

Correspondence

More on Allied Health Professionals and Hospital Privileges

Dear Editors:

I have certain misgivings about John Grad's article, *Allied Health Professionals and Hospital Privileges: An Introduction to the Issues*, published in the September issue. This article could be interpreted to favor independent and unsupervised hospital privileges for such limited practitioners as podiatrists, nurse midwives, nurse anesthetists, psychologists, and optometrists. The article suggests that because of their "additional specialized training," the "medical establishment should learn to accept practice in hospitals by non-physician providers." This suggestion ignores some basic problems.

Many, if not all, hospitals operate under state charters. These charters generally authorize hospitals to render medical care by doctors of medicine, osteopathy, and, in some instances, dentistry. To authorize independent non-medical services by limited practitioners in hospitals could require amendments to these charters. Some charters may need further legislation to accomplish such practices.

Further, to permit less trained and unsupervised practitioners to render medical services independently could reduce the quality of such care and expose hospitals to serious legal consequences. Hospitals are responsible for and must grant privileges to properly educated, trained, and competent medical practitioners. If a hospital grants independent privileges even to a licensed medical practitioner who has a background of alleged incompetence, and a bad result occurs, the hospital can be held liable in damages to the patient for negligence in this staff selection.

For two examples, basic premises are overlooked in the article. Neither psychologists nor optometrists need independent hospital privileges to carry out their limited practice. When a mental patient is hospitalized, it is not because psychotherapy by a psychologist is needed, but because the services of a mental hospital are needed for definitive evaluation and appropriate treatment. When an eye patient is sent to a

hospital, it is not because he or she needs a refraction, lenses, or exercises, but because the multiple services of the hospital are needed for definitive diagnosis and proper treatment of a pathological or physiological condition.

Hospitals now use trained allied health personnel, but only under medical supervision, and this has resulted in medical care which is considered to be of the highest quality in the world. Why is a dilution of this quality of medical health care sought by the limited non-physician practitioners? The article in fact supplies the answer: the "economic incentive for allied health professionals to demand hospital credentialing." Patients should be entitled to the highest quality of hospital care, and that should not be altered because of unreasonable and economic demands by non-physician limited practitioners.

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Mr. Grad replies:

Thank you for your thoughtful letter; a dialogue on these issues is very important. By way of a general response, my position is simply this: as a society, we train and license health care providers other than M.D.s. These health care providers should be allowed to practice their profession, for which they are duly trained and licensed, inside a hospital as well as out. I believe this is particularly important, since (1) hospitals exist for the benefit of the communities in which they are located, not for the benefit of medical doctors; (2) to the extent that supervision by medical doctors of some of these non-M.D. health providers is desirable, a hospital is the best place to provide such supervision; (3) consumers should be entitled to the health care providers of their choice in all settings; and (4) those who we train and license to practice the healing arts are entitled as a

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