

# Can someone remind physicians it's, ***“Primum non nocere: First, do no harm?”***

Some medical societies across the country, Florida preeminently among them, are reacting to a professional landscape which is shifting on a new paradigm. There is resentment and fear and disbelief and, probably, some lament for the old ways among these groups. But the status quo turf they're protecting is doing real harm to real people, and it is time for "organized medicine" to acknowledge that the new models for dispensing care have merit.

Since about 1915 physicians have controlled health care in America. And whoever is in control has all the power. With power comes money. And, often, monolithic thinking, self-assertion, perceived invulnerability and condescension follow. It has recently come out that medical school enrollment quotas were kept low to inflate the value of graduates over the last 50 years. Some power wielding physicians discounted, categorically, the value of any other health professional. And once this was untenable as a course of professional conduct, some physicians demanded that a physician be in charge of any decision about health care, any practice of health care, and any finance of health care. Some physicians have demanded that they control other health professional disciplines as well as dictate a scope of practice to many other professions. More vestiges of this autocracy show up as laws which unreasonably and needlessly limit function of other professionals.

Certain physician societies in several states are actually doing active harm to people when they deny them access to care of nurse practitioners performing up to the full extent of their training and certification. A principal example of this harm is the fact that physicians in these states "supervise" nurse practitioners, and the laws in those states severely limit the functioning of nurse practitioners. These restrictive supervisory requirements prevent Nurse practitioners from performing up to the full level of their education, licensing standards, and board certification. This means that certain types of care which could well be provided by nurse practitioners, and which is currently being performed in non-supervised states around the country, are outlawed in supervised states. As a result, many patients are unable to have their needs met. When they go to a nurse practitioner for their primary care, the nurse practitioner can examine the patient, order and interpret the diagnostic tests necessary for the problem, make the proper diagnosis, and even be aware of what treatment is the current standard of practice. But in these limited-function states, the law limits the capacity of the nurse practitioner to implement the plan of care.

Additionally, in many states, Florida included, the "supervision" of the nurse practitioner by the physician is a single piece of paper filled out and mailed to the state once per year. The law doesn't

require the nurse practitioner and the physician to even speak to each other again, and many don't even have the need to do so. There is no chart review required in the law. There is no examination of the patients by the physician required by the law. There is no co-signature of the charts required by the law. The only thing required by the law is the agreement itself, which has the effect of giving the physician absolute dominion over the nurse practitioner, and thereby the capacity to control the practice of the nurse practitioner. When the nurse practitioner is controlled by a physician, she is indentured. She is a sharecropper, a sled dog leashed and bound to the whim of her overseer. And that adds cost and makes access to care less.

If a nurse practitioner in a supervisory state is providing care to the public in her own clinic, and her supervising physician retires, dies, or moves out of the state, she must either find a new "supervisor" or else close her practice doors. Additionally, nurse practitioners in Florida are not authorized to prescribe controlled substances. These include many cough syrups, pain medications, male hormones, attention deficit disorder medications, and anxiety disorder medications. Nurse practitioners must then send these patients to a physician in another office, or to an emergency room just to have such a prescription signed.

Some physician organizations say, essentially, that a nurse practitioner is safe only if she works for a physician, "but it's not about the money." Well, "it is about the money"...the money being spent needlessly by patients to access the care they need, if they can get access at all. It's about the money that physicians make from the profits of nurse practitioner work without earning it. Patients who see a Florida nurse practitioner for their medical home are in constant danger of the physician demanding closure of the practice or even additional fees to let it stay open. Another reason to claim that "the issue is about the money" is the fact that the nurse practitioner must pay the supervising physician an annual fee for their service of "supervising" the nurse practitioner.

Another major example of physician societies in some states doing patients harm is the limitation by state law of medical services permitted by doctors of optometry (known as ODs), commonly called optometrists. These professionals are prepared at the doctoral level in diseases and treatment of the eye. They are qualified to prescribe corrective lenses and treat non-surgical problems of the eyes and eyelids. However, in Florida, these professionals are not permitted to prescribe oral medications for the eyes. They are only allowed to prescribe eye drops and eye ointments. Many eye maladies require oral medications, and medical doctors specializing in diseases of the eye are not available to see many Florida patients. Optometrists prescribe oral medications in many other states of the country, and they are educated and trained to do so in Florida as well as every other state. Like nurse practitioners, optometrists take a national licensing exam and a national certification exam. Medical doctor physicians stand in the way of optometrists performing to their full level of expertise, and as a result patients have been harmed by being denied access to medical care. It can only be competition that the medical doctors fear; there is no rational reason to think that optometrists are not qualified to prescribe oral medications for eye complaints.

It is no longer acceptable that some physician lobby groups protect the professional turf of physicians to the detriment of the public interest. **THIS MUST CHANGE.** It is time to accept the medical new world order in which many non-physician providers have sound practice which cannot and should not be supervised by physicians. It is time to overturn these unjustified and restrictive state laws. To stand in the way of these changes constitutes active harm to people who need the services of other health professionals and are prevented from getting that help by antiquated, trade restrictive protectionist laws.