



WHAT WILL BE OUR LEGACY?

By John W. Hale Jr., MD | President

Most people have heard of the Nobel Prize. I would surmise that most readers of this poor editorial have also heard of Alfred Nobel, the benefactor of the prize. Nobel and his name are now famous for the propagation of peace, but that was not always the case. Nobel was an inventor who was concerned about the use of nitroglycerin at construction sites. It was useful in blasting rock and thus relieving men of the burdensome and time-consuming method of breaking rocks by hand, but it was extremely dangerous and led to many deaths. His invention of the process of stabilizing this chemical created dynamite, which is still used today and is the standard by which all explosives are measured. This discovery made him wealthy and famous.

Nobel probably thought at that time that he could live his life in comfort, until an erroneous report of his death. A newspaper, upon hearing of his brother's death, thought it was Nobel and published his obituary. Instead of praising his achievements, it accused him of being the deliverer of a horrible weapon and the creator of destruction and sorrow. He was so shocked and concerned about what his legacy would become that he bequeathed his entire fortune to the Nobel prizes.

Physician extenders were created to increase access to care for patients and allow the physician to devote his or her time to more complex cases. The classification of the complexity of the case was determined by the physician and was understood by all those involved. If ever there was a question about what work was to be assigned to the physician extender, the physician made the final determination. Since the doctor was the employer, his or her authority was unquestioned.

This situation worked well initially, and in some areas the relationship between physicians and extenders continues to function in much the same way as originally designed. But the practice of medicine has changed dramatically in the past several years, and in some practice settings these interprofessional relationships have been distorted. Greed and apathy have laid waste to the structure that was originally intended. Both parties – physician and extender – are to blame.

While the majority of situations are proper and benefit patients, there is an effort to completely change the landscape by giving advanced practice nurses “full practice authority,” a euphemism for independent practice, free of physician supervision. It appears to me, based on editorials in Tennessee's major news outlets, that the state's nursing schools are advocating

a faster, easier and less expensive track for individuals to be able to legally practice medicine.

If you think that hypothetical scenario sounds bad, it will get worse if it becomes reality. And once something is done it is nearly impossible to undo.

We need to push Tennessee's healthcare providers toward more collaboration, not less, by updating the structure that was originally intended when valuable extender roles were first created to support an efficient, integrated model of care. TMA's physician-led, team-based approach to healthcare bill will do this and much more.

It will not be easy. We will be in for a fight with those who wish to practice medicine without the supervision and education that is warranted. It is important to note that not all APNs want this, and I have talked to physician assistants and CRNAs who support what we are doing. But there is a very vocal group that is advocating change. They are well financed (another reason to contribute to IMPACT, TMA's political action committee) and they will make an argument about access to care.

I invite and encourage everyone to read our white paper on this issue on the TMA website. It explains it much better and with more detail than a single editorial allows.

We have all complained about the changes we have seen in this arena, but now is the opportunity to act. Get active in the political process. Contact the TMA office to give them your name and office address in order to establish which legislators represent you and how to contact them. Record anecdotes of problems you have encountered with APRNs, physician extenders and others in your practice setting. Poor patient outcomes cost the state money and the legislature does not want that. Even if you don't want to get directly involved in the political process, contribute what you can to IMPACT. Contributions help open many doors.

A philosopher once said bad things happen when good people see wrong and do nothing.

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Share your thoughts with Dr. Hale at president@tnmed.org.