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PHYSICIAN'S ASSOCIATE PROGRAM
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Ira L. Myers, M.D., Secretary
Alabama Board of Medical Examiners
State Office Building
Montgomery, Alabama 36104

Dear Dr. Myers:

Russell Lawrence, the Editor of the Physician's Associate, has asked if I would reply to your recent letter concerning the nomenclature and the use of the terms "physician's assistant" and "physician's associate". In my capacities as Director of the Duke University Physician's Associate Program, President of the American Registry of Physicians' Associates, Inc., and member of the Board of Advisors for the American Academy of Physicians' Associates, the question of nomenclature has been repeatedly brought before me.

In order to understand current nomenclature as it relates to the entire physician's assistant concept, it is first necessary to review its historical aspects. The term "physician's assistant" as far as I can ascertain, was coined in the early 1960's by Charles B. Hudson, when he was President of the American Medical Association. Little of significance ensued during the next few years and the term was not applied to any specific group.

In 1965 Duke University developed the plans for its innovative manpower program. Considerable thought was given to nomenclature and the term "physician's assistant" was adopted as being both appropriate and relevant.

During the years 1966-1969 the Duke program was accorded extensive publicity and the idea of "physician's assistants" spread like wild-fire. By the end of 1968 "physician's assistant" programs were being planned and implemented from coast to coast. The length of these programs ranged from four hours to five years; some programs were conducted by non-physicians through correspondence courses, others were conducted exclusively by physicians in medical schools; and the student body composition varied from high school dropouts to college graduates.

Confusion seemed almost inevitable, and in order to deal with such diversity, we approached the American Medical Association, requesting that the American Medical Association adopt at least tentative educational guidelines that could lead to the responsible development of the emerging profession. The request, however, fell on deaf ears. Again, in 1969, efforts were made to get the American Medical Association to consider the need for educational guidelines. When the American Medical Association remained unresponsive, the problems were brought directly to the attention of the National Academy of Sciences and the Association of American Medical Colleges.

The National Academy of Sciences, which recognized the need for action in this area, published a report in early 1970 entitled: "New Members of the Physician's Health Team: Physician's Assistants." In an attempt to help clarify the issues involved, the National Academy of Sciences defined three levels of "physician's assistants" which they referred to as Types A, B, and C. While the report avoided directly confronting the nomenclature issue the National Academy of Sciences recognized that "indications are that the Type A assistant....will be called physician's associates." Their response in this regard was similar to the published recommendations of the American Academy of Pediatrics denoting three levels of "assistants"--associate, assistant, and aide.

Several months after the National Academy of Sciences published its definitive report, the American Medical Association officially but vaguely defined a "physician's assistant" as "a skilled person qualified by academic and practical on-the-job training to provide services under the supervision and direction of a licensed physician who is responsible for the performance of that assistant." While this definition was wholly generic in character, it did specify accountability by the physician as opposed to accountability by an institution.

In an effort to further resolve the dilemma, the American Registry of Physicians' Associates, Inc. was founded by leaders of three university-based programs. Its purposes are to provide a mechanism for accrediting Type A physician's assistant programs and registering those who have either graduated from Type A programs or those who, by education and experience, are able to function in the capacity of a Type A physician's assistant.

At the time the Registry was established the nomenclature issue was again examined. The title "physician's associate" was chosen for several reasons. First, the term "physician's assistant" had become totally generic and could not be protected by a patent. Second, the definition of the word "associate" seemed most appropriate. The word "associate" according to Webster's New World Dictionary is:

"a person associated; friend; partner; colleague; fellow worker. 2. a member without full status or privileges, as of society, institute, etc. 3. anything joined with another thing or things. 4. in some colleges and universities, a title conferred on one who has completed a course shorter than that required for a degree.....
SYN. associate refers to a person who is frequently in one's company, usually because of some work or project shared in common; colleague denotes a fellow worker, especially in one of the professions"(emphasis added).

Third, the title "physician's associate" seemed most appropriate because it readily falls into a simple nomenclature system in which a spectrum of physician's associates, physician's assistants, and physician's aides can all be referred to as "P.A.'s. As with "M.D.'s", and "R.N.'s", the broad variations in education, specialization, and preparation of "P.A.'s" are important internally to the health service industry.

However, as with the designation "M.D." or "R.N." the designation "P.A." can also assume a broad generic connotation which, by its simplicity, can be readily understood by the consumer and yet, by its implication, classify the worker.

By the middle of 1971 six colleges and universities with "Type A" programs modified their program title to utilize the word "associate". Only then did the American Medical Association adopt a stand on the meaning of "physician's associate". The timing of their move lends itself to no other interpretation than one of reaction, rather than one of action. In any event, it is certainly a good example of locking the barn after the horses have gone.

Since the American Medical Association's action, two alternative plans of nomenclature have been published in the Journal of the American Medical Association (JAMA, Sept. 1971, Vol. 217, No. 10). One article suggests a series of titles including "Medex," "Osler", "Flexner", "Cruzer", "Kormen" and "Pinel". The other suggests the term "syniatrist".

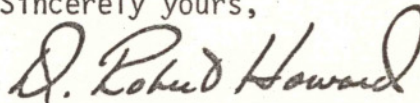
We here at Duke have repeatedly studied the nomenclature issue and still support the simplest meaningful approach. Implementing a nomenclature system that relies on a variety of names such as "Oxner", "Flexner", "syniatrist", etc. has so many drawbacks that they can only be enumerated at great length. The reason that we have not made some completely unique proposal of our own is because we feel there is no justification for new proposals unless they are particularly brilliant or useful. We have given the subject much thought over the last six years but have not thought of any such proposals; we now also doubt there are any that would be more applicable.

In the event a reasonable system of nomenclature evolves in the future that differs from our own, we will certainly change as it is our desire to grow with the medical profession in complete harmony.

I hope this rather lengthy letter has at least partially answered your questions. I would certainly welcome any comments that you or your Alabama colleagues might have.

With best wishes, I am

Sincerely yours,



D. Robert Howard, M.D.
Director

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