

# APA RESOLUTION for the Use of the Term *Patient* in American Psychological Association Policies, Rules, and Public Relations Activities When Referring to the Health-Related and Scientific Activities of Health Service Psychologists and Scientists in Health Care Services and Settings

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**WHEREAS** the Bylaws of the American Psychological Association (APA, 2017a) state that APA “shall advance psychology as a science and profession as a means of promoting health . . .” and it has been noted that psychology has “broadened its role . . . to that of a health profession” (Belar, 2014, p. 3; VandenBos, DeLeon, & Belar, 1991) with a long history of “increasing opportunity to collaborate with other health care disciplines in addressing important health issues” (Brown et al., 2002, p. 536); and

**WHEREAS** the breadth of psychologists’ roles, scope of practice, and activities as health service psychologists (as defined within APA policy: APA, 1996, 2011b, 2014) when working in interprofessional health care and when carrying out team-based science are expanding (Buscemi, Steglitz, & Spring, 2012; DeLeon, Sells, Cassidy, Waters, & Kasper, 2014); and

**WHEREAS** this expansion of psychology’s activities includes broader educational opportunities for, and training as, health service psychologists (APA, 2017b; Belar, 2014; Health Service Psychology Education Collaborative, 2013) while recognizing the importance of psychology’s role in broad interprofessional education and training and the development of shared, integrated, team-based health care competencies (APA, 2017c); and

**WHEREAS** it has been noted that inconsistent use of terminology in the health care literature has “hindered the progression of knowledge about the essential elements of interprofessional collaboration . . . [and] that the single most important and tangible element of successful interprofessional collaboration is the importance of constant opportunity for frequent, shared informal communication” (Morgan, Pullon, & McKinlay, 2015, p. 1228), while some have suggested that interprofessional communication differences can lead to health care errors (Alvarez & Coiera, 2006); and

**WHEREAS** health service psychologists who are involved in interprofessional health care have been encouraged by leaders in our field to develop competencies that include communicating

clearly, concisely, and respectfully in a manner that is *consistent* with, and understandable to, various health care audiences (other clinicians, patients, families, health care staff, and administrators), including the use of language appropriate both to those receiving psychological services and to the professional cultures of other clinicians (Blustein & Cubic, 2009; McDaniel et al., 2014); and

**WHEREAS** it is important to the discipline of psychology in general, and to each individual psychologist involved in health care, to be strong members of the interprofessional health care team (APA, 2011a) and robust researchers in interdisciplinary team science (Rozensky, 2012); and

**WHEREAS** the term *patient* is the term predominantly used in contemporary health care across the entire domain of the interprofessional health care system, including by most other health care professionals and scientists and by third-party payers, health care administrators, health care recipients and their families, and federal and state governments, and is used in current APA policy describing practice in the health care system (APA, 2011a) and may indeed be the preferred term by those receiving health care services (Deber, Kraetschmer, Urowitz, & Sharpe, 2005); and

**WHEREAS** the term *patient*, not *client*, is described in the *Publication Manual of the American Psychological Association* (APA, 2010) as “a person affected by the disorder or illness and receiving a doctor’s care (p. 72) and that in scientific writing, “do not refer to individuals with disabilities as patients or cases unless the context is within a hospital or clinical setting” (p. 76); and

**WHEREAS** it is important for each individual health service psychologist who is involved in providing direct health care or in carrying out health-related research to communicate effectively with other professionals by consistently using the contemporary language of health care (Cubic & Beacham, 2014; McDaniel et al., 2014):

**THEREFORE BE IT RESOLVED** that the American Psychological Association henceforth will freely use, when appropriate, the term *patient* (rather than *client*)<sup>1</sup> in all of its publications, policies, rules, and public relations and news releases when describing those individuals (diagnosed with mental health, behavioral health, and/or a medical disease, disorder, or problem) who are receiving health care services provided by those recognized as health service psychologists. This includes all venues where health care services and/or health-related research endeavors take place.

**FURTHER BE IT RESOLVED** that psychologists recognize that their use of the term *patient* within the context of a patient-centered health care system is encompassed within the broader umbrella of person-centered health care (World Health Organization, 2018), which recognizes access to clear and concise health information, equitable access to health care, and supports the involvement of all individuals in their own health care decision making.

This policy recognizes the diversity of the populations and persons receiving psychological services and it further recognizes the diversity of our psychological community, thereby noting that some psychologists working with some individuals in some areas of psychology such as, but not limited to, forensic, business, academic guidance, or school settings might use a term other than *patient* as recognized by current APA policy (APA, 2011a). It is understood that psychologists will respect individual and/or cultural preferences expressed by recipients of psychological services and their families when choosing language to describe those individuals, families, or populations. Similarly, this policy does not restrict psychologists who are not identified as health service psychologists, in any work setting, publication, or communication, from using the term *patient* when its use is appropriate in describing or discussing an individual or a population of individuals who are receiving health care services or who are participants in health-related research.

**FURTHER BE IT RESOLVED** that it is vitally important that psychologists be perceived as co-equal members and stakeholders in the evolving health care system in order to ensure that psychological concepts and psychological science are incorporated in quality health care.

Thus, psychologists and their students, trainees, or supervisees in all educational and training programs, including graduate, internship, postdoctoral, and lifelong learning experiences, involved in preparing for and providing direct health care services, or carrying out health-related research, are encouraged to use the term *patient*,<sup>2</sup> rather than *client*, when participating in their educational, scientific, or health service roles in the contemporary, interprofessional health care system. This will help to ensure that their language is consistent with that of today's health care system and health-related team science and that all psychologists are perceived as being part of, and consistently integrated into, the culture of interprofessional, integrated health care today and in the future.

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<sup>1</sup> Professionals who routinely use the term *patient*: physicians (MD), osteopathic physicians (DO), podiatrists, nurses, dentists (DDS, DMD), chiropractors, occupational therapists, optometrists, psychologists, physical therapists, health care administrators. Professionals who routinely use the term *client*: lawyers, accountants, financial advisors, stockbrokers, insurance agents, hairstylists and barbers, funeral directors, psychologists, social workers, counselors, architects, advertising and public relations professionals, photographers, business consultants. *Patient* is from the Latin *patiens* (suffering); *client* is from the Latin *cliens* (dependent of a patron) (Latdict, 2018; Merriam-Webster.com, 2018).

<sup>2</sup> Where appropriate, the term *participant* should be used when describing those patients involved in basic or applied health related research.

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