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Peter Thill, Attorney  
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RE: AMA Guides Task Force

Dear Mr. Thill:

First of all, I want to thank you for requesting my assistance on your task force regarding psychiatric impairment. I'm going to be away on vacation at the time of your meetings so I won't be able to attend. It's always busy before I get ready to go so my time has been limited to review all that you forwarded. I can surely do so at a later date more thoroughly but I do have some comments having looked over the information.

If I recall correctly, there was an earlier attempt to assign percentages to psychiatric impairment but it was abandoned. In the Fifth Edition, Section 14.3 it is stated that there are no precise measures of impairment in mental disorders as the use of percentages implies a certainty that doesn't exist. In other words, applied percentages may not translate very well into reality since there are a number of factors that tend to influence mental and behavioral impairment.

Presumably, the sixth edition somehow overcomes this uncertainty by the use of various rating scales. I don't see any explanation how this uncertainty has been overcome through the use of multiple rating scales. That is, I'm not sure what the percentages mean. Is there any background information on this?

It does appear that this is a noble effort to improve impairment ratings through the use of multiple rating scales, but all of them are subjective in nature. The real task is in finding out whether or not there is inter-rater reliability when using this new format.

The methods set forth in the sixth edition seem a little cumbersome and time consuming but I suppose, with practice, use of this method would become easier. Also, I don't know how these percentages were assigned or how they will translate meaningfully. I suppose some of this might come with trying to utilize these methods and see what comes of it.

Peter Thill, Attorney

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I guess my overriding concern is that assigning percentages as set forth in this sixth edition might induce a false sense of reality and the numbers may be equated with fact, possibly incorrectly.

Having said all of the above, it might prove to be a useful system to utilize on a trial basis. I just want to make sure that everybody is measuring the same items in the same way. I'd still like to know the evolution of these more recent ideas about psychiatric impairment ratings.

Let me know how things proceed and I will help as I am able.

Respectfully,

  
James L. Gallagher, MD  
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