

Physician Assistant History

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Feature Editor

From the Military Corpsmen Ranks

The fun of being an archivist is that you never know exactly what to expect when you begin to dig through boxes of old files, reports, newspaper or magazine clippings, and notebooks of meetings held years ago. It's somewhat analogous to the line from the motion picture, *Forrest Gump*, when Tom Hanks says, "My mama always said life is like a box of chocolates. You never know what you're gonna get." I had one of those experiences several months ago as I was exploring our files at Duke University looking for material to go onto the PA illustrated history Web site. In a file labeled "public relations," I came across a magazine clipping that riveted my attention. It was an advertisement placed in the July 30, 1971 issue of *Life Magazine* by the American Medical Association (AMA).

As you can see, the photograph depicts a young African-American washing the windshield of a car with the caption, "We want to put this man in the hospital." The accompanying text relates that this young man spent two years as a medic in Vietnam on the battlefield saving "an arm, a leg—or a life." Now in civilian life, "he's pumping gas... a terrible waste of his training." The advertisement goes on to inform the public and potential PA candidates about the development of PA educational programs to train individuals to help solve the shortage of doctors. "They're [PAs] virtually an extra right hand for the doctor. And that's very good news for the doctor's patients." (See Figure 1.)

This advertisement brings to mind two key elements that contributed to the early development and success of the PA profession. First, the amount of time and effort expended

within and outside the AMA to gain recognition of the PA profession and second, the powerful positive impact of having the first recruits for the PA profession drawn heavily from the ranks of former military corpsmen. Although Dr. Charles L. Hudson recommended to the AMA in 1961 the "creation of two new groups of assistants to doctors from nonmedical, nonnursing personnel," it was not until 1970 that the House of Delegates of the AMA passed a resolution to develop educational guidelines and certification procedures for PAs. Hudson's first type of assistant was to be trained on-the-job to serve in medical and surgical inpatient divisions, the operating room, and emergency ward. His example were the corpsmen in the Army and Navy who "have shown laymen with relatively little training can be very efficient assistants." His second class of assistants that he suggested be called "externs" were to undergo special training to perform duties "intermediate between that of technician and that of the doctor... and take on some degree of medical responsibility." He proposed that this assistant have two years of college plus two years of vocational training leading to a bachelor of science in medicine degree (BSM). However, without the AMA's endorsement, Hudson knew that these programs to train "nonprofessional personnel" would not survive. So he asked his colleagues within the AMA to take his proposal seriously, even though many were skeptical that physicians or patients would accept the services of these assistants once they were trained.¹

Three physicians who took Dr. Hudson's suggestion seriously were Dr. Eugene Stead, Jr., at Duke University, Dr. Richard Smith at the University of Washington, and Dr. Hu Myers at Alderson-Broaddus College.^{2,3,4} They were

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Figure 1

We want to put this man in the hospital.

This man belongs in a hospital. Or in a doctor's office. Working alongside doctors helps him to care for patients.

For thousands, he was a hero in Vietnam. He saved lives. He died because he was so brave. He was the first one to be wounded on the battlefield. The first one to make the decision that could save an arm, a leg, or a life.

That happens to be young great experience. His career is medicine.

But back in Vietnam, he's bringing you something along with that, of course. Courage. For the terrible needs of the nation.

But now there's a way to use people like this into hospitals and doctors' offices. Programs developed by America's doctors of medicine are now putting qualified people into private care roles. So they can apply their skills as "physician assistants."

These "physician assistants" selected and trained during a relatively short time can be licensed to perform certain kinds of medical tasks a doctor's responsibility, of course. They can do everything from taking blood pressure to giving shots, to using their x-ray equipment.

They're bringing the same job to life.

The use, there's a shortage of doctors in the U.S. And with the growth in population in population that's being rapid, and with the need to do more for medical care, doctors aren't enough.

These "physician assistants" can do very good work in the same position. They're usually an extra right hand for the doctor. And that's very good news for the doctor's career.

For information on the "Physician Assistant" program, write: Dept. of American Medical Association, 535 North Dearborn Street, Chicago, Illinois 60610.

America's Doctors of Medicine

Advertisement from the July 30, 1971 Issue of *Life Magazine*.
Courtesy of the American Medical Association Archives.

the AMA's lead, the federal government relinquished its stance and only required PA programs to be accredited by the AMA's Council on Medical Education to be eligible for Federal assistance.⁵

Military corpsmen met Hudson's recommendation that the assistants be drawn from "nonmedical [meaning allied health] and nonnursing" personnel, who were all in short supply in those days. Very few states in the early 1960s had mechanisms that allowed military-trained health personnel to enter the civilian sector of health care. Some allowed corpsmen to challenge and take their licensed practical nursing (LPN) examinations, but nursing was not considered a career choice by most males at this time and few took advantage of the opportunity. Some physicians, experienced with the use of medics in the military, began hiring ex-military corpsmen to help them in their civilian practices. They were skating on thin ice, as became evident in California's landmark case of *Shasta County v. Whittaker* (1966), where an ex-Navy corpsman was found guilty of the unauthorized practice of medicine. This case underscored the need to develop model legislation for PAs that went beyond existing medical practice acts that allowed physicians to delegate tasks to assistants under direct supervision. Because of the uncertainty surrounding their legal status, the first 3 graduates of the Duke University PA Program remained within the confines of the Duke University Medical Center after graduation in 1967.⁶ With funds from the Department of Health, Education and Welfare (DHEW), a task group began meeting at Duke University to draft regulatory statutes that would protect physicians and PAs and assure the public's safety. Colorado (1969) and California (1970) were the first 2 states to enact enabling legislation for PAs. By 1972, 17 states had enacted similar legislation, paving the way for the expansion of PA programs.⁷

As stated in Ann Suter Ford's 1975 book, it was estimated in 1970 that about 30,000 medics were being discharged annually from the armed services; of these only about one-third found their way into civilian health employment positions. Since it had already cost the taxpayer up to \$25,000 to train each medic, educating former medics to become PAs appeared to be a sound economic decision that should be supported by society. Surveys conducted in 1972 indicated that programs preferred students with corpsmen experience and that 7 states had placed provisions in the PA legislation to encourage acceptance of equivalencies in training and experience in lieu of part of the formal educational process. The New York legislature went a step further by authorizing the establishment of a Veteran Health Manpower Center to encourage qualified veterans to enter the new PA field. As early as 1971, the Defense Department and the Veterans Administration became interested in training their own PAs or affiliating themselves with civilian PA programs to provide joint educational and placement opportunities. In

interested in producing assistants that conformed primarily to the second type of assistant suggested by Dr. Hudson. Stead and Smith launched their programs in 1965 and 1969 respectively. They both relied on ex-military corpsmen, mostly males, as the initial pool of recruits for their curriculums. But as Stead indicated, "This is not meant to exclude females, for those who can present credentials which would assure the admissions committee of proper intent should be considered in the same light as male applicants." Stead and Smith were interested in competency-based curricula that would build on prior experience and training. They felt that valuable time would be lost if candidates had to complete two or more years of college prior to entering their programs. However, Myers believed that the PA curriculum should lead to the awarding of a legitimate academic bachelor's degree. His academic-based program was launched in 1968. Most PA programs soon followed Myers' lead when it became clear that the federal government was not overly enthusiastic about supporting nondegree-granting educational programs. However, to their credit, the AMA did not mandate a degree requirement in the "essentials" adopted by the House of Delegates in December 1971. Following

February 1971, the Civil Service Commission developed a job category and examinations for PAs in which credit was given for prior medical corpsman experience. Ford notes in her book, however, that educational programs should not become overly reliant on ex-military corpsmen as their major source of recruits since not all from the ranks would be interested in pursuing health care careers after service, especially those drafted and given no choice in the matter.⁸

Conclusion

The American Medical Association's advertisement reminds us that the plight of former medical corpsmen was used by the pioneers of our profession to gain professional and public support of Dr. Charles Hudson's proposal to train physician's assistants (as they were then called, with the 's) from the ranks of "nonmedical and nonnursing personnel." Although not an easy sell, it made sense to expand the talents of these men by training them to be PAs to help meet the growing demand for health care services in the 1960s caused by a shortage of all types of medical and

nursing personnel. Like the phoenix, the mythical bird who rises from the ashes of its former self, the PA profession benefited tremendously from drawing its first students from the military corpsmen ranks.

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