

Impact of Assaults on Recruitment into Psychiatry

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To the Editor:

Moments after I pointed the direction of the waiting room to a walk-in patient and turned to return to my office, I felt a sharp pain in my back. The patient was pounding my head and back with his fists. Shortly thereafter, I was in the emergency department being treated for concussion and a possible fractured vertebra. I was then transferred to a nearby hospital where my recovery was rapid and uneventful.

At that time, I was in charge of our undergraduate program with the responsibility for the Behavioral Science course in pre-clinical years and Psychiatry clerkship. The assault made the front page in the local news section of the city's newspaper and received prominent mention in the local television evening news. While recovering at home, physicians, not all of them psychiatrists, practicing in the area called to offer their sympathies; a few also to reminisce about close encounters they had had with angry patients. I also received many telephone calls from students expressing their concern and offering their best wishes for my rapid recovery. The students who had expressed an interest in Psychiatry and had spent numerous hours discussing their plans for applying for various graduate education programs in Psychiatry were especially concerned; after all, I had spent many hours discussing graduate education in Psychiatry.

It did not take me long to realize that the assault was in the mind of students; and were perhaps wondering if psychiatrists were more likely to be assaulted than other physicians in other specialties. Of course, not every student was bold enough to pose the question directly to me. But it appeared reasonable to assume that the event had raised some concern in their mind. A colleague who met with the students in my absence sensed this to be the case and decided to address the issue head on. He

devoted an entire hour-long class with junior clerks to discuss the event. Are psychiatrists more likely to be assaulted than other physicians? The person who assaulted me was not in therapy with me and had never had any contact with me prior to the event. With a show of hands, majority of the students were of the opinion that most assaults occur in psychiatric inpatient units than elsewhere in the hospital. It seemed pointless, at this stage, to pull up statistics and argue with figures; and incidentally, the figures (50 to 75 % by some accounts), though not very reliable, do not contradict the perception of students. I continued to bring the issue of assaults each time an opportunity presented itself with students; and this despite being uncertain of its impact on recruitment.

I called some fellow educators in the field for advice. None of them had faced the problem I did. Do students consider the problem of assaults in choosing our specialty? And if they do, how important is the factor compared to, say, income upon graduation and lifestyle issues. Are psychiatrists more likely to be assaulted than physicians in other specialties? There were no satisfactory answers to these questions.

It is now nearly two decades since the event. I was introduced to a physician at a social event. He recognized me as his erstwhile clerkship director in Psychiatry. During the conversation, he told me that he was a junior clerk the very week I was assaulted by a patient. Was he not one of the students who had expressed an interest in Psychiatry? Yes. He confessed that his parents who lived in the community and were aware of the incident strongly discouraged him to specialize in Psychiatry. He added somewhat sheepishly, "I am happy with what I am doing now. But to this day, I gravitate toward emotional problems my patients present with."

I only have a faint memory of the assault; but every now and then, wonder about the extent of the problem and its possible impact on recruitment into Psychiatry. If so, how should we address this issue?

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