



## Sometimes The Best Medical Care Is Provided By Those Who Aren't M.D.s

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During a day in the hospital, it is frequent that a patient is transferred from another health care facility to my care. To facilitate the transfer, a phone conversation occurs during which I formally accept transfer of the patient. Last week, I handled such a transfer request. On the other end of the phone line, relaying the clinical condition of the patient was someone who provided the most germane information and anticipated my questions before I posed them. What may be surprising to many is that the identity of my counterpart was not a physician, but a nurse practitioner.

The unique roles played by physicians, nurses, dentists, nurse anesthetists, nurse midwives, nurse practitioners, physician assistants, podiatrists, pharmacists, paramedics, psychologists, and optometrists are well known and have clinical duties, delineated by government, associated with them. However, for many conditions the expertise of a physician is not strictly required and an individual may be ably served by a nurse practitioner or the like. Expanded scopes of practice, in which a non-physician renders care independent of a physician, not only expand access to health care and have the potential to decrease the cost of healthcare, but also reflect a respect for the free market system.

Currently, state laws govern the requirements of who can practice medicine and prescribe medications. Traditionally, the practice of medicine has been restricted to state licensed physicians and to those other health professionals who work under the aegis of the licensed physician. An increasing number of states, however, have been incrementally expanding the scope of practice of non-physicians. Unfortunately, this expansion has prompted physician trade associations to largely oppose any laws granting expansion in practice scope that allows the physician-independent practice of medicine. This legal restriction of the practice of medicine exclusively to state licensed physicians is, in the words of *Free Market Revolution* authors Yaron Brook and Don Watkins, “a way to establish an anti-competitive guild system.” Such licensing laws abrogate the ability of an individual to choose the healthcare provider they wish to employ while increasing costs as physician services are typically more costly than that of other health professionals. Instead of merely tinkering with license laws to grant moderately expanded scopes of practice for non-physicians, the whole system of licensing laws should be dismantled.

While there is no question that individuals would insist on a physician for complicated medical conditions, they might consult a physician’s assistant, a nurse practitioner, or a nurse midwife for other conditions. Also, individuals seeking care for specific diagnoses such as depression might require antidepressant medication that could be ably prescribed by a psychologist.

A seasonal example of the deleterious effects that physician-only government stipulations engender occurred several weeks ago. During the peak of the influenza season, the state of New York had to take the extraordinary measure of declaring a state health emergency in order to activate laws allowing pharmacists to vaccinate children against influenza. Such delays in vaccination would be obviated if state laws did not limit the ability of pharmacists to give flu shots to those 18 years or older.

Support for this trade guild mentality is often couched in the language of patient safety and physicians pay fees to state medical boards (\$6.5 billion annually) to certify their qualifications. However, a state medical license is no guarantee of proficiency and hospitals and 3<sup>rd</sup> party payers often require added qualifications—provided by a private entity—before employing a physician or reimbursing care at the full rates. Board certification, a designation conferred by a private organization, is often the capstone of an arduous process of training and the requirements to even sit for the board examination exceed the requirements for state licensure. Board certification and a good reputation are two requirements avidly sought in order to persuade individuals in the healthcare marketplace that they are suitable to provide care, while having a medical license is simply a box to check. The abandonment of the notion that a

government-issued medical license is any guarantee of quality deflates the arguments of those seeking to restrict entry into the practice of medicine.

While overt fraud is the purview of the government, for those practitioners who are truthful regarding their qualifications there is no role for the government to regulate the provider-patient relationship by requiring the involvement of a physician. For those who defraud patients or materially misrepresent themselves, the government has a role to remedy the situation. For all other situations, there is no proper role for government.

There is much discussion regarding various efforts to manage healthcare costs by 3<sup>rd</sup> party payers and those paying individually (e.g. the uninsured). One solution that can actually work, but is hampered by a regime of onerous licensing laws and guild-minded state government medical boards, is to allow all health professionals to render care independent of a physician if they (and their patients) so choose.