

# Medical Manpower: The Medical Auxiliary

*Discussion based on The Assistant Medical Officer. The Training of the Medical Auxiliary in Developing Countries by E. F. Rosinski and F. J. Spencer. University of North Carolina Press, 1965.*

Before the activation of Medicare in July 1966, there were dire predictions of overwhelming demands on hospitals and hospital staffs throughout the country. At this writing (July's end), the anticipated upsurge in hospital admissions has not materialized, although there has been a significant increase in the number of elderly patients seeking hospital care. It is not unlikely, however, that ultimately the addition of 20 million "senior citizens" to the hospitalization-covered population is bound to aggravate the present serious shortage of physicians and nurses, even to make it a critical shortage.

Concern in this regard is not new, but the problem has received little attention by either professionals or non-professionals until recently. Rutstein (1960) examined "The Crisis in American Medicine" and suggested that it might be necessary to train various paramedical people to provide services once considered in the province of the family doctor. More recently, Jones (1966) pointed out the growing need for nurse-midwives in view of mounting physician shortages and increased demands on obstetricians.

Edwin F. Rosinski, director of research in medical education, and Fredrick J. Spencer, chairman of the department of preventive medicine, at the Medical College of Virginia, have produced the first definitive study of the so-called medical assistant; *The Assistant Medical Officer* is a thoughtful, provocative study of certain aspects of this question.

The "assistant medical officer" is almost unknown in this country and only little better known in most of the Western countries. Nevertheless,

he is the basic medical practitioner in many countries in the world today, and, indeed, the sole practitioner in some.

Drs. Rosinski and Spencer present much factual data based on their personal observations of five medical schools in as many developing countries in Africa and the South Pacific area, where they lived and worked with preceptors and students. This close association is reflected in the detailed description of the background of study, "pre-medical" education and "medical curriculums" in each area visited, and a great deal of space is devoted to the details of recruitment and of the actual training program. Although the education and training of the assistant medical officer is of considerable interest and importance, one wonders if too much detail has been included in presenting so fine an analysis of each course of study in each institution served. This detailed descriptive reporting, probably valuable to a student comparing the several curriculums, or to a faculty bent on establishing a new school, tends to be repetitious and somewhat confusing. A more general presentation of the composite curriculums "pre-medical" and "medical," with a comparative analysis of strengths and weaknesses, would have been more effective. However, the authors certainly succeed in meeting their stated objectives, "to survey, collect and summarize data on the training of these personnel" and "to provide guidelines through which similar training programs can be initiated, accelerated and improved."

In Chapter 7, "The Assistant Medical Officer as Practitioner," the authors succeed most admirably in their effort "to obtain informa-

tion on the way graduates of these programs functioned in clinical settings." This chapter, the most significant and valuable section of the book, relates most immediately to our own manpower problems in stating what the medical auxiliary actually does in his practice—how, where, and with what supervision. Generally speaking, "the assistant medical officer practices the same type of medicine as a general practitioner in other countries," limited by the physical facilities available to him, and by the rules and statutes of his government. For the most part, the authors are favorably impressed and acknowledge that ". . . within his capabilities [the assistant medical officer] practices good general medicine" and that ". . . it is not improbable that the assistant medical officer,\* in time, will become the professional equivalent of the "degree physician" in many of the developing countries, at least in the eyes of the government." Although it is not explicitly stated, the authors seem to suggest that the assistant medical officer would be a

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\* The assistant medical officer probably derives from the *feldcher* of Russian medicine, who has been described as the *leib-medic*—half-fledged, half-educated medical assistant—originally deputized by the government to take care of the vast hordes of farmers, who comprised most of the population of pre-war Russia (Maystrakh, 1956). In the early 19th Century, schools for *feldchers* were developed, and today in the Soviet Union there are approximately 560 "middle medical schools" with a total enrollment of approximately 220,000 where "middle level" or "pre-medical" personnel are being trained as midwives, *feldchers*, and technicians.

valuable asset to the medical personnel of any area. And while Chapters 2 and 6 focus primarily on how the assistant medical officer is selected for training and how he is actually trained, Chapter 7 describes his achievements in his practice and presents an excellent analysis of public health in each of the developing countries visited. Although the training institutions are called "medical schools," the authors emphasize that they are *not* accredited graduate medical schools, and do not give the M.D. or M.B. degrees, and that their graduates are not certified to practice outside their own country or territory.

The amount of information and material packed in this short volume is the more impressive since the authors spent only a matter of several weeks in the areas they visited. The point is well made that all these schools are located in "emerging countries," where the entire educational system is undergoing development. And in spite of too much background information concerning the system of pre-professional education which seems to be in direct contrast to our own systems of pre-medical education, it is to the authors' credit that they have presented and evaluated the assistant doctor in his own culture and have not attempted to judge him in terms of American standards. The authors admit that their report was the more difficult because "it was apparent" that more data had been collected than their most liberal expectations had predicted, and one of the book's prime weaknesses is this inclusion of far too much detail in areas where more general observations would have sufficed to make their point.

The problem of supplying personnel to fill the health needs of our own country is brought into focus by this book. There is no question that some source of additional medical and para-medical personnel must be found, in our own country, to augment and supplement the

physician population. To increase the number of doctors seems hardly a solution in the foreseeable future, in spite of plans to open some 10 to 15 new medical schools within the next decade. What is needed, therefore, and soon, is a reasonable, rational, and coordinated program to train auxiliary medical personnel, at the approximate level of the assistant medical officer of Drs. Rosinski and Spencer's report. This can probably best be accomplished through the already existing facilities of the 87 American medical schools where physical plants and faculties are currently training physicians, nurses, technologists, etc. While I do not here propose any arbitrary "pre-medical" requirements for admission to these "medical auxiliary" schools, high school graduates may be generally well qualified for admission to this level of training.

None would propose that the assistant medical officer be the equal of the degree physician in his practice, but certainly the assistant medical officer is a potential junior partner in medical practice. Jones (1966) suggests that the nurse-midwives be employed to broaden the available supply of obstetrical specialists. Nurse-anesthetists are already rendering a significant service in anesthesiology in this country. There are probably many other areas where the graduate nurse can be educated and trained further to perform many diagnostic and therapeutic procedures with proper supervision. Certainly the field of public health presents a challenging area for this "spread of the doctor supply," and the public health nurse is already performing capably and with distinction in many cities and in many disciplines in this country. In the Home Care Program at the Medical College of Virginia, the public health nurse is an invaluable member of the medical team, and the addition of more public health nurses would enable this program, as well as other similar programs, to enlarge case loads

without the addition of significant numbers of physician members to the home care personnel. Unfortunately, a serious nurse shortage parallels the doctor shortage, so that realistically there are simply not enough nurses to be trained as assistant medical officers!

The current problem which Drs. Rosinski and Spencer have sharply delineated, is the provision of adequate medical care for all the people not only in the developing countries, but here in our so-called "well-developed" society. With or without Medicare the health needs of 190 million Americans increase daily with woefully disproportionate growth in the medical manpower needed to meet these needs. Whatever few failings may be attributed to the *Assistant Medical Officer*, Drs. Rosinski and Spencer have contributed the first book in this vital area of medical manpower, and they are to be congratulated.

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