

August 18, 1964

Dr. Elliot Finkelstein
Neurological and Sensory Disease
Service Program
United States Public Health Service
Washington 25, D.C.

Dear Dr. Finkelstein:

We are interested in training men who have graduated from high school for careers in the health field. We plan to give on-the-job training in those laboratories of our medical center which care for acutely ill patients and which have a high physician-patient ratio. These men will be trained as physician assistants. Their purpose will be to extend the arms and brains of the physician so that he can care for more people.

The stroke area is an ideal place to serve as a focal point for such training. Patients with this type of lesion require diagnostic studies using most of the facilities of the hospital. They have associated heart, kidney, bladder and lung problems. They have all the problems of rehabilitation. The equipment used in the total program requires a reasonable amount of upkeep. The physician assistant will have to be able to care for the equipment and be able to make simple repairs.

This program is designed to bring new people into the health field -- not to reshuffle those already in it. These assistants will be able to use effectively all existing personnel already in the field.

We wish to know whether the neurological group have any interest in this program.

Sincerely,

Eugene A. Stead, Jr., M.D.

September 24, 1964

Mr. Robert L. Ballentine
U.S. Department of Labor
1330 St. Mary's Street
Raleigh, North Carolina

Dear Mr. Ballentine:

The Department of Medicine of Duke University Medical Center is establishing a program to create a new position in the health field. We have chosen to call these individuals "physician-assistants". We believe there is a need for males to be committed to the health field to fill a gap between the physician and the nurse. This gap cannot be filled by additional training for nurses because nurses are already in very short supply.

These individuals will become skilled in many areas of the medical profession, such as general patient care, intravenous therapy, cardiac resuscitation, respiratory care, catheterization of the bladder, lumbar puncture, paracentesis, gastric and intestinal intubation -- to name just a few. They will be capable of extending the arms and brains of the physician, so that he can care for more people. They will work under physician supervision in the home, the clinic, the hospital, and in specialized medical care units.

Economic potential for physician-assistants is good. They will be immediately used by all segments of the medical profession and will make an immediate contribution to general medical care.

The program will create new jobs and fill an essential need in the area of health services. It will not conflict with any existing profession, and will provide the continuity so essential in medicine today. It will provide a framework within which other personnel, not having the responsibilities assumed by the head of the family and therefore more apt to be intermittently employed in the health field, can perform a more useful function. It will increase the ability of our medical communities to give adequate health service in times of local and national disasters.

We are prepared to admit 12 trainees yearly. They will receive their training on the job and will not require a license to function in the capacity for which they are trained. Each trainee will receive a stipend of \$2,400 the first year and \$3,000 the second year.

*Through
and
W. Hall
K. Wier*

Mr. Ballentine

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We feel the need for physician-assistants is with us now. We have the mechanism with which to start such a program immediately. We are interested in knowing whether the Manpower Development Act can offer financial support for such a project. We will be happy to furnish you with any additional information you may need.

Sincerely,

James C. Mau
Director of Health Careers
Department of Medicine

Eugene A. Stead, Jr., M.D.
Professor of Medicine and
Chairman, Department of Medicine

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HX