

# Physician's Assistant— New Help for the Sick

You may one day find your doctor less harried, able to give you more time. This is one aim of a drive to train aides of a new type. Their job: routine work that now swamps doctors.

The search for a way to do something about the doctor shortage has sparked an idea that now is beginning to catch on.

It's this: train a lot of "physician's assistants" to handle routine duties, requiring some medical skill, that today take much of the time of hard-working doctors.

Medical schools across the country are showing interest, and at least 10 of them have programs under way or in the planning stage to instruct people for "PA" work.

In addition, many hospitals and clinics are running less formal programs to train staff members, below the status of doctor or registered nurse, to take over additional responsibility in patient care.

**Armed forces' training.** Candidates for physician's-assistant courses in most of the programs are coming from the armed forces, which are returning considerable numbers of medical corpsmen to civilian life. These are men with experience in a variety of medical duties, and they have an idea of what they are getting into in making careers of health work.

Duke University medical school is one of the pioneers in PA education. Since 1965, when the Duke program started, the school has certified 17 PAs. Eleven more will complete their two-year training soon. Twelve additional students are halfway through the course, and 36 new trainees are scheduled to start studies in September.

Of the 17 PAs already certified, 13 are employed by doctors connected with Duke. Two are working for physicians in small towns in North Carolina. One is working at the Central Prison in Raleigh, N. C., and one is employed by a practitioner in Burlington, Vt. Salaries average slightly more than \$10,000 a year.

Dr. E. Harvey Estes, Jr., chairman of the department of community-health science at Duke, is hopeful that the PA program will expand. There are signs that this may occur, since there are at least 30 applicants for every opening at this time.

Should—the hoped-for growth take place, Dr. Estes believes that overworked physicians in rural and slum areas will be encouraged to hire PAs to help them. Outlining what a physician's assistant does for the doctor who employs him, Dr. Estes gives a typical day's program for a PA in a hospital:

About 7:30 a.m., the assistant reports to the hospital ward, where he begins collecting samples of blood and other body contents as requested by his physician boss.

The assistant may also administer injections ordered by the doctor. And he is responsible for getting all the material to the proper laboratory for analysis.

Around 8:30, the PA is joined by the doctor, to whom he reports results of lab tests and

any other records bearing on the condition of the patient.

The doctor and his assistant then visit patients, and the PA gets instructions for further treatments or tests that are within his professional capacity.

The PA's afternoon schedule is a repetition of the morning's work. He may go to the laboratory to run some of the tests required by the physician.

The PA working with an individual practitioner in a small town or slum area would probably do his duties right in the doctor's office—giving physical exams, performing routine checkups, and doing many of the laboratory tests normally performed in a hospital.

Following the lead of Duke, but putting more emphasis on small-town practice from the start, the University of Washington is beginning a PA training course for the first time this year. Fifteen medical corpsmen will make up the first class. The training period will be 15 months—three in academic training, the remaining year in actual practice under the doctors for whom they will work.

**Help along the way.** Dr. Richard A. Smith, who heads the Washington PA program—called Medex—points out that as physician's assistants gain experience, they will stand a good chance of getting academic credit in a medical school. This will help them if they decide to work for an M.D. degree.

Dr. Estes, at Duke, also suggests that "highly motivated" PAs will probably want to become full-fledged M.D.s.

The trouble with being a licensed PA at the present time is that there are no official guidelines on just how much direct patient care can legally be given by someone who does much of a physician's job but is not a licensed M.D.

In Washington State, Dr. Smith believes, there will be little difficulty in establishing the status of a PA. Both the State medical society and State health officials are behind the plan.

Elsewhere in the U. S., however, doctors who make use of physician's assistants for work traditionally performed by an M.D. may run serious risk of malpractice suits if anything goes wrong.

**Gaining attention.** Nevertheless, the drive to train PAs appears likely to gain momentum. Federal and State officials are beginning to support the idea. And, Dr. Estes reports, "Almost every medical school in the country has taken a look at our program at Duke."

"After all," says Dr. Estes, "the trained PA not only enables the doctor to see more patients, he also enables the doctor to spend more time productively with each patient. In addition, a trained physician's assistant will be someone both doctor and patient can trust to do a professional job."



Physicians' assistants in training at Duke University perform tests once requiring the service of a doctor.