

Inappropriate Directions in the Evolution of the Physicians Assistant

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The medical literature is replete with references to the health care team. Opinions vary considerably, however, regarding the optimal composition of this team and the function of its members. I am concerned with the lack of attention to long-range goals as the roles of new allied health personnel, specifically the Physicians Assistant, are being defined.

The Physicians Assistant was originally conceived as assisting the general practitioner in meeting the heavy demands imposed on him by our understaffed and maldistributed health care system. It is amazing, however, how rapidly this generalist-oriented Physicians Assistant tended to evolve into a subspecialty-oriented Physicians Assistant, and then to an independent primary care practitioner. Some now view him as a replacement for — rather than assistant to — the family physician.

In a recent article, Silver has given support to the role of Physicians Assistant¹. He proposes a "Primary Medical Practitioner" who, with five years of post-high school training, would "... furnish a major portion of the health care presently cared for by medical doctors." This individual would provide primary medical care and relate directly to physicians in the various specialties. One significant by-product of Silver's plan (aside from the fact that it would relegate primary care to inadequately trained personnel) is its amplification of the existing fragmentation of health care, since these primary medical practitioners "... would limit their practices to a clearly-defined area of medicine" (such as pediatrics, obstetrics and other specialties). Rather than unify our presently fragmented, multi-specialty care system, he proposes to expand it by developing another system of multi-specialty oriented physicians assistants. We are still left without a single physician — or even physicians assistant — to accept responsibility for the continuing comprehensive care of a patient and his family. We have already witnessed the entry into subspecialty fields, such as orthopedics, by individuals originally trained as primary care physicians assistants. One P.A. who recently rotated through my department expressed a strong desire to be an obstetrical P.A. or mid-wife.

These comments should not be construed as a denial of the need for the Physicians Assistant to improve the competence and efficiency of the family physician. On the contrary, they are intended to emphasize the need for such "physician expanders." At the same time, however, I would urge that their roles be designed to ensure the highest quality of primary care — not allow for its deterioration.

The value of a well-trained assistant to the family physician has been well documented, and many experiments are underway to assist in the identification of the ideal components for this role. My personal experience leads me to believe that the Family Nurse Practitioner (F.N.P.), with many of the patient management skills of the office nurse, the patient education and preventive medicine skills of the public health nurse, the counseling skill of the dietician and the physical examination, well-child care and diagnostic skills of the physicians assistant, would be the ideal individual. She would work closely with a family physician, regardless of how isolated her occasional station might be.

I emphasize this approach because I feel the inadequate number of family physicians — which has permitted the concept of independently practicing P.A.'s to develop — will soon be reversed. The present primary care crisis began approximately 20 years ago, and continued to worsen as academic emphasis on specialty orientation increased. Today, however, the academic scene is changing. The number of students enrolled in medical school has increased 67 per cent during this 20-year period, going from 26,186 in 1952 to 43,650 enrolled in 1972. The greatest increase has occurred during the past ten years.

Coincident with this almost two-fold increase in the number of graduating physicians is a definite trend toward family practice by today's medical students. The University of Iowa reflects the trend developing at many colleges of medicine, since student interest in Family Practice has doubled here in the past few years. In 1969, 25 per cent of our students indicated Family Practice as a career choice. By 1973, this figure had risen to 52 per cent.

These two factors — greatly increased production of physicians and a growing medical student interest in Family Practice — will rapidly obviate the need for the independent P.A. and equally the P.A. who does not contribute to improved efficiency and quality of care.

A well designed Family Practice Team, incorporating the skills of a Physicians Assistant, can satisfy these requirements of quality and efficiency. Systems depending upon the independent Physicians Assistant or Silver's Primary Medical Practitioner — although enjoying temporary support — will soon fade, due to the lack of a firm base in quality. It is imperative that we design this professional role to remain stable in the face of future manpower changes, rather than sacrifice quality for the sake of expediency.

Reference

1. Silver HK. A new primary-care medical practitioner. *American Journal of Diseases of Children* 126:324-327, September 1973.

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