Work Evaluation Issue Useful to Student

I want to share with you the usefulness and circumstances surrounding AJOT’s May issue on work evaluation. As a junior occupational therapy student I was scheduled to give a panel presentation on prevocational training skills as part of a class requirement. However, another special event was scheduled which thankfully postponed my presentation until the following week. The extra time gave me an opportunity to gather more information. The very next day I received the May AJOT, guest-edited by Edwinna Marshall, MA, OTR. The entire special issue on work evaluation gave the added information I needed to balance my account of an occupational therapist’s role, frame of reference, and concept of work in historical review.

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Patient/Client Dichotomy Unwise

Several points may be worth considering regarding the current discussion of the use of “patient” and “client.” First, it is usually unwise to be caught in an “either-or” situation. It is a rare problem that admits only two solutions.

Second, a profession as diverse as occupational therapy can hardly expect to characterize all of the many recipients of its services by one word. Neither “patient” nor “client” is universally appropriate. Consider the retarded child who receives only routine services from the medical profession. Parents do not wish this child regarded as “sick” or labeled “patient.” “Client” in the business sense is hardly appropriate for a child, either. Neither term is really appropriate for the learning disabled child. The well elderly person whom the therapist serves in a health maintenance program is not properly a “patient.” What should we call a prisoner who receives our services?

In common usage, the word “client” is much more loosely interpreted than the dictionary definition that Yerxa and Sharrot quote (“The Issue Is—Promises to Keep: Implications of the Referent ‘Patient’ Versus ‘Client’ for Those Served by Occupational Therapy,” American Journal of Occupational Therapy 39(6) 401–405: 1985). It is interesting to note that in the unabridged edition of the Random House Dictionary “client” is immediately followed by “client-centered therapy.”

It is ironic to see a profession that has been busily extricating itself from the “medical model” for two decades or more discussing the desirability of an exclusive use of the term “patient.” We abandoned “psychiatric” in favor of “psychosocial.” What does that imply?

If we must settle on one word (and I doubt the necessity or wisdom of such a rigid approach), then it should be a universally applicable term such as “recipient.” There are many terms that may be applicable and useful in various situations: “developmentally delayed,” “dysfunctional,” “patient,” and “client” are among them.

It is my hope that as professionals we will not put ourselves in the ridiculous position of being caught on the horns of a nonexistent dilemma.

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Lack of Foresight in Profession

I read with pleasure Dr. Tanguay’s article “Does Occupational Therapy Belong in the University?” in the July 1985 issue of AJOT. Addressing therapeutic tools that have now become the raison d’etre of other “professions” speaks to the heart of my long experience in psychiatry work. I observed my colleagues repudiate, denigrate, and discourage anyone from investigating such tools—as well as tools in other disciplines—and thereby isolate themselves from the frames of reference easily shared with professions in positions of power.

Dr. Tanguay’s article speaks to the need for understanding and nurturance in all areas of occupational therapy. I see “understanding” and “nurturance” as natural corollaries to the orientation toward an academic approach. My sense is that there has been no one of vision in the profession’s leadership who could help broaden the approaches to making ours a more “legitimate” profession. Dr. Tanguay’s article and many others like it are necessary to change the spirit about what is or is not of legitimate con-