

Physician Assistants: New Positions and Expanding Roles in U.S. Medical Care

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Recently in the United States there has been an increased interest in training physician assistants to help medical practitioners. The demand for medical care stimulated by news media, the lack of physicians to serve the expanding population, and the advent of specialization in medicine have all brought about this trend.

The idea of using physician assistants dates back to the seventeenth century when Peter the Great of Russia introduced to the Russian army the German military surgical assistant known as a *feldscher* or "field barber." After their military service these Russian *feldshers* became rural medical practitioners. The *feldsher* still plays a prominent role in Russian medical care (Sidel, 1968). Practically all developing countries of the world have some type of medical personnel comparable to the physician assistant in their health services. These range from the literate and learned assistant medical officers of Fiji to the illiterate but perceptive aid post orderlies of New Guinea who receive instruction in pidgin English (Rosinski and Spencer, 1965; Rosinski and Spencer, 1967).

The World Health Organization (1968) defines a medical assistant as ". . . a health worker who has received an appropriate training and who, in the field of promotion, protection and restoration of health (including diagnosis and treatment of disease) has certain clearly defined duties and responsibilities. He is employed within an organized health service under the supervision and guidance of qualified physicians, to whom he must refer all difficult cases." This definition, with certain modifications, describes the physician assistant now being introduced into health services in the United States.

Physician Assistant Programs in the United States

The programs currently established in the United States fall under two main headings based upon medical education or training.

Programs for Persons with Prior Medical Training

1. Medical corpsmen. The Department of Medicine of the Duke University School of Medicine has pioneered this type of physician assistant training program. Ex-medical corpsmen with a high school degree or equivalent receive two years of training, divided into basic science study for six months and clinical practice for the remaining time. The pre-clinical sciences of anatomy and physiology, pathophysiology, pharmacology, animal surgery, medical equipment and instruments, patient care, and laboratory medicine are dealt with in the first six months. Clinical practice includes both working with patients in the University Hospital and with general practitioners in selected sites in North Carolina. The handful of students so far trained have been employed mainly in hospitals. The original class of four students in 1965 has now been expanded to 40 enrollees (Stead, 1966; Stead, 1967). A similar program called Medex (Medecin Extension—Physician's Extension) was initiated last year at the University of Washington in Seattle. Several other educational institutions have expressed an interest in these programs.

2. Registered nurses. The nurse-practitioner originated at the University of Colorado as a joint program of the School of Nursing and the Department of Pediatrics. In this program, registered nurses with Bachelor of Science degrees are given four months training in pediatrics, interview techniques, physical diagnosis, and out-patient department and emergency room instruction. They are then sent to field stations in rural or poverty areas for practice under supervision. Emphasis is placed on maintenance of health in the well child, occupying some 75 percent of the nurse-practitioner's duties (Silver, Ford and Stearly, 1967; American Medical Association Department of Health Manpower, 1970). A similar program exists at the Massachusetts General Hospital.

PHYSICIAN ASSISTANTS

Programs for Persons without Prior Medical Training

The prototype of this class is a course designed for physician assistants at Alderson-Broaddus College in Philippi, West Virginia. Supported by the Commonwealth Fund, this program was set up by a committee with representation from the College, the University of West Virginia Medical Center, and the West Virginia State Medical Association. In September 1968, 28 students were enrolled in a four year course leading to a Bachelor of Science degree. The curriculum includes liberal arts, basic sciences and clinical sciences correlated where possible with the School of Nursing or other undergraduate study in the college. The duties envisaged include office management and clinical care of patients in hospital, clinic and office (Myers, 1969).

Principles of Physician Assistant Practice

Certain principles must prevail if the role of the physician assistant is to be clearly defined in American medical practice.

1. Training. The training of the physician assistant must be designed to allow gaining of sufficient knowledge without destroying understanding of the obvious limitations imposed by lack of education.
2. Regulation of practice. Regulation may be direct, by legislation, or indirect, by limitation of equipment and supplies available to the physician assistant.
3. Supervision. Adequate and continued supervision must be provided to prevent the physician assistant from exceeding his ability or otherwise introducing undesirable elements into the practice of medicine.
4. Work satisfaction. The physician assistant must be regarded in his position as distinct—not as a second-hand doctor. The formation of an organization of physician assistants helps establish this separate identity. An association of this type, The American Association of Physician Assistants, already exists in the United States.
5. Specialism. It is possible and sometimes desirable to allow the physician assistant to specialize, with the provision that this be done under specialist supervision.

Comments

There are now some 20 operating programs for physician assistants in the United States (Kadish and Long, 1970). Many people agree that the physician assistant is a reality and will be a component of American medicine in the future. Acceptance of the physician assistant by the medical profession has been variable but a recent survey in Wisconsin reveals that, of the physicians surveyed, 61 percent believe that a physician assistant of some type is needed and 42 percent would use him in practice (Coye and Hanson, 1969). There is, therefore, indication that

the physician assistant will become an established member of the health practice team. The accompanying paper by Maurice Wood details the contributions made to his practice by a nurse physician assistant.

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