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A Misused Term

To the Editor: I would like to comment on language in the August column by Patrick Corrigan, "Best Practices: Strategic Stigma Change (SSC): Five Principles for Social Marketing Campaigns to Reduce Stigma" (1). In my view the author and the journal should avoid discussing efforts to "reduce stigma" and should instead focus on eliminating discrimination and prejudice.

According to Webster's dictionary, stigma is a mark of shame or discredit borne by a person—an identifying characteristic. However, when a person with mental illness experiences what Dr. Corrigan refers to as "stigma," he or she is experiencing not something inherent to oneself or one's condition but prejudice and discrimination coming from others. It is counterproductive to talk about reducing stigma, since to do so reinforces prejudice and sets too limited a goal. Suggesting that "reducing" a prejudice is an acceptable goal would not impress those who have directly experienced direct and active prejudice.

We editors and professionals are often incautious in how we express ourselves. I am retired as an editor now but frequently call attention to language misuse in the media. Many in-

dividuals are offended by the abstraction "the mentally ill." Newspapers and other periodicals routinely write of "the mentally ill," as if this collective term correctly characterizes an individual. My concern is not that there are people who exercise prejudice, but how we address them and their prejudices precisely. My hope is that we not empower either.

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Mr. Maio, who lives in Ft. Myers, Florida, is a former editor of various mental health publications.

Reference

1. Corrigan PW: Strategic stigma change (SSC): five principles for social marketing campaigns to reduce stigma. *Psychiatric Services* 62: 824–826, 2011

Assessing the Career Satisfaction of Psychiatrists

To the Editor: In their article in the September issue, Dr. DeMello and Dr. Deshpande (1) discuss various factors that they believe have an impact on the career satisfaction of psychiatrists. They argue that increasing the career satisfaction of practicing psychiatrists could have a positive impact on recruiting more psychiatrists. Most people who study the recruitment of medical students into various medical specialties would concur that the satisfaction of current practitioners has a significant impact on the career choices of medical students.

The authors' analysis of survey data pointed to a number of areas of dissatisfaction among psychiatrists. However, before examination of their findings, the reliability of their data must be addressed. Their analysis was based on questionnaires completed by 314 psychiatrists who participated in a national survey of a stratified sample of 10,250 physicians of all specialties. A total of 4,720 physicians returned the questionnaire, and of these 314 were psychiatrists. To assess whether this sample is representative of the 52,000 U.S. psychiatrists, one would need to know how many questionnaires were

sent to psychiatrists and what methods were used to determine whether respondents were similar to nonrespondents. Because the authors did not provide this information, the reliability of the data—and the findings—cannot be assessed.

In addition, the authors assert that if older psychiatrists would see more patients rather than cutting back, this would have a positive effect on increasing the availability of psychiatric services. However, this may be of limited help in addressing the shortage of psychiatrists. The authors also argue that psychiatrists are remaining in practice rather than retiring "because they cannot afford to retire." No data are offered to support this contention. The psychiatrists I know who are 65 or older continue to practice because of the satisfaction that they receive from their work.

Strikingly, the authors do not address the fact that many younger physicians do not work as many hours as physicians did some years ago and as their senior colleagues continue to do. The reduction in work hours contributes to the shortage of psychiatrists. On the other hand, a new psychiatrist who engages primarily in a medication management practice sees in a week many more patients than a psychiatrist did 30 or 40 years ago, when psychotherapy was the primary treatment modality. The increased number of patients seen by new psychiatrists would serve to mitigate the shortage of psychiatrists.

The authors report that psychiatrists are concerned about malpractice, which is described as if it is a unique cause of dissatisfaction. But concerns about malpractice have an impact on all physicians. In an August 17, 2011, *New York Times* blog, David Leonhart (2) reviewed malpractice claims for all specialties on the basis of research reported in the *New England Journal of Medicine*. Psychiatrists had the lowest number of claims made against them, at 2.6% per year. An even smaller percentage paid a claim.

Meaningful data are needed to assess the current satisfaction of Amer-