Wanted: A 21st Century Flexner

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At the beginning of the 20th century, medical education in the United States was a madhouse: substandard schools-all with different entry and exit requirements-dotted the American landscape. In rode Abraham Flexner on his dark horse (he was narrow-minded and made some mistakes) and put sanity into the system. His Flexner Report of 1910 is a classic [1,2]. What I very strongly believe we need now is for a modern day “Flexner” to ride in on his white horse and do the following:

1. Downgrade optometry, pharmacy, radiography, physiotherapy and nursing from “doctorates” to 2 year diplomas.
2. Abolish the Physician Assistant and Nurse Practitioner Occupations from civilian life.
3. Abolish all professional doctorates in the medical world such as Doctor of Nursing Practice (begun in 2001), Doctor of Physical Therapy (begun in 1992), Doctor of Optometry etcetera except for the MD and DDS for doctors and dentists.
4. Prohibit all health practitioners except doctors and dentists from writing any prescriptions of any kind.

The optometrist and radiographer of today will no doubt argue vehemently against the downgrading of his profession from degree status. He will insist that his profession has grown. But he is wrong. His profession has not grown. His profession has been bastardized!

The Difference between the Emergence, Growth and Bastardization of a Profession

In the late 1700s The Mongolfier Brothers successfully flew the first hot air balloon. For the first time in human history a human being had flown and returned safely to the ground. The profession of aeronaut/flier/balloonist had EMERGED. The emergence of a profession has to do with a new invention or phenomenon. In 1895 The X Ray Machine was invented. This invention resulted in the emergence of a new profession, radiographer (then also called actinographer) i.e. the person to operate the x ray machine and the GROWTH of the medical profession to a new specialty-Radiology -hence the Radiologist, a medical doctor who can read the x ray taken by the radiographer and apply radiation to carry out diagnosis and treatments using the new invention. The profession of radiographer emerged while the medical specialty of radiology GREW (as an offshoot of medicine) to utilize the new invention. Sometime in the last few decades uppity radiographers started to diagnose, treat and prescribe! This was not a growth of their profession but a bastardization of their profession. Because someone already had that job-the radiologist!! An example of a real and proper growth of the radiographer occupation would be when the CAT scan and MRI machines were invented, and radiographers had to learn to operate them. That was a real, genuine GROWTH of the radiographer profession.

Another legitimate growth of a profession occurred in aviation. The Wright Brothers flew the first airplane in 1903. The profession of aeronaut now grew from lighter than air to heavier than air. And the profession of aeronautical engineer properly emerged. Later the profession of aerospace engineer GREW from that of aeronautical engineer when the space age arrived. Aeronautical and aerospace engineers/pilots/astonauts did not use the invention of the airplane-and the bird’s eye view it afforded- as a license to do the work of cartographers (map makers), surveyors and town planners. That would have been a bastardization of their professions. They were content with designing, building and flying the planes that flew the cartographers. They left the cartographers and surveyors alone to do their already existing jobs!

The Physician Assistant (PA) and Nurse Practitioner (NP) professions are artificial professions created in 1965 by idealistic megalomanics called Eugene Stead, Henry Silver and Loretta Ford. There was no real demand or outcry by either patients, doctors, nurses or the general public for any new “mid-level” practitioners. Whether these professions have been worthwhile or not is debatable. To me they appear to be poor quality replacements for doctors.

The “Third Wheel” Physician Assistant (PA) and Nurse Practitioner (NP) professions better Suited to the Battlefield

The first set of physician assistants were former army/navy corpsmen medics. War is an unusual scenario. What works on the battlefield does not necessarily translate into success in civilian life. At the warfront corners are cut, rash decisions are made and the battlefield does not necessarily translate into success in civilian life. The warfront corners are cut, rash decisions are made and it is not always necessary to cross all ‘t’s and dot all ‘i’s.

The Mid-Level Menace!

The root cause of this current bastardization is psychological i.e. an inferiority complex. The optometrist wishes he was an ophthalmologist and the radiographer wishes he was a radiologist. By tweaking their curricula and making their occupations “more rigorous” (by adding extra years and material of study); and by creating professional doctorate titles and fighting for and obtaining
prescriptive authority they get some sick joy and thrill doing more of the traditional duties of a doctor. They love nothing more than to be called “doctor” and to see “Dr” written in front of their names. Meanwhile their bloated curricula have driven many would be optometry and radiography students with a good heart and genuine desire to help others with their tender touch (but who unfortunately are scholastically mediocre) away from the mid-levels and entire medical world altogether. Their care giving talents have been lost forever. All this is superfluous. A pharmacist does not need to know if two drugs are contraindicated. That is the doctor’s prerogative. The buck stops at the doctor’s desk and nowhere else. All a pharmacist needs to do is to be able to interpret what the doctor has written and hand over the medicine to the patient. A pharmacist is not a pharmacologist. Some doctors may even get lax in prescribing if they think the pharmacist “has their back” for any prescription gone awry. An optometrist doesn’t need to know how to diagnose and treat eye diseases. All an optometrist needs to know is how to test a person’s eyesight and recommend appropriate spectacles. The bottom line is that a person cannot be the best at what he does if he subconsciously detests his job and secretly wishes he were doing something else!

References
2. Flexner A (1910) Medical Education in the United States and Canada A Report to the Carnegie Foundation for the Advancement of Teaching.