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Of the Week

CIA's caper and ocean research	204
Moon data and speculations	205
Science knowledge declines	206
Astronomy feels the crunch	206
Hair dyes and health	207
No further particles?	207
Alcohol, diet and cirrhosis	208
Uneasiness over water standards	208

Research Notes

Zoology	209
Biomedicine	209
Technology	210
Chemistry	210

Articles

Enzyme engineering for therapy	211
Third World science education	213

Departments

Books	202
Letters	203
Off-the-Beat: Drake's bay	214

COVER: Mercury, photographed March 17 by Mariner 10 as the spacecraft sped away from its third and last controlled encounter with the planet, shows obvious similarities with the moon. But even with a relatively coarse resolution of about 518 meters (the photo was taken from 18,600 kilometers away), greater secondary cratering effects are visible, due to Mercury's higher gravity. Such comparisons, a change from the rock-at-a-time approach of past years, were a feature of the sixth Lunar Science Conference in Houston last week. See p. 205. (Photo: NASA)

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To the Editor

AMA and physicians' assistants

The last sentence of Joan Arehart-Treichel's "Off the Beat" article titled "What we can learn from Chinese medicine" (SN: 3/1/75, p. 141) showed an insight into the American Medical Association that has been slow in coming. The sentence states, "Until now the AMA has taken a dim view of physicians' assistants and midwives, largely because they appear to threaten the structure and power of physicians."

Eventually people will come to realize that two of our largest unions, the American Medical Association and the American Dental Association, do not always have the best interests of the general public in mind when they make decisions among themselves which affect all of us.

Robert L. Berger, D.D.S.
Port St. Lucie, Fla.

The concluding sentence of Joan Arehart-Treichel's article "What we can learn from Chinese medicine" was particularly misleading to your readers and not at all reflective of the American Medical Association's leadership in promoting effective use of potential manpower.

In December 1970 the House of Delegates of the American Medical Association adopted the following policy statement: "that state legislatures be urged to amend state medical practice acts to remove any barriers to increase delegation of tasks to allied health personnel by physicians." The intent of this policy is to obtain medical practice acts which would codify the physician's recognized right to delegate patient care functions to competent personnel in a manner consistent with the patient's welfare and would also codify the right of the one who accepts the delegated responsibility to participate in the practice of medicine.

The following December (1971), the House of Delegates of the American Medical Association adopted the "Essentials of an Approved Educational Program for the Assistant to the Primary Care Physician," which identifies minimum accreditation standards for an educational program. The accreditation process is conducted under the auspices of the AMA's Council on Medical Education in collaboration with the American Academy of Family Physicians, the American Academy of Pediatrics, the American Academy of Physicians' Assistants, the American College of Physicians, and the American Society of In-

ternal Medicine. These four medical specialty organizations represent a significant portion of the practicing primary care physicians throughout the nation.

Since the accreditation effort was initiated in May, 1973, 69 applications have been received, 49 programs have been accredited and 96 on-site evaluations have been conducted.

In addition, as a result of substantial initiative on the part of the American Medical Association, a National Commission on Physician's Assistant Certification was established in November 1974. The initial certification examination was administered nationally in December 1973 and offered again in December 1974.

I believe Ms. Arehart-Treichel would find of interest the recent study completed by Ms. Eva Cohen et al of the Office of Regional Activities and Continuing Education, Yale University School of Medicine. The study was published in two volumes in October 1974 under the title "An Evaluation of Policy Related Research on New and Expanded Roles of Health Workers."

L. M. Detmer, Assistant Director
Joint Review Committee on Educational
Programs for the Assistant to the
Primary Care Physician
American Medical Association
Chicago, Ill.

The last half of your article, which is concerned with the contributions of the ill-trained barefoot doctor and the partially trained physician's assistant is hardly the quality of medicine that the citizens of this country should expect and I doubt it is what you would settle for.

One of the big problems in our country today is getting our citizens to utilize the medical knowledge and facilities that we at the present time have. I agree we should have more physicians until every man has his needs fulfilled, but we should not reach this goal by the acceptance of inferior quality.

The motive that you described to the American Medical Association as to why they object to the support of physicians' assistants and midwives is most unfair and short-sighted. The insistence upon quality is perhaps a unique expression in American society, but it is a motivating factor in the medical profession. For those who cannot understand this attitude, I can only ask for their indulgence.

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