them. It is completely and totally demoralizing to our profession and has everything

to do with the corporate takeover of health care. I lecture my students on physician advocacy, specifically regarding midlevel encroachment into medicine, but there is so much misuse of health care terminology. Now, everyone is a doctor, clinician, provider, or prescriber. Why not just identify everyone by their actual credentials? I also completely agree about the term "client," which is also ridiculous.

I found Dr. Nasrallah's editorial to be a breath of fresh air. I thank him for it!

Laura K. Kendall, MD
Los Angeles, California

I want to congratulate Dr. Nasrallah for addressing the "provider" issue in his editorial. It is right on the mark and has been a thorn in my side for many years (as is the "client" vs "patient" issue). He worded it very well! I thank Dr. Nasrallah for discussing this.

René S. Kahn, MD, PhD
New York, New York

Dr. Nasrallah responds

I thank my colleagues, whose letters confirm that being called "providers" instead of "physicians" is something that all psychiatrists resent and oppose. I hope each psychiatric physician reader of CURRENT PSYCHIATRY vocally demands to be called a physician, not a provider. I also hope the APA will fight for this issue at the national level.

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