

CORRESPONDENCE



Nurses' Scope of Practice

TO THE EDITOR: The Perspective articles "Broadening the Scope of Nursing Practice" by Fairman et al.¹ and "Nurses for the Future" by Aiken² highlight the need to use the best available evidence when considering how to ensure that patients have access to health care. The truth is, however, that the Institute of Medicine (IOM) recommendations are not sufficiently evidence-based. The IOM itself acknowledged that "as the IOM committee considered how best to inform health care workforce policy and development, it realized it could not answer several basic questions about the workforce numbers and composition that will be needed by 2025."³

As the American Medical Association has argued elsewhere,⁴ with a shortage of both physicians and nurses and millions more insured Americans, health care professionals will need to continue working together to meet the surge in demand for health care. A physician-led team approach to care — with each member of the team playing the role he or she has been educated and trained to play — has a proven track record of success and helps to ensure that patients get high-quality care and value for their health care spending. The IOM recommendations point to physician-led models of team-based care as an example of the optimal approach.³

A new study shows that 80% of patients expect to see a physician when they come to the

emergency department, with more than half of those surveyed willing to wait 2 additional hours to be cared for by a physician.⁵ Although nurses are critical to the health care team, there is no substitute for a physician's education and training. Physicians have 7 or more years of postgraduate education and more than 10,000 hours of clinical experience. Most nurse practitioners have just 2 to 3 years of postgraduate education and less clinical experience than is obtained in the first year of a 3-year medical residency. These additional years of physician education and training are vital to optimal patient care, especially in the event of a complication or medical emergency.

We are committed to expanding the health care workforce so that patients have access to the care they need when they need it. Research shows that in states where nurses can practice independently, physicians and nurses continue to work in the same urban areas, so increasing the independent practice of nurses has not helped to solve the problem of shortages in rural areas.^{6,7} Efforts to encourage health care professionals to work in areas where shortages loom must be based on the best available evidence if we are to increase access to care for all patients.

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TO THE EDITOR: In their Perspective article, "Broadening the Scope of Nursing Practice," Fairman et al. highlight the findings and recommendations of the recent Institute of Medicine (IOM) report, *The Future of Nursing: Leading Change, Advancing Health*.¹ The report advocates reliance on collaborative, multidisciplinary, team-based care to improve the quality and delivery of care in a transformed health care system. The American College of Physicians strongly supports this model. Nurses, physician assistants, physicians, and other health care professionals should practice to the full level of their training and clinical skills, working as part of a collaborative team, and inappropriate barriers that stand in their way should be examined and revised accordingly.

We agree that certified nurse practitioners can provide many core primary care services, but it is important that this not be misunderstood as suggesting that nurses are interchangeable with physicians in providing the full depth and breadth of services that primary care physicians provide. The two professions are complementary but not equivalent. For diagnostic evaluation of clinical presentations that are not straightforward and for ongoing management of complex or interacting medical problems, the most appropriate clinical

is a physician who has received in-depth training in the diagnosis and treatment of conditions affecting all organ systems and who can effectively integrate current and evolving scientific knowledge with the delivery of clinical care. Any examination of state licensing laws, as the IOM recommends, should therefore distinguish between inappropriate restrictions on nurses or other licensed health care professionals that prevent them from practicing to the full level of their training and experience as part of a collaborative team and laws designed to ensure that licensed health care professionals are providing care consistent with their level of training and skills.

The IOM has done a great service by providing a comprehensive set of recommendations that, although focusing on the nursing profession, appropriately emphasize the importance of physicians, nurses, physician assistants, and other health care professionals working together to provide high-quality, patient-centered care, through delivery systems (such as the patient-centered medical home) that use everyone's skills and training optimally. It is essential, however, that further discussions of and communications relating to the IOM report provide sufficient clarity on the issues to prevent misunderstanding. Care should be taken by everyone involved in the implementation of the IOM recommendations to ensure that they are not misconstrued as blurring the important differences in training and skills between the medical and nursing professions and in their respective contributions to team-based and patient-centered care.

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More on Screening Mammography

TO THE EDITOR: Kalager et al. (Sept. 23 issue)¹ report that in their observational study, they found a 10% reduction in breast-cancer-related mortality associated with their national screen-

ing program. However, a number of important issues require clarification by the authors. First, why was disease-specific mortality used as the measured outcome when all-cause mortality is