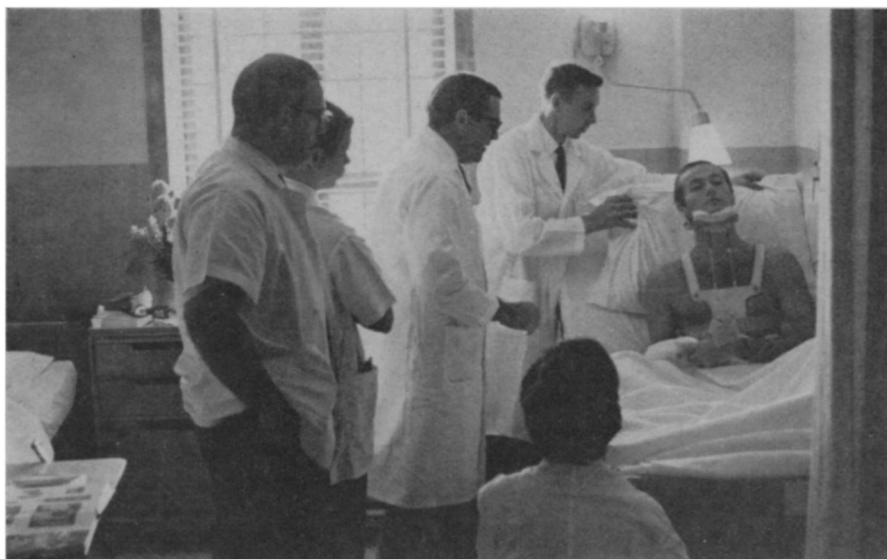


# Helping the doctors

**A new breed of medical personnel is filling a gap in medical care**

by Faye Marley



Duke University

*Physicians' assistants train to take over some clinical routines.*

The United States needs 50,000 more doctors. But last year fewer than 8,000 physicians were graduated from the country's 91 medical schools. Some 5,000 communities have no doctor at all.

**There is no lack** of willing applicants, but only 52 percent of the 18,724 would-be doctors knocking at the doors of available schools last year could be admitted. Most of the applicants qualified for admittance but were turned away for lack of room.

Dr. Frank Wray McKee, director of the Public Health Service's Division of Physician Manpower, says the crisis in health care will worsen before it begins to improve. Even the twoscore new medical schools now being financed require a lead time of nearly 10 years for planning construction and staffing, and graduating of the first class.

When President Lyndon B. Johnson signed the 1968 Health Manpower Act last August it appeared that these schools were coming into a great inheritance, but the \$1.2 billion budget must be spread over two years and actually represents a sharp cutback in Federal support.

The President had asked for a four-year extension of the act, and the cutback to two years along with reductions in the budget for the National Institutes of Health could affect 20 medical schools, even closing some of them.

A joint statement by the American Medical Association and the Association of American Medical Colleges, although advocating Government support, emphasizes that "individuals, industries and foundations remain as major contributors to the support of medical education. This fact must never be obscured by the prominence of Federal and state tax support. Private support has allowed American medical educa-

tion the flexibility which has made it strong."

But flexibility has so diversified medical education that there are not enough practicing physicians to take care of all the sick people. Dr. McKee blames the increasing interest in medical research, "often without patient involvement or even application," for siphoning off many practitioners.

The crowded waiting rooms of doctors give evidence that there are not enough M.D.'s and that they are overworked.

One effort at relieving the work load of the individual doctor is a program to create physicians' assistants, at Duke University in Durham, N.C., where 16—most of them former medical corpsmen in the armed services—have been graduated.

Although the program is functioning well at Duke, it is not under way in other medical schools yet.

**One of the problems** is the matter of the name. At the Cleveland Clinic Hospital, for example, W. Braiden Darley, assistant administrator, says the Board of Governors has discussed the plans, including what to call this new breed, and what its legal status will be.

Dr. Joseph Hamburg, dean of the School of Allied Health Professions of the University of Kentucky College of Medicine in Lexington, who with other medical school representatives attended a recent meeting at Duke, says his own board will soon meet to discuss the assistants' status. They favor the name clinical assistants.

The American Medical Association had planned to sponsor the symposium at Duke but instead scheduled its own planning meeting under the leadership of Dr. Edmund D. Pellegrino of the Stony Brook, N.Y., medical school.

The assistants are not expected to

compete with nurses or technicians, although some of the training may overlap with that of other paramedical workers.

Training at Duke, for instance, includes 726 lecture hours and 264 laboratory hours in the first year of the two-year course. Medical school faculty members teach special classes that include anatomy and physiology, clinical medicine, pharmacology, medical electronics, animal surgery and interpretation of electrocardiograms.

**Before** they are graduated the students receive on-the-job training in various clinical specialties and spend eight weeks as assistants to North Carolina physicians. One man has been working in the Central Prison at Raleigh, and another at the Plymouth Clinic in Plymouth, N.C. Most of the assistants are helping faculty members in clinical research and practice at the Duke School of Medicine.

A physician's assistant draws blood, gives intravenous infusions, places catheters in the gastrointestinal tract, performs lumbar punctures and tissue biopsies, as well as other procedures classically performed by the physician.

So far, patients have not objected to care by these assistants, seeming to recognize the benefit of quick attention that the busy doctor cannot give. The training course cannot be regarded in any way as a substitute for medical school. The assistant is not a junior doctor, but is trained to assist the doctor in clinical and research endeavors. His training emphasizes practical work, with a minimum of theory, but his outlook is that of a physician rather than that of a nurse or technician.

The only academic requirement for the course is a high school diploma. Students receive \$200 a month in the

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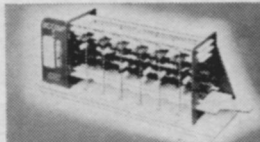
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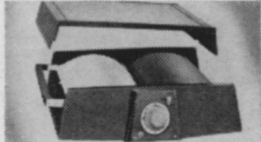
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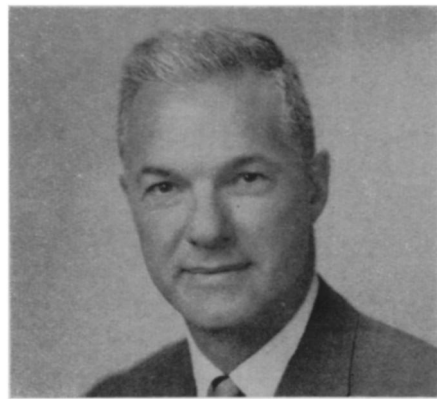
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. . . filling a gap



U.S. Public Health Service

*Dr. McKee: crisis will deepen.*

first year of the tuition-free course, and \$250 the second year. Women can be admitted, but so far there have been few female applicants.

When the assistant goes to work, he and the physician make their own financial arrangements, and the assistant's role will depend on the doctor for whom he is working. His legal status eventually may have to be settled in court, says Dr. Robert Howard, medical director of the Duke program.

At the December meeting of the AMA Clinical Congress in Miami Beach the House of Delegates sounded warnings to state and county medical societies and hospital medical staffs about paramedical personnel. They pointed out dangers of any contractual agreements that would remove the services of paramedical personnel from the supervision of the physician.

In the meantime, two of the nation's larger philanthropic foundations, Carnegie Corporation of New York and the Commonwealth Fund, have announced support of an experimental program to prepare a wholly new type of professional practitioner in medicine: a pediatric associate who, working under the supervision of a physician, will be qualified to examine and immunize well children and treat the common childhood diseases.

The purpose of this project is to demonstrate a new method of providing more and better care to the nation's growing child population in spite of the national shortage of pediatricians. The project will be conducted by the University of Colorado School of Medicine under the direction of Dr. Henry K. Silver, professor of pediatrics and chief architect of the new curriculum. Graduates of this program will receive a Bachelor of Arts degree from the University of Colorado. The School has received \$450,000 from the two foundations and a \$73,179 grant from the Bureau of Health Manpower for the first three years' support. <

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