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Perspective

Consultation-Liaison Psychiatry vs Psychosomatic Medicine: What's in a name?

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Background: *In November of 2017, The Academy of the Psychosomatic Medicine voted to change its name to the Academy of Consultation-Liaison Psychiatry. It followed a similar change in which the American Board of Medical Specialties voted to change the name of the field to Consultation-Liaison Psychiatry.*
Objective: *The authors, all instrumental in bringing about this change, discuss the history and rationale for this name change.*
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Key words: Consultation-Liaison Psychiatry, Psychosomatic Medicine, Liaison psychiatry, Medical Psychiatry, Academy of Psychosomatic Medicine, Academy of Consultation-Liaison Psychiatry.

"I don't believe a rose WOULD be as nice if it was called a thistle or a skunk cabbage."

–L.M. Montgomery

On November 11, 2017, the Academy of Psychosomatic Medicine (APM) voted to change its name to the Academy of Consultation-Liaison Psychiatry (ACLP). This follows the American Board of Medical Specialties' (ABMS) decision to change the official name of the subspecialty from Psychosomatic Medicine to Consultation-Liaison Psychiatry. These changes have been long in coming.

The field itself has existed for many decades, both in the United States[1] and internationally[2] and was described in the literature as early as the 1920s.[3] The issue of an official name first emerged in the context of the APM's efforts, 25 years ago, to attain subspecialty status. The name "Consultation-Liaison Psychiatry" was proposed and endorsed by the American Psychiatric Association. However, shortly afterward, the American Board of Medical Specialties (ABMS, responsible for accrediting medical specialties and subspecialties and the parent board of the American Board of Psychiatry and Neurology [ABPN]) declared a moratorium on new subspecialties.

The APM tried again in 2000.[4] This time, the name "Consultation-Liaison Psychiatry" was not approved by the ABMS, partly because of the argument that all psychiatrists should be able to perform consultations. At an annual meeting of the APM, shortly afterward, several other names were proposed by members, including "Medical Psychiatry," "Medical-Surgical Psychiatry," "Psychiatry in the Medical Setting," and "General Hospital Psychiatry"; however, each had obvious drawbacks in being either

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overlying inclusive or unnecessarily exclusive of practitioners in the field. After much debate, the APM agreed to accept the name "Psychosomatic Medicine." This name was chosen as a practical choice because (1) it was likely to be acceptable to regulatory organizations as the field did not overlap with other subspecialties, (2) it had historic significance,[4–6] and (3) the name was used by the organization as well as the primary journals in the field, *Psychosomatics*, the *Journal of Psychosomatic Research*, and the *Journal of Psychosomatic Medicine*.

Among many psychiatrists in the field, some dissatisfaction was expressed about the name because it seemed to suggest that the field's sole focus was on somatoform disorders. The Oxford English Dictionary defines "psychosomatic" as "caused or aggravated by a mental factor such as internal conflict or stress,"[7] and this meaning was often the one attributed to the field by other doctors, trainees, and the lay public.[8] It was also the basis for some of the classic research investigating "psychosomatic diseases" that were presumed to be directly caused by underlying emotional states.[6] Such research as that done by Alexander[9] contributed to a more psychoanalytic approach to the understanding of Psychosomatic Medicine in the United States. This was not always the case internationally. For example, in Germany, "Psychosomatic Medicine" has a broader connotation, and under the influence of pioneers such as von Uexküll, Psychosomatic Medicine is seen as central to all of medicine, incorporating an integrative approach in which all organic and psychological problems were multifactorial in cause and should be treated together rather than by experts in separate disciplines[10]; this influence is reflected in the fact that most German university hospitals have a department of psychosomatic medicine independent of their departments of psychiatry.[10,11]

Over time, APM members, both anecdotally and in group discussions at APM annual meetings, increasingly expressed their concern that the term "psychosomatic" poorly represented the field and the work of providers and researchers. Of concern was that much of this displeasure was expressed by younger members and trainees. For example, in an editorial in *Psychosomatics* from 2017, Christina Montalvo, M.D., then a psychiatry resident, expressed frustration at the confusion she encountered when telling other doctors about the fellowship she planned to pursue, noting that "as I seek to further promote Consultation-Liaison psychiatry to medical students and colleagues, I spend more time explaining the term "Psychosomatics" than talking about the exciting aspects of the field."[12]

In response to many similar member critiques, the APM conducted several surveys to determine whether there was a consensus for a name change. In early 2016, APM members were asked if an alternative name should be chosen for the field. Of the 780 respondents, 68% supported a name change, 16% were neutral, and 16% disagreed with changing the name. A second survey was conducted in the fall of the same year, focused on how APM members were currently describing their service. Of the 350 responses received, the majority (55%) said they were using the name "Consultation-Liaison Psychiatry." All other names were much less common: 7% used Consultation Psychiatry and 4% used Medical Psychiatry. Only 17% of respondents used the term "Psychosomatic Medicine" to describe their service. In this survey, members were also asked what their preferred name for the specialty would be, and the most preferred name was again Consultation-Liaison Psychiatry—the next, albeit much less popular choice was Medical Psychiatry; all others had little endorsement.

In December of 2016, a final survey was conducted in which members were asked: "if other key national organizations were in favor, would you support changing the name of the field to Consultation-Liaison Psychiatry, which would include also changing the name of the Academy (exact name to be determined later) to mirror that term?" Of the 668 respondents (a little more than half of the Academy's voting membership), 81% voted in support.

The leadership of APM now felt that they had a mandate for a name change. However, this mandate was from members, and support would also be needed from the field of Psychiatry in general. With this in mind, in December of 2016, the APM approached the American Psychiatric Association (APA), requesting the APA's support of the APM's efforts to change the name of the subspecialty to "Consultation-Liaison Psychiatry"; soon after, the APA Board of Trustees endorsed this effort.

The official process of changing the name then began. The first step was to petition the American Board of Psychiatry and Neurology (ABPN); the organization within ABMS that oversees certification of psychiatrists. A letter petitioning for name change

was sent to Dr. Larry Faulkner, the CEO of the ABPN, and in February of 2017, the ABPN's Board of Directors voted to support the request. The ABPN then took this request to the ABMS. The ABMS held an open comment period and then approved the name change at their annual meeting in October of 2017.

With the name of the field officially changed, a corresponding name change for the organization seemed obligatory. The members were presented with proposed bylaws changes that would change the organization's name from the Academy of Psychosomatic Medicine to the Academy of Consultation-Liaison Psychiatry, and as noted at the beginning of this article, this was then approved at the annual meeting.

What does this change mean for the field? Names are important, and choosing an appropriate name that more accurately reflects what Consultation-Liaison psychiatrists do seems necessary, although not sufficient, to raise awareness of this important work. "Consultation-Liaison" is a name more familiar to most physicians and is very familiar to psychiatrists, who as part of their training, must work in a Consultation-Liaison setting for at least 2 months. Although the term "Consultation-Liaison" overlaps with the academic, rather than lay, meanings of "Psychosomatic Medicine," the two are not equivalent.[13] Thus, the hope is that a name change will reduce the sort of confusion and frustration experienced by such residents as Dr. Montalvo.

However, Consultation-Liaison psychiatrists who trained in a period before the formal accreditation of the field can remember that each of the 2 words in "Consultation-Liaison" had their own difficulties. There is the potential for some to think that the field is restricted to inpatient consultations, when in fact it encompasses a much broader spectrum of physicians working at the interface between psychiatry and the other medical specialties, including many outpatient settings. Similarly, "liaison" is not without its own connotative problems. It was first used by Billings, who formed the first formal division of Consultation-Liaison Psychiatry at the University of Colorado in 1934, to reflect the embedded role psychiatric fellows had in other medical services.[14] "Liaison psychiatry" has been used to describe integrative care in many countries, including the United Kingdom which often uses the term instead of "consultation-liaison"; however, "liaison psychiatry" has encountered ambivalence even in countries where it is better established.[15] In the United States, the relative importance of the consultative vs liaison role has historically been the subject of considerable debate.[16–18] At this point in the history of the field, however, the growing importance of integrated care in psychiatry will make the liaison role more important than ever, and may in fact reflect the future of the field. Thus, this name change provides an opportunity for optimal branding of the specialty, so that the word "liaison" connotes the breadth and depth of the settings in which Consultation-Liaison psychiatrists work, the colleagues they work with, and the clinical services they have unique training and experience to provide.

It is hoped, then, as this new name is integrated into the language of psychiatry, that Consultation-Liaison psychiatrists use this opportunity to educate their colleagues on the many facets of the field. Although the field is important by any name, and such changes are in themselves of limited significance, the change may well be an important part of a broader understanding of Consultation-Liaison Psychiatry's scope and importance to the larger field of medicine.

COMPETING INTERESTS

Dr. Rundell is the current president of the Academy of Psychosomatic Medicine (soon to be the Academy of Consultation-Liaison Psychiatry). Dr. Boland is the immediate past president of that organization, and Drs. Epstein and Gitlin are also past presidents. The authors report no other competing interests.

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