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When only a doctor will do

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EDITORIAL

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If you were planning to colonise a newly discovered wilderness would you insist on a doctor as a core member of the team? What would that doctor offer? In what circumstances will only a 'doctor' suffice? In the 21st century many possess the skills and knowledge that were once the preserve of the few. There are vanishingly few occasions when the diseased human body, unlike a malfunctioning jet flying at thirty thousand feet, will require a fully qualified pilot or even an aircraft engineer to set it back on course. 'Is there a doctor on board?' Do you advise the crew that they might also consider calling for a paramedic or a nurse depending on whether the troubled passenger needed full blown resuscitation or to be made more comfortable or stabilised before being moved to an appropriate place to the care of a team adequately skilled to do the needful?

The greatest emergency is the occasion when the heart has stopped beating. There is limited evidence that in the out-of-hospital settings doctors are the best people to resuscitate someone in so-called 'cardiac arrest'. Research published in 1999 concludes that only one in seven people who experience an out-of-hospital cardiac arrest survive to reach hospital alive. Those with the best chances of survival are attended by a paramedic, with or without the assistance of a medical practitioner. [1] A more recent systematic review of the literature remains equivocal. Increased survival was limited evidence, cardiac arrest. Indications of increased survival were found in respiratory diseases and acute myocardial infarction. Many conditions seen in the prehospital setting remain unexamined.[2]

You might insist on a doctor, or rather a medical team, if the circumstances necessitate the urgent removal of a diseased organ or reconstruction of traumatised tissues. You would require the team if you were suffering from the effects of pathology with an impending risk of cardiac arrest. On almost all these occasions the body will display the signs of physiological or psychological decompensation. In other words it will be evident that you were close to or at risk of death. There will be no doubt in the minds of those who will have to make a decision that you will benefit from the services of experienced and skilled people able to identify and titrate the necessary treatment. There are of course many infections and other maladies that mandate the administration of something that could in any other circumstances be classified as poisons but I would argue that there are many professionals allied to medicine that could identify the cause and be trusted to administer the appropriate remedy. In the majority of cases people can, and do, benefit from much less drama and fuss than we are used to witnessing in 'ER' or 'doctor in the house'. They receive much more effective and timely interventions for what is either benign, self limiting or early symptoms of an illness that can be nipped in the bud or merely displays of distress as a response to a specific set of circumstances.

If we are to believe what is reported in the press then there are queues of people around every corner in urgent need of medical attention. While

this may be true there is also evidence that the public knows the limitations of what medicine has to offer and that it behaves much more rationally. Researchers in the United States have demonstrated that people seldom visit a medical practitioner in the course of a month. Green and colleagues tracked the help seeking behaviours of a thousand Americans.[3] Eight hundred had symptoms of one sort or another, 327 had thought about consulting a doctor, 217 had consulted a doctor, 21 had been referred to a hospital specialist and 8 people were admitted to hospital. Therefore in practice most people don't consult a doctor and of those that do they usually consult a generalist or even a pharmacist. [4] For most people the search for a pill or potion to alleviate symptoms begins and ends in primary care.

In this edition of the *AMJ* Hooker and colleagues report an elegant experiment in which some of these ideas appear to gain credence.[5] Two hundred and twenty nine women were asked if they would wait hours to see a medical practitioner given the choice of attention from a Physician Assistant much sooner. The PA was defined as someone who is trained to provide medical care under the direct supervision of a doctor. All but one person elected to be seen by a PA rather than wait to see a doctor. Here is some evidence that people are willing to consult other than a medical practitioner in circumstances in which they previously would only have considered a doctor. In Hooker's study the respondents were presented with a hypothetical scenario. We can't be sure if these preferences would be sustained in the actual circumstances described to the participants of this study. However what we do know is that people every day choose to consult other than a doctor and in many cases pay handsomely for the privilege.

In Australia Complementary and Alternative Medicines (CAMs) have become a widely used form of healthcare. Surveys suggest that 42% of Australians report using CAM treatments.[6] An Australian study showed that as long as a decade ago Australians spent $2.3 billion on alternative therapies, a 62% increase on the previous decade 1993.[6-8] Similar findings have been reported in the United States[9] and Great Britain.[10] There is no satisfactory explanation for the rise in demand for CAMs. Speculation centres on the ageing population, a growing emphasis on chronic illness and lifestyle-related morbidity rather than acute illness. In such instances, where conventional medicine may be perceived to be less successful, CAM may appear to have much more to offer (e.g. the use of acupuncture for chronic pain).[11, 12]

However I believe we are witnessing a more profound paradigm shift and that the pendulum is still swinging in the direction of change. Sociologists cite feminism, and point to the strident gay movement as well as the now almost universal concern about the sustainability of services. This politicisation of health promotes control of health to the individual and control of the healthcare system to the community. It may be significant that people's choices to consult other than doctors coincide worldwide with a lessening of medical dominance. Medicine has contained professions allied to medicine by ensuring that those who practice in these fields do not have direct access to public funds, in Australia that includes Medicare. To press this significantly limits care to that delivered by doctors. Much of this was justified as protecting the public interest. As the consumer movement has gained strength and healthcare became politicised, this argument has lost its edge. Consumers now demand to act in their own interest and legislation has made restraint of trade illegal, even for medicine.

Other specific causes may have contributed to the mood for change one is the shortage of doctors, particularly in rural areas and the declining competitive advantage of conventional doctors as bulk billing is abandoned, which means patients may be more willing to try alternatives, even though some alternatives mean out of pocket expenses. Further, as Internet use grows, patients may find more and more useful information about what others have to offer, whatever the problems with some of that information might be. For now it seems that public is in the mood to welcome the arrival of new players on the healthcare landscape the challenge is to ensure that we continue to generate the evidence for benefit.

References

1. Soo LH, Gray D, Young T, Huff N, Skene A, Hampton JR. Resuscitation from out-of-hospital cardiac arrest: is survival dependent on who is available at the scene? Heart. 1999; 81: 47-52.
2. Bøtker MT, Bakke SA, Christensen EF. A systematic review of controlled studies: do physicians increase survival with prehospital treatment? Scand J Trauma Resusc Emerg Med. 2009, 5; 17:12.
3. Green LA, Fryer GE Jr, Yawn BP, Lanier D, Dovey SM. The ecology of medical care revisited. N Engl J Med. 2001; 344: 2021-5.
4. Mott K, Pharmacy Guild of Australia, Australian Department of Health and Ageing. Consumer experiences, needs and expectations of Community Pharmacy. Canberra: Pharmacy Guild of Australia; 2006.
5. Hooker RS, Harrison K, Pashen D. Are Australians willing to be treated by a physician assistant? AMJ 2010, 3, 7, 407-413
Doi 10.4066/AMJ.2010.325
6. Bensoussan A. Complementary medicine — where lies its appeal? Med J Aust 1999; 170: 247-248.
7. MacLennan AH, Wilson DH, Taylor AW. The escalating cost and prevalence of alternative medicine. Prev Med 2002; 35: 166-173.
8. MacLennan AH, Wilson DH, Taylor AW. Prevalence and cost of alternative medicine in Australia. Lancet 1996; 347: 569-573.
9. Eisenberg DM, Davis RB, Ettner SL, et al. Trends in alternative medicine use in the United States, 1990–1997. JAMA 1998; 280: 1569-1575.
10. Murray J, Shepherd S. Alternative or additional medicine? An exploratory study in general practice. Soc Sci Med 1993; 37: 983-988
11. Easthope G, Gill G, Beilby J, Tranter B. Acupuncture in Australian general practice: patient characteristics. Med J Aust 1999; 170: 259-262.
12. Bensoussan A, Myers S. Towards a safer choice: the practice of traditional Chinese medicine in Australia. Sydney: Faculty of Health, University of Western Sydney, 1996.

PEER REVIEW

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CONFLICTS OF INTEREST

The author declares that they he has no competing interests