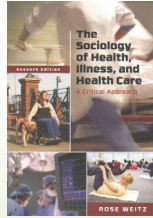


Chapter 11:

The Profession of Medicine



The Beginnings of Medical Practice

- initially, most medical conditions were treated by the family
- particularly complicated illnesses were sometimes turned over to "health care practitioners"

Where would you think the early health care practitioners got their training and what treatments might they have provided?
What about pre-science?

Pre-Science: health care "professionals" received their training as an apprentice and/or relied on their family's remedies or their own personal experiences to determine treatment.

Eventually, they began receiving more training based on science:

- some "professionals" (**homeopathic doctors**) gave the person "remedies" that would have the same effects as the illness so that the body would create antibodies to fight the ailment.
- some "professionals" (**allopathic doctors**) gave the person "remedies" that would have opposite effects to the illness such as a stimulant for a slow heart (from heart disease)

At this time, health professionals often did not understand why their treatments worked. There was a lack of medical understanding.

What about medical research and medical schools? Didn't they help?

How and when did they come about?

Initially, Medical schools emerged privately (mid-1700s) and had no rules, regulations, or requirements regarding who could attend or what someone had to know in order to graduate

- money got you in
- very little, if any, hands on experience working with patients
- typically, if you attended the lectures you graduated and received a medical degree

What brought on the change in medical schools (use of science)?

- In Europe, schools were beginning to recognize the value of the scientific method to health issues
- the discovery of anesthesia and antibiotics gave more credibility to the importance of medical knowledge:
 - surgeries became successful with the advent of anesthesia and medical schools could train doctors in surgery
 - the uses of antibiotics could be taught in medical schools
- The result: Medical schools began to dominate the practice of medicine

How could medical schools dominate if the requirements for acceptance into the medical schools were non-existent and people could graduate with little knowledge?

- The Flexner Report (1910) was a study of existing medical schools highlighting the strengths of a few medical schools and the weaknesses of many
- The report stressed the importance of entrance requirements, academic standards, scientific research and clinical experience
- Many medical schools were forced to close or radically change how they did things in order to pass federal requirements

Allopathic Doctors began to dominate medical practice as they were seen as the experts who knew best what to do.

However, medical doctors have, more recently, lost their dominant role to others.

Any idea why and to whom?

1. Initially, hospitals, Health Maintenance Organizations began hiring doctors and then:

- setting their fees and work schedules
- requiring doctors to obtain authorization before scheduling medical procedures
- setting practice protocols that stressed not only "best practices" for treatment but also the most cost-effective treatments

2. Insurance companies began denying payment. MD's could only do what they thought was best if the insurance company was willing to pay or the patient was willing to pay out of pocket

2. The government has established a "resource-based relative value scale" or RBRVS to establish "appropriate" reimbursements to doctors for their services (similar to DRGs for hospitals)

3. Patients began to do their own research (such as through the internet) on specific treatments and subsequently question the doctors' decisions.

Among the various medical specialties, primary doctors (general practice MDs, family doctors, internal medicine doctors) seem to have lost the most among all MDs in terms of prestige.

Any idea why this might be?

- primary care doctors earn less money than other specialties
- do not spend their time studying rare diseases which is viewed as desirable by the medical profession and general population
- must know a little bit about many different medical areas rather than being able to become an "expert" in a single medical field (e.g., dermatology, orthopedics, heart disease)

How would you describe the typical patient-doctor relationship in the U.S. (e.g., is it egalitarian)? Has it changed over the years and, if so, how?

- historically, doctors have dominated the relationship, telling the patient what to do and the patient agreeing without question (paternalism)
- courts and hospitals typically support a doctor's decision over a patient's wishes
- more recently, doctors are more likely to "negotiate" with the patient about the specific care/treatment the patient will receive.

Why might this be?

- In the U.S. and other more developed nations, medical conditions are more likely to be "chronic" rather than "acute". The patient with a chronic condition has learned what works best for him or her.
- Patients are more educated than ever before regarding illnesses. The internet and other social media have made it easier to learn about various illnesses and possible cures.
- Some medical schools are making more of an attempt to teach "patient-centered" care rather than seeing the patient as an object or disease to be cured.

Who were the original "nurses" in the U.S.?

lower class women

Why was nursing not considered a profession?

- nursing was considered an extension of women's character (ie., caring for others) and duty
- no professional training provided

The importance and value of providing nurse training was eventually recognized.

Any ideas when or how this happened?

- U.S. Civil War: injured soldiers were far from home, their families couldn't care for them
- Florence Nightingale (of Great Britain) had set an example of organizing nurses and their responsibilities
- hospitals started training nurses to obtain a ready labor pool.

After WWI nursing leaders began putting more emphasis on nurse training. In 1960 the hierarchy of nurses became more formalized.

Do you know the titles for the different levels of nursing? What's the lowest level of nursing?

nurse aides (NA) (on-the-job training)

certified nurse aides (CNA)
(50 hrs training, some health care)

licensed practical nurse (LPN) (1 or 2 years training)
licensed vocational nurse (LVN)

registered nurse (RN) (2 or 4 year college)

Weitz suggests in her book that the nursing profession has taken a "step-backwards."

What might be causing this and what would be some examples?

- to save money, hospitals reduced their number of RNs even though the amount of work did not decrease
- in some cases, RNs are being given some of the work of LPNs on top of their own work
- hospitals sometimes hire temporary RNs who don't receive benefits

On the other hand, let's consider:
how much do you think the average RN makes (2024)?

\$75-85,000; entry \$60-70,000;
nurse anesthiologist \$180K

How about an LPN?

\$48-55,000 (varies by state)

How about a CNA?

\$30-36,000

What is a nurse practitioner?
Does anyone know a nurse practitioner?

- has all the privileges of a medical doctor
- works much like a primary care physician
- sees own patients
- must have an MD review and approve their work on a regular basis (usually pay MD for this service)

The University of North Texas Health Science Center (UNTHSC) is collaborating with Texas Christian University (TCU) to offer an MD program.

This partnership led to the establishment of the TCU and UNTHSC School of Medicine, now known as the Burnett School of Medicine.

While the MD program is a partnership between TCU and UNTHSC, the degree is awarded by Texas Christian University.

UNTHSC contributes resources, facilities, and faculty collaboration.

For many years, the UNT - Health Science Center has trained people to be Doctors of Osteopathic Medicine (DO's).

How are DO's similar/different from MD's?

Similarity:

Both MDs and DOs are fully licensed physicians who can practice medicine, prescribe medications, perform surgeries, and specialize in any field of medicine, such as cardiology, pediatrics, surgery, or emergency medicine.

Difference:

The primary difference lies in the medical philosophy.

DOs are trained with a focus on a holistic approach to patient care, emphasizing the body's ability to heal itself, prevention, and the interconnection of the body's systems.

MDs typically follow an allopathic approach, focusing on diagnosing and treating diseases using conventional methods like medications and surgery.

In practice, most patients won't notice a difference in care whether they are seeing an MD or a DO.

Dentistry has always been held in high esteem.

Any ideas why it did not have the same difficult time being declared a profession as nursing?

- doesn't really compete with MDs, has a separate focus
- requires 4 years of college and then 4 years of graduate education, and dental specialties more
- dominated by white males

Dentistry seems to fly under the radar when it comes to having to meet a lot of government regulations.

Any ideas why?

- Medicare and Medicaid do not include dental care in their coverages.
- consequently, many people have no dental insurance and pay out-of-pocket
- the result is that dentists don't have to follow all the federal guidelines and complete all their paperwork

Any idea how the Affordable Care Act is intended to affect dentistry, if at all?

- greater coverage for children
- not much change for adults

Alternative medicine (also called complementary medicine) provides solutions (or cures) for ailments that are not a part of established medicine.

What are some examples?

These might include the use of supplements such as Vitamin C for the common cold or Silymarin (milk thistle seed extract) for problems with the liver.

It also includes "unorthodox" procedures for curing problems, such as acupuncture.

Why are supplements treated as an "alternative" instead of typical medical practice?

- pharmaceutical firms cannot get patents for vitamins or minerals or herbs
- consequently, they cannot "corner the market" with a patent which prevents them from charging high prices
- for example, the patent on "Harvoni" (eliminates Hepatitis C) allows the Gilead pharmaceutical company to have a monopoly on this drug and charge what they want (it costs \$1,000 per pill and a patient typically takes 90 pills total)

What are the pluses and minuses for allowing a pharmaceutical firm to have a monopoly on a drug?

Plus:

it encourages Pharmaceutical firms to spend billions of dollars to discover new drugs that will cure millions of people

- roughly 17% of their budget

Negative:

Pharmaceutical firms can charge whatever the market will bare. This results in poorer people not getting a drug that can save their life (including college students), i.e., the poorer people die

When the U.S. government is involved in finding a cure (such as funding cancer research), how is the above situation affected?

Whoever is doing the research, that is funded by the U.S. government, typically must make their results available to the general public, consequently, preventing patents/monopolies.

The U.S. government seems to work most often with universities but the universities may "bring in" a pharmaceutical firm to assist with the research.

Pharmaceutical firms have attempted to discredit supplements. Meanwhile, there is actually no hard evidence for or against them due to the high cost of research.

However, a recent survey of 50 patients with Atrial Fibrillation (irregular heart beat) asked them if supplements were helpful (not a scientific study).

- 100% agreed that fish oil was helpful in reducing their atrial fibrillation
- 86% reported that magnesium helped reduce their irregular heart beat
- 71% found Vitamin E to be helpful
- 57% found Vitamin C helpful

Marine biologist weighs in on the farmed salmon vs wild salmon debate (11 min)

<https://www.youtube.com/watch?v=Mfp-OAalwdc>

Money driven medicine (2:49):

https://www.youtube.com/watch?v=vOa_nbMEbr4

U.S. Health Care Costs Keep Rising | Money and Medicine | Documentary Central

<https://www.youtube.com/watch?v=k7kaJMDD9kQ>

This could be why you're depressed or anxious | Johann Hari (20 minutes)

<https://www.youtube.com/watch?v=MB5IX-np5fE>

<https://www.youtube.com/watch?v=7TmcXYp8xu4>
Are GMOs good or bad?

<https://articles.mercola.com/videos.aspx>

(describes problem with GMOs, large companies manipulate the data to conclude the GMOs are safe; Dr. Fagan's lab is independent of large food companies; 6:30)

https://www.youtube.com/watch?time_continue=323&v=-bA8dCPp5pXI

Recent study on GMOs

<https://articles.mercola.com/videos.aspx>

Scientific Problem with GMOs

<https://www.youtube.com/watch?v=bco7rPyKwec>

Genetically modified Salmon

<https://www.youtube.com/watch?v=sH4bi6OalZU>

Are GMOs bad?

www.mercola.com

(lists variety of films available)

Listening to shame | Brené Brown (20 mins)

<https://www.youtube.com/watch?v=psN1DORYYV0>

Everything you think you know about addiction is wrong (15 min)

<https://www.youtube.com/watch?v=PY9DclMGxMs>

This could be why you're depressed or anxious | Johann Hari (20 minutes)

<https://www.youtube.com/watch?v=MB5IX-np5fE>

DISABILITY: How You See Yourself (3 mins)

<https://www.youtube.com/watch?v=bwW6mYdJ7Xc>

How To Trick Your Brain Into Falling Asleep | Jim Donovan | TEDxYoungstown (sleep deprivation: 12:30)

<https://www.youtube.com/watch?v=A5dE2BANU0k>

On-line: Are the kids alright: mental health of children today (57 minutes: start at: 3:40: show first 15 minutes)
to Show in Class:
(copy into browser, will take you to UNT media lib where can request it on line)

<http://iii.library.unt.edu/search-S6Z/Xane+the+kids+alright&searchscope=64&SORT=DZ/Xane+the+kids+alright&searchscope=6&SORT=EDZ&extended=0&SUBKEYare+the+kids+alright/11%2C5%2C9%2C6B/frameset1&F5Xane+the+kids+alright&searchscope=6&SORT=DZ&1%2C1%2C>

