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D R A F T

THE PHYSICIAN AND HIS ASSOCIATES IN HEALTH

Introduction

Health leaders today are confronted with some of the most complex and urgent problems of our modern health era. Two primary concerns are manpower shortages and inequities of services which have been intensified by the increasing numbers of people demanding more services. The ways and means with which we attempt to rapidly increase the supply of services will determine the future quality and control of our health service programs.

Because of the pressing nature of these problems we must guard against utilizing methods born of expediency. These methods are often inserted as temporary compromises, but with inadequate provisions for a cut-off or controllable merger point. As a result there is no assurance that the compromise plan may not subsequently become the sole tract for that program's direction even though preliminary reasoning may project a detrimental effect on the program's primary function. I believe these potentially dangerous circumstances now exist in the field of health services. The dangers are intensified by the complex nature of health services and the absolute need for their provision.

Major efforts aimed at developing more and new health personnel are being made to varying degrees in all areas of the country. Most projects and plans are primarily concerned with job descriptions and education and training programs which are designed to meet the special needs of an institution or area. Others are attempting to define very specifically the functions of the personnel in order that national standards can be established for the programs.

Some unification of objectives, methods to achieve them and standards of operations are important. I believe, however, that these are necessary only for those professional health personnel who are the major leaders and decision makers, for example, doctors, nurses, administrators and certain technical experts. For the remaining supportive personnel I would suggest their education and training be conducted according to the requirements of the region, community, institution or organization and should not be encumbered by national guidelines. Because the local demands and personnel resources do vary considerably it would seem advisable to leave the training and function of these personnel to the control and judgement of the area or group involved. This subject, however, is not the focus of this discussion. Further comments on this and suggestions regarding health training of mothers and female adolescents will be presented in another communication.

My major concern is that very little attention has been given to the important effects which may be exerted on the health services system by the behavioral characteristics of health personnel.

We must emphasize first that a human's most intimate feelings are involved during the process of receiving health and medical services. Yet the personnel and technical components of health services have become so intermixed that technical personnel are unwittingly or by default providing direct personal health services to our people. A careful analysis of this trend's possible negative effects is essential at this stage in planning.

The fragmentation and lack of organization of the whole health services system has contributed to this mixup of roles and responsibilities of health personnel. Before the problems become further confused by adding more personnel into the system, I believe we should give special attention to the personnel's behavior as it may effect their job performance and more important, as it may effect the overall effectiveness of the health services system. Behavioral characteristics are even more important when contrasting differences between the sexes are observed, especially when the personnel become involved in the direct provision of health care for humans.

The philosophy and ethics of most health professionals are acquired over a period of several years spent in education and training under the close supervision of their teachers. As intangible as these factors may be, their relevance is best revealed in their absence. Occasional writers state that our people demonstrate less concern for personalized medical service and that they desire only quick service when needed. I believe these opinions reveal a lack of insight into the responses of humans who are intermittently or chronically threatened by conditions of ill-health.

We cannot allow such mechanistic thinking to infiltrate our system of health care. We must assure our people that the promised health services to be derived from sub-specialization, automation and technology will be complementary to a well-organized system and not dominate it to the exclusion of supporting the broad and deep needs of humans who suffer with the many stresses imposed by illness.

Mutual Respect And Trust

For a long period of his history the physician had little reason to share his duties with any trained assistants. Eventually, however, he turned over increasing amounts of his burdens to his trained and dedicated associate - the nurse. This duo created a symbol of health services characterized as personal, competent, continuous and available. To establish a successful relationship between the professional and the patient required development of two fundamental human responses - mutual respect and trust. No comparable relationship has existed in the history of man in regard to the various services he may require. The importance of this unique relationship must be carefully weighed as we consider developing new personnel and methods to provide more health services for our people.

The Nurse As The Physician's Health Associate

The traditional relationship between the physician and nurse has been altered and in some instances detrimentally by a series of circumstances and events. The processes of education, institutionalization, recruitment, specialization, professionalization, research and technological advances are among the major factors involved in generating the observed changes.

The fundamental reason for being a physician or a nurse, however, has not changed. The objective of their increasingly complex education and training remains the provision of personal health services to people. The patient focus has become somewhat blurred, however, as the physician has become more specialized and the nurse more professionalized. The problem has evolved in part from the increasing numbers of technical personnel required to support the rapidly growing technology involved in the diagnostics and therapeutics of modern medicine. To varying degrees, depending upon the area and practice arrangement, the physician and nurse may assume some or most of these technical responsibilities. This robs both of time and interferes with their primary functional responsibilities of patient care. In addition, increasing administrative details required for patient records, insurance forms, billing etc. demand even more of these overly burdened professionals. All of these factors interfere with the physician's and nurse's primary roles leading to depersonalization, discontinuity and thus frequent failures in deriving full benefits of the available services.

There is great need for work analysis of the appropriate function of the nurse and the physician. There is general agreement, however, that relinguishing of time honored professional responsibilities which can be easily assigned to others is essential. I believe an upgrading of the nurse's role to a higher performance level which entails more professional responsibilities in health services is urgent. In so doing,the essential bond between these two primary health professions will be both broadened and strengthened.

Some of the special health services which the advanced trained nurse could be responsible for are as follows: pre-natal care and delivery; well-baby care; family planning; preventive programs; screening programs; chronic disease care; rehabilitation; selected disease diagnosis and treatment and medi-mobile services.

If the physician and nurse can agree and accommodate to this modified association we could then focus upon those components of health services which are less personal.

The Supporting System's Associate In Health - The Admino- Tech

It would be advantageous to develop an individual whose primary role will be to organize and operate the supporting technologies and administration required in modern diagnostics and therapeutics. This master health Admino-Tech in one setting would actually arrange and carry out the required procedures and in another setting, would supervise and integrate the whole of the complex technology for the patient as ordered by the physician and nurse. The former would be in an office group practice and the latter in a hospital or similar institution. This technical integrator would preferably be a male because, in general, the male is more attuned to the demands of the role and willing to take on the increasingly complex responsibilities developing in modern health support systems. We may term these as the diagnostic and therapeutic support systems of an administrative and technical type which involve directly or indirectly a part of the human body in the process of workup and care. There will be varying grades and complexities of such support systems. Hospitals, clinics, large and small group practices will demand their own specific support systems.

I believe we need to develop a health administrator - technician whose education and training will enable him to (1) organize the diagnostic and therapeutic array in the institution or group clinic into a coordinated system (to include the administrative components as well as the technical); (2) prepare schedules and guide the patient through the various parts of the system required for that patient; (3) understand the mechanical and electronic equipment sufficiently to know its limitations and capacities and (4) understand the limitations and capacities of sick patients as they undergo study and care.

This position would require a brighter than average person, preferably a male. His education and training depending upon previous experience would require at least two years. His possible choices of position would have wide range and mobility to the top of the technical support system. Whatever the position, he would parallel the personal contact actions of the physician and nurse with the technical diagnostic and therapeutic support required.

Discussion

The objective of this suggestion is to create an organizational structure in health services within which the proposed personnel may function productively and comfortably. There is no room for personnel who will chose to compete with other members of the health team for power, position or prestige. Each member must have pride in his position, and his actions must be complementary to his associates.

This structure would allow a new male associate in health to parallel and complement the work of the doctor and nurse without feeling subservient to

or competive with them. The essential nature of his work plus the fact, that he has upward mobility to become the top man of the field should make the position an attractive one for the capable and motivated male.

I am concerned that the creation of a male physician's assistant who is part nurse and part doctor would split the doctor-nurse relationship which we cannot afford at thistime in history. Further, the experience in other countries where medical or physician assistant programs have been conducted for many years provides pertinent information which we must be cognizant of. Problems which have arisen in some developing countries have required abandonment or marked modification of the program.

We must realize that the highly motivated male in our competitive society working as a subservient assistant under a male physician could open a Pandora's box of problems. He would be responsible for part physical exams and part histories and become fairly knowledgeable in common therapeutics. No law or code of ethics is going to control his human nature response which will be to extend his role beyond both the boundaries of ethics and competence.

We should also consider the behavioral response of practicing physicians to a male physician's assistant. Do we have objective support to demonstrate that physicians, in general, will share the intimate knowledge of their patients with a non-professional male assistant? How well will the physician share responsibilities with the more ambitious and aggressive male assistants? Will there be more grounds for strained relationships between these two men in contrast with physicians and nurses? Experience in other countries and the

U. S. suggest that the negative potential of these problem areas are very real indeed.

It is hoped that leaders in nursing would agree with the need and the value of elevating the nurse's responsibilities to the physician associate level. The nurse with her dedication, education and training fits the professional, personal and social needs for this associate position.

The position described for what may be termed a physician's assistant which here is called an Admino-Tech, places the male in the technical and administrative support system and provides flexibility and mobility in this equally important health service role as a parallel function. It certainly would be complementary and constructive and in no way disruptive.

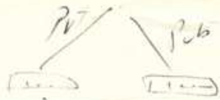
Some difficulty may be experienced by various specialized technical groups who may not appreciate having this director who is knowledgeable enough in all support diagnostics and therapeutics to coordinate their diverse technologies and innovate or modify technologies to fit patient needs. Possibly we could learn from the experience of the engineers who created a systems analyst for somewhat similar reasons. We would propose, however, that this director of health technology or Admino-Tech, be offered the opportunity to perform at the applied level in many of the areas of health technology, since the job he initially assumes would require this ability in smaller group practices and clinics. Following his first two years of prescribed education he could serve a well-paid internship in the office, clinic or hospital in which he chooses to begin his work and thus receive the applied training required for that position. Continuing education through in-service training programs would provide opportunity for upward (administrative) or horizontal (specialty) mobility. The education program and its continuation could

lead to , for example, a B. S. degree in health sciences, which would afford further upward mobility for these Admino-Techs.

Summary

It is urged that we include human behavior as an essential factor in defining job pre-requisites and performance of personnel in the health services system. This especially applies to the differences in job behavior and attitudes manifest between males and females. This discussion suggests a realignment of the two major divisions in health care, the personal and the technical, as clearly parallel functions with the advanced trained nurse as the physician's associate in the personal division and a male Admino-Tech to conduct the technical support systems.

This suggestion attempts to merge the traditionally proven knowledge of human behavior in health services with the complex demands of our technically oriented society and its health care needs.



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