

P.A. — An Instant Institution

He May Become Hero of Medical Manpower Crisis; Some Dissent

Medical Group News Photofeature

The momentum abuilding for physicians' assistants as one answer to America's shortage of skilled health personnel reached a double peak on Friday the 13th of November. It may go down as a lucky day for medicine and the nation.

On that date last month in Durham, N.C., not a demur was heard as AMA leaders, HEW and other federal health officials, and prominent faculty from a half dozen medical schools poured praise on the momentum's concept and prospect. At the same time in New York City, legislative experts were shaping the medical aide as a key plank in a package of bills bound for Albany.

Although several states already sanction physicians' assistants (PAs), such strong support from so many powerful forces at the same time tends to create an instant institution. AMA president Walter C. Bornemeier sees the PA relieving MDs of so much back-breaking routine that they can treat more people and concentrate on the hard cases. Health Services and Mental Health administrator Dr. Vernon E. Wilson gets a similar view.

Both said so in Durham at Duke University's third annual conference on its pioneering PA program. Conference chairman Dr. D. Robert Howard added: "It is evident that if patient care is to be available to all citizens, a vast increase in the number of physicians is essential. In spite of all efforts to date to resolve this bottleneck, we have barely been able to maintain our present physician-to-population ratio."

Where are the PAs and what are they doing? The Rockefeller Foundation, which helps support the program at Duke (site of a 207-member faculty medical group) went looking for results, and last month they concentrated on one.

He is Stephen Joyner, a 1968 Duke graduate who now helps Dr. Elliott Dixon in the corn-and-tobacco community of Ayden, N.C. "Steve does virtually everything I do," says Dr. Dixon, "although I supervise. My practice has increased by about 50%. But with that increase, it's still a 50% easier type of practice. I come home much more relaxed. I'm easier to live with."

Most students in the two-year program are former armed forces medical corpsmen. An exception is Mrs. Patsy Mitchell, one of the few women enrolled. The Oklahoma neurosurgeon who employs her wanted Mrs. Mitchell to become more highly trained in examinations, EEG evaluation, and operating room assistance — then to pass along a bit of her new know-how to additional personnel at his office.

Another Duke PA, Thomas R. Godkins, now working in the Mayo Clinic department of internal medicine and cardiology, told the Medical Group Management Association annual meeting

in Las Vegas last September: "The graduate PA is expected to act and react like a physician, but he cannot diagnose or treat any patient except under the supervision of a physician.

"He is being employed in solo and group practices, in academic medicine, and in industrial complexes. He is of value in administrative and instructive roles. His clinical role ranges from working in large diagnostic centers doing many physical examinations to giving direct patient care in hospitals. His technical abilities range from assisting with cardiac catheterizations to drawing blood and reading blood smears. The PA's greatest asset is his versatility."

Some Dissent

Despite the accolades in Durham and New York City, though, praise for the PA is neither unanimous nor universal. "Some of those in the higher echelon of nursing have been hostile and pes-



Godkins — "Act and react"



Rockefeller Foundation photos

Duke's physicians' assistants are trained in life sciences, lab techniques, medical administration, clinical medicine. Tuition is free for two-year course.

simistic," Godkins observes. Nor do all patients go for the idea.

"When I'm sick, I don't want any assistant taking care of me," says Tulane medical professor Dr. George Burch. "I want a fully trained doctor." And a Bay City, Mich. GP, Dr. Doyle Hill, recalls: "I figure I probably lost a dozen or so patients after my assistant arrived last year."

A University of Wisconsin medical school survey indicates that even though many doctors say they welcome PAs, most respondents were reluctant to delegate to the assistant such powers as giving anesthetics in routine cases, handling uncomplicated deliveries, doing some portions of physical examinations (such as pelvis), and performing simple emergency room procedures (for example, removing foreign bodies and suturing cuts).

Duke is not the only PA training ground. There are several dozen others, including some at medical groups — for example, the Cleveland Clinic and the Marshfield Clinic. At the River Health Center in Cavendish, Vt., the services of two PAs are financed by New Hampshire-Vermont Blue Shield "as a significant step toward meeting the current shortage of physicians".

Money, Law, Time

Compensation varies regionally, ranging from \$8,000 to \$12,000 a year — considerably more than the typical \$6,000 for registered nurses. Some insurance companies are encouraging the PA movement by agreeing to sell liability coverage at about half the rate paid by physicians, and covering doctors against negligent acts of their PAs.

Model legislation is being prepared in North Carolina to make the liability more realistic: The physician could be considered negligent for delegating a task to an assistant that he knew to be beyond his competence; the assistant could be held liable for failing to perform a given task carefully and responsibly.

Time-saving, rather than skill, remains the greatest potential of the PA. "My patients have to wait only about 30

minutes now, compared to at least two hours before," says Othello, Wash. GP Dr. Kenneth Pershall after a year's help from an assistant.

At the MGMA meeting in Las Vegas, Godkins charted the effect of a PA on physician time per office patient. On an average weekly patient load of 219, the unassisted doctor spent 9.85 minutes per patient. With a PA and the same volume, his time per patient dropped to 5.6 minutes; PA time was 5.8 minutes.

"The PA saved the MD 43% of the MD's time previously spent carrying out routine tasks," Godkins concludes. "For the same number of office contact hours per week (36), the MD could therefore treat potentially 76% more patients."

Dr. Edward F. Rosinski, executive vice chancellor of the University of California at San Francisco, sums up that point: "One of the real tragedies of medicine is that physicians spend such a great amount of time and money preparing for their professional responsibilities and then, in practice, spend an inordinate amount of time on duties that could be assumed by individuals with far less training and education."



Dr. Elliott Dixon strolls down Ayden, N.C. street with assistant Stephen Joyner, who arrived in 1969 and intends to stay "indefinitely".