

The Physician's Assistant

The progress made in the health field in the last 30 years has assured most of our population many years of useful and happy existence. In the health field, death closes the problem; continued life allows the emergence of many new problems which require the use of personnel and facilities in the health field.

On a bright autumn day, the Duke football stadium is filled with many thousands of happy persons. All of these people must die. All of them will require much from the health area before they die. Think of the number of people who will have non-fatal heart attacks, the number of people who will have herniorrhaphies, the number of people who will need prostatectomies, the number of people who will require x-ray studies for diseased blood vessels, and the number who will have their blood vessels patched. Think of the number of attacks of bronchitis and bronchopneumonia this population will have. Think of the number of persons who will have strokes, hypertension, heart failure. Think of the number of persons who will need organs transplanted. Think of the number of persons who will be living with mechanical hearts and mechanical kidneys. Nearly all of these now-happy folk will use hundreds of hours of health care before they die. Prevention of some diseases will always allow the flowering of others.

It is clear that we do not have the facilities or personnel to give these services. We can enlarge our medical schools and nursing schools, we can build new ones; we cannot expand our present programs to meet our needs.

We need to create a new person in the health field: the physician's assistant, who can in effect multiply the services which a doctor can give.

The physician's assistant would be a male with a high-school or

junior-college education who wished to make a career in the healthfield. One year of vocational training in the health field would be offered at the high-school level. He would be encouraged to volunteer as a hospital corpsman or technician for his tenure of military service. He would be given full credit for any experience he received. If he had had no experience as a corpsman, he would have a period of two years of on-the-job training under the auspices of an accredited medical center. At Duke he would be under a training faculty consisting of a program director and a training committee with representatives from each of the five major clinical departments and from the nursing school.

In the Duke University Medical Center, there are a number of clinical laboratories which work daily with patients. The laboratories have high physician-patient ratio. The physician's assistant would spend one year in these laboratories working closely with patients and doctors, and they would be responsible for any specialized care needed for these patients during their hospitalization. The laboratories presently able to service these training functions are: allergy laboratory, renal laboratory, cardiovascular laboratory, clinical research ward, intensive nursing unit, hyperbaric laboratory, and cancer chemotherapy laboratory.

The first year of clinical on-the-job training would in these laboratories. The second year would be as assistant to groups of doctors practicing medicine in Duke Hospital or in an affiliated community hospital.

At the end of two years of training, the physician's assistant would be expert in all forms of intravenous therapy, cardiac resuscitation, respiratory care, bladder catheterization, lumbar punctures, paracentesis, gastric and intestinal intubation, and immobilization of broken bones.

He would be able to identify cardiac failure, shock, and acute blood loss. He would be prepared to carry out peritoneal dialysis, record electrocardiograms, and do emergency tracheotomies. The physician-in-charge would be legally responsible for all the acts of the assistant.

It is hoped that the medical practice act of North Carolina will be modified to allow the licensing of physician's assistants by the medical licensing board. The Duke Medical Center would keep the program open-ended by agreeing to extend the training and competence of any assistant at the request of a physician or group of physicians. After appropriate training, the Medical Center would request the medical licensing body to amend the license to show the extended areas of competence.

We see the physician's assistant working in the following areas:

1. He would be employed by a physician or group of physicians to help give medical care to patients in an office or clinic.
2. He would be employed by a physician or group of physicians to give first-echelon medical care in outlying communities.
3. He would be employed by physicians to organize medical care units to service the office, the hospital and the home. These medical care units would use all elements in the health field -- nurses, practical nurses, aides, maids, custodial personnel, orderlies, et cetera.

July 1, 1964