My acting career started in second grade. Clad in a comically adult fedora, I played a man on a bus commenting on his fellow travelers. I delivered two timeless, memorable sentences with all the feigned emotion I could muster. Hollywood did not call, and that was my last foray into the thespian world—until I became a doctor. It’s not that I think of my encounters in the exam room as stage performances; but actors’ tools such as facial expression and vocal tone and volume do play a role in the explaining and cajoling that are part of doctoring. Indeed, physicians play a number of roles during their day.

Physicians are interpreters, translating for patients the foreign argot in which we conduct our business. Physicians are ministers, counseling and guiding patients through the perils of illness. As implied in the derivation of the word “doctor,” physicians are teachers, instructing patients in the disciplines of wellness, therapeutics and rehabilitation. Some would say physicians are clerks, processing an ever-expanding morass of paperwork. And physicians are bosses, handing out orders to patients, pharmacists, nurses and laboratories.

Most of these roles traditionally have placed doctors atop the control hierarchy, issuing commands to the crew like Charles Lawton in Mutiny on the Bounty. But the casting is changing.

New models of care have physicians sharing the lead with a host of other professionals. Nurse practitioners and physician assistants have long supplemented the work of doctors, but recently their duties have proliferated in creative ways, for example, doing preoperative exams for local ophthalmologists. Exam rooms are getting crowded as nursing assistants and RNs perform a larger part of patient assessments and as scribes take over the documentation duties many physicians have found onerous. Increasingly, the practice of medicine involves a cast of cooperating colleagues with multiple co-stars sharing the limelight with physicians.

Most of these changes are intended to lighten a physician’s load, leaving them free to do what they are trained to do. However, some physicians view the moves as incursions into a their space, undermining their authority and infringing on the doctor-patient relationship.

There is no question that new roles for physicians demand new skills and altered attitudes, both of which challenge doctors to be flexible. But over the years, physicians have proved to be adaptable. Most Minnesota physicians moved smoothly from the era of the solo practitioner to group practice. Over the past 40 years, they have, grudgingly, adapted to managed care in all its many guises. They even have taken on roles with titles like director of population health or director of integrative health.

The main threat of these recent changes is not that physicians will be dethroned as star of the show but rather that the breach between patient and physician will widen. If the changes in health care delivery insert more people, procedures or forms between a patient describing their problems and the physician trying to fix them, doctors will no longer be able to play their most important role.

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