

December 23, 1993

Mike O'Callaghan
Executive Editor
Las Vegas Sun
P.O. Box 4275
Las Vegas, NV 89127

Dear Mike:

Enclosed is a response to your "Where I Stand" column of December 12, 1993, as we discussed in our conversation of December 22. I would be honored if you would consider this for a "Where I Stand" column.

Thank you for, as always, being open to all sides of an issue.

Sincerely,

Robert M. Daugherty, Jr., M.D., Ph.D.
Dean

enclosure

In a recent AMA survey of physicians, a majority of physicians support many elements of the Clinton plan and believe the plan will be effective in ensuring access to quality health care for all Americans. Specifically, doctors support:

- 1) no denial or loss of health insurance coverage for any reason;
- 2) a comprehensive benefits package;
- 3) access to a choice of health plans;
- 4) employer mandate; and
- 5) limits on the growth of health insurance premiums.

In the AMA survey, doctors did not support cuts in Medicare and Medicaid payments. Doctors are not threatened by a larger role for nurses in the Clinton plan. The issue is not working together but rather working together versus complete autonomy. Neither the AMA nor doctors have attacked nursing. Rather, we think it is necessary to plan together how we are going to care for the increased number of Americans who will have access to care. We need to plan the education of nurses and physicians together, as well as plan how, at the front line of primary care, we will provide care to sick people and address disease prevention and health promotion.

At the University of Nevada School of Medicine, we have had planning sessions with the Schools of Nursing at UNLV and UNR to look for specific places in our curricula where medical and nursing students can benefit from shared experiences. Certainly, if we train these professionals together, each will have a better understanding of the other's skills and knowledge base.

We in medicine believe we can learn much from our nursing colleagues in the care and relationships with our patients. However, it is important to keep in mind that the nursing and medical educational processes and the content of what is taught are different. A basic nursing education requires two years of college, followed by two years of intensive study and education in the care of the sick to receive a baccalaureate degree. A basic physician education requires four years of college, followed by four years of medical school, followed by at least three years of residency training. Only after completion of the eleventh year of study and training is a physician ready to care for patients on his or her own. Thus, the in-depth basic science and clinical training that doctors have prepares them more fully to assess symptoms, diagnose disease and prescribe both drugs and an overall agenda for a patient's care. Nurses are trained to care and to provide care and are often the team member who relates to a patient on an extended basis.

Most physicians who work with nurses agree they are "very special people" and do show them the "courtesy and respect they have earned." It has been well demonstrated that nurses provide excellent health care within their areas of expertise. The degree of supervision or "collaboration" with a nurse is very variable depending on mutual negotiation, agreements, or written protocols for independent practice. Nurses have wide latitude and authority under law to write all types of medication prescriptions, with the exception of narcotics and other federally-controlled substances which they can, however, possess and dispense when the

needs of the patient require such medications. Indeed, many nurses have kept "patients alive for hours before a doctor arrives" to an emergency room or hospital; acting in those circumstances under previously written standard orders or emergency protocols and policies.

We agree that it is "nonsense" to assert that "larger nursing roles" are "a threat to good health care." But expanding nursing roles is not the same as practicing primary care medicine. Good health care begins with life style changes (such as smoking cessation, weight control and exercise) and preventive medicine (such as immunizations, prenatal care, and gun control) - none of which are the exclusive province of medicine, nursing, pharmacy, nutrition or any other profession.

In truth, the real problem is the greater societal issue of wide-spread poverty and lack of access to any health care professional. We must do all we can to foster mutually respectful cooperation and teamwork based on the education, training, experience and expertise each brings to the encounter.

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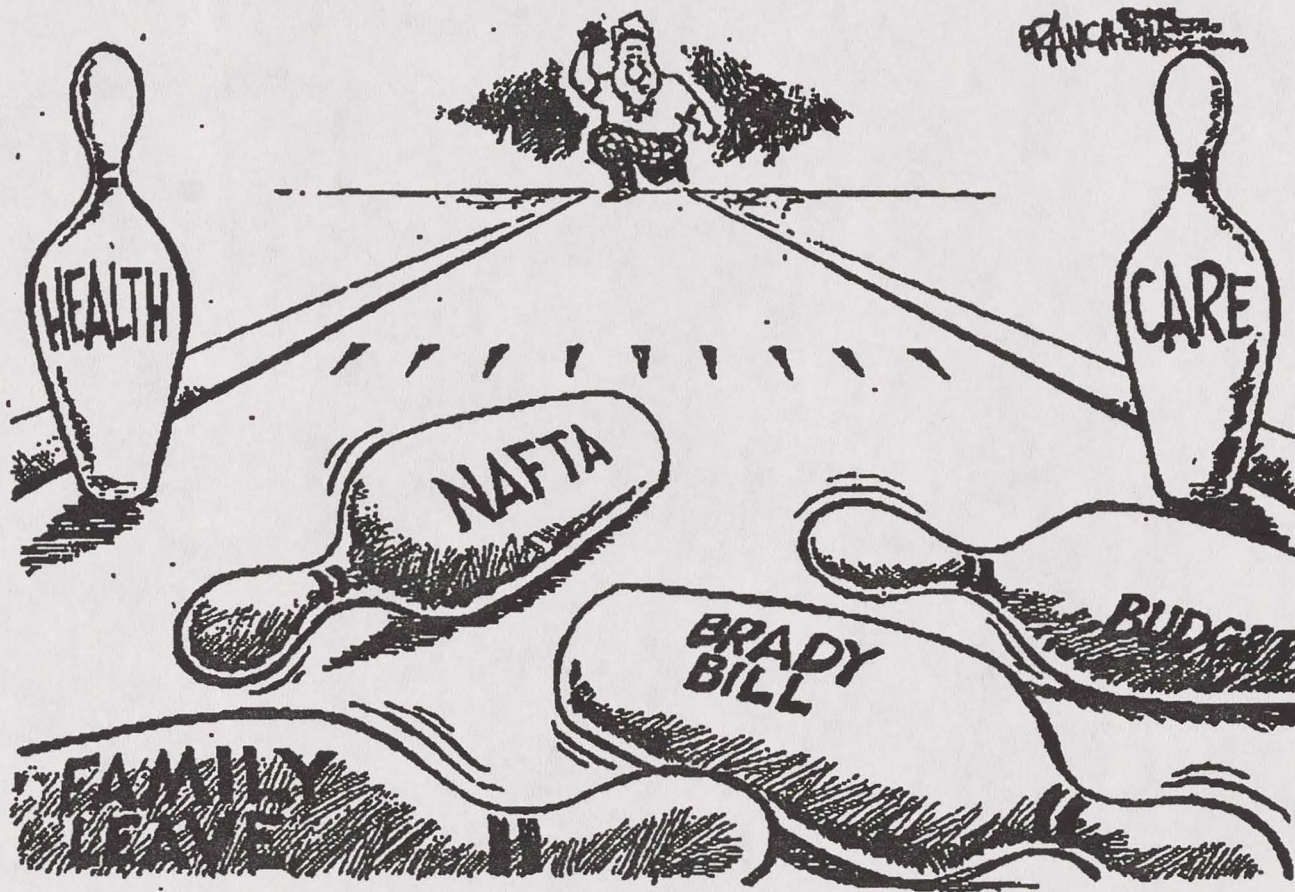
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GUEST OPINION

Teamwork vital in medicine

Complementary roles for doctors, nurses needed in health plan



THE FOLLOWING article was written by Dr. Robert M. Daugherty Jr., dean of the University of Nevada School of Medicine in response to Las Vegas SUN Executive Editor Mike O'Callaghan's "Where I Stand" column of Dec. 12.

a recent AMA survey of physicians, a majority supported many elements of the Clinton plan and believe it will be effective in ensuring all Americans have access to quality health care. Specifically, the doctors support:

- No denial or loss of health insurance coverage for any reason.
- A comprehensive benefits package.
- Access to a choice of health plans.
- Employer mandates.
- Limits on the growth of health insurance premiums.

In the survey, doctors did not support cuts in Medicare and Medicaid payments. Doctors also are not threatened by a larger role for nurses in the plan.

The issue is not working together, but rather working together vs. complete autonomy. Neither the AMA nor the doctors have attacked nursing.

Rather, we think it is necessary to plan together how to care for the increased number of Americans who will have access to health care. We need to coordinate the education of nurses and physicians, as well as plan how to care for sick people and address disease prevention and health promotion.

At the University of Nevada School of Medicine, we have had planning sessions with the schools of nursing at UNLV and UNR to look for specific places in our curricula where medical and nursing students can benefit from shared experiences.

Certainly, if we train these professionals together, each will have a better understanding of the other's skills and knowledge.

We in medicine believe we can learn much from our nursing colleagues about caring for our patients. However, it is important to keep in mind that the nursing and medical education, and the content of what is taught, are different.

A basic nursing education requires two years of college, followed by two years of intensive study in the care of the sick to receive a baccalaureate degree.

A basic physician's education requires four years of college, followed by four years of medical school, followed by at least three years of residency training. Only after completion of the 11th year of study and training is a physician ready to care for patients on his or her own.

Thus, the in-depth basic science and clinical training prepares doctors more fully to assess symptoms, diagnose disease and prescribe both drugs and an overall agenda for a patient's care. Nurses are trained to provide care, and are often the team member who relates to a patient on an extended basis.

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agreements or written protocols for independent practice.

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Good health care begins with lifestyle changes (such as smoking cessation, weight control and exercise) and preventive medicine (such as immunizations, prenatal care and gun control) - none of which are the exclusive province of medicine, nursing, pharmacy, nutrition or any other profession.

In truth, the real problem is the greater societal issue of widespread poverty and lack of access to any health-care professional. We must do all we can to foster cooperation and teamwork based on the education, training, and expertise each health professional can provide.

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