the columns
correspondence

Patient or client?

Sir: We were interested to read Ritchie et al’s (Psychiatric Bulletin, December 2000, 24, 447–450) findings on what individuals in contact with psychiatric services wish to be called and we would like to add our own preliminary results from our ongoing project, which support their findings.

Out of 137 consecutive attenders at a general adult psychiatry clinic, 114 (83%) preferred to be described as a ‘patient’, 18 (13%) preferred to be described as a ‘client’ and the remainder express no preference, or preferred other terms.

These results provide further evidence to support the use of the traditional term ‘patient’ rather than politically correct alternatives. The Orwellian use of language may damage the speciality of psychiatry by marginalising it in the field of medicine and contributing to the stigma of mental illness. The majority of individuals who visit psychiatrists subjectively describe suffering (patire). Many individuals visiting cardologists do not describe subjective suffering – they have no symptoms. Cardologists are unlikely to address their patients as client – why should psychiatrists?

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Evidence-based journal clubs and the Critical Review Paper


The practice of evidence-based medicine (EBM) involves conscientious, explicit and judicious use of current best evidence in making decisions about individual patients’ care (Sackett et al, 1996). This requires formal assessment of the quality and implications of available evidence to maximise the quality of clinical decision-making. It is unlikely that an EBJC can truly emulate EBM without considerable work (Walker et al, 1998). How then do trainees prepare for the Critical Review Paper?

In Inverclyde, we hold a weekly journal club attended by all grades of medical staff, which alternates between an EBJC and a ‘critical appraisal journal club’ (CAJC) format. In EBJCs, presenters address a clinical question with reference to the wider literature. Summaries of relevant papers lead to an overall awareness of the current evidence base and a ‘clinical bottom line’ is established. The CAJC aims to teach the skills examined in the Critical Review Paper. A single article is chosen and introduced with reference to critical questions such as those proposed by Greenhalgh (1997). The audience participates in the appraisal process. The strengths and limitations of the research inform result interpretation, and the participants derive conclusions on that basis. Trainees find the CAJC format beneficial in their preparation for the Membership examination. We comment on this format to training schemes throughout the British Isles.


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Who can best protect patients’ rights?

Sir: I would like to correct two inaccuracies in your editorial comment on my paper that was published in the October 2000 issue of the Bulletin (pp. 366–367).

First, you state that no central authority keeps statistics on managers’ hearings and that discharges by managers “are now unheard of [at least until Gregory’s report from Kingston]”. The Mental Health Act Commission (MHAC) keeps statistics on managers’ hearings. The relevant information is contained in the commission’s analysis of hospital profile sheets for 1998/99. I