Current PSYCHIATRY

We treat patients, not clients

All of Dr. Nasrallah's comprehensive list of "nags" are noteworthy ("Let me tell you how I feel…" From the Editor, CURRENT PSYCHIATRY, August 2009, p. 14-16) however, I will focus on calling patients "clients." I feel that this practice strikes at psychiatrists' identity as physicians. I have noted with increasing frequency and alarm that psychiatrists and nurses are falling into this trap that strikes at the core of our profession. It is as if words are not important.

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There are no 'clients' in the doctor-patient relationship

I read with amusement Dr. Nasrallah's August editorial, and certainly agree with most of his points of "ventilation" ("Let me tell you how I feel…" From the Editor, CURRENT PSYCHIATRY, August 2009, p. 14-16). In regard to relabeling patients as "clients," I think this is an encroachment on our profession by therapists (eg, MSW, LISWs, RNs, PhDs, and PsyDs).

I do not feel that anyone that I prescribe medications to is a "client." These individuals are patients and always will be. I suspect the term "client" comes from those without prescribing privileges and only serves to erode our profession, much like wearing suits or street clothes instead of white lab coats, which is Dr. Nasrallah's third point.

I also am a practicing pediatrician, and I can assure you that there is a slow attempt by nurses and practice managers to turn pediatric patients into "clients" as well. The same trend away from white lab coats is now being seen in primary care, which I feel is eroding the doctor-patient relationship.

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In my opinion, you can be my client if I never prescribe you medicine. Until then, you're my patient. To date, I have only 2 "clients," but a slew of patients.

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How I really feel

I find Dr. Nasrallah's ideas to be consonant with my own ("Let me tell you how I feel…" From the Editor, CURRENT PSYCHIATRY, August 2009, p. 14-16).

I believe insurance companies have discriminated against psychiatrists and our patients for many years. I believe the legal profession has made us what we are today. The oath to tell the truth in the courtroom should include lawyers. We need court-ordered outpatient treatment to help control our patients' psychiatric illnesses and noncompliance. The worst development in psychiatry has been our relegation to being "pill-pushers," off limits to psychotherapy.

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How independent can a CME program be?

I appreciate Dr. Henry A. Nasrallah's editorial examining funding of continuing medical education (CME) programs ("The $1.2 billion CME crisis," From the Editor, CURRENT PSYCHIATRY, July 2009, p. 18-20). CME programs are critical to keep doctors informed about the latest advances and enhance their skills at frequent intervals. In addition, CME programs are important support for primary care physicians who practice in rural areas and work with traditionally underserved populations.

The majority of physicians agree that CME programs meet their educational needs. Pharmaceutical firms often view sponsored CME programs as opportunities to promote their product. It is well known that these companies try to influence the selection of topics and speakers as well as content of CME programs.

I strongly agree with Dr. Nasrallah's proposal to pool funding from multiple pharmaceutical companies that is then allocated to applicants by a third party. In this manner, CME programs could guarantee the highest level of transparency and scrutiny.

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To comment on articles in this issue or other topics, send letters in care of Erica Vonderheid, CURRENT PSYCHIATRY, 110 Summit Avenue, Montvale, NJ 07645, erica.vonderheid@dowdenhealth.com or visit CurrentPsychiatry.com and click on the "Send Letters" link.