VIEWPOINT

The muddling of medicine

I like to think of myself as fairly progressive, but every once in a while my “old-schooledness” declares itself. Be warned; this is one of those times. As part of my work, I see patients in the Resident Consortium Clinic at the University of Minnesota, an endeavor I treasure because it allows me the opportunity to work with residents and medical students. I like to think I teach them something, though in truth they probably teach me more.

I love to hear the students talk about their experiences, hopes and dreams. It takes me back to my own medical school days. Some were miserable, but many were truly magical. I suspect every physician can remember the first “real” patient he or she examined. I certainly remember mine on the neurology service at the old VA. (Most important lesson learned: Do the mental status exam FIRST, not after you’ve spent two hours getting a confabulated history.)

While in clinic recently, I overhead a group of students taking part in a conversation that I felt compelled to interrupt. In the context of their discussion, they referred to themselves as “providers.”

I hate this term, and I’m not alone. The MMA asked members what they thought of the term last year, and most who responded said they disliked it as well. I’m not even sure what it means. According to Wikipedia, a health care provider is “an individual or an institution that provides preventive, curative, promotional or rehabilitative health care services.” Pretty broad. And very vague because, according to this definition, an individual health care provider could be anyone from a dental assistant to a neurosurgeon.

So why is the word used? The non-cynic in me says “provider” has become a pervasive reference to medical professionals because it’s easy. Why use multiple references when one will do? Why actually verify a professional’s credentials when one term encompasses them all? I call this my “Save a Tree Theory.” Using “provider” is a trend borne of laziness, not subversive intent. I have another theory, though, which I call the “Nefarious Theory.” It posits that this lumping of professionals is an intentional ploy to deprofessionalize medicine. After all, if every medical professional is a provider, we are all one and the same, and one is as good as the next, no matter the context. Need a doctor? A medical assistant will do. They are both “providers” so what does it matter?

It matters.

Every medical professional should object to this assault on their education, training and expertise. We all chose our specific area of medicine for a reason. A physician chose to practice medicine, a nurse to practice nursing, a dentist to practice dentistry. We all have as a common goal doing what’s best for our patients. Therefore, we should champion transparency—and not engage in this muddling of medicine.

I understand that “provider” is convenient and we have probably lost that battle when it comes to insurance forms and government contracts, but we should never succumb to the temptation to refer to ourselves as anything other than what we are. I always ask my students to think about what they do and why they are doing it. That day in the clinic, I asked them to think about what they will soon become. When they graduate, it will not say “provider” on their medical school diploma; it will say “medical doctor.” They will be physicians. I hope I taught them something.