

## Rebuttal: Should prescribing authority be shared with nonphysicians?

YES

Shirlee A. O'Connor RN(EC) NP-PHC

Dr Desroches makes an emotional argument defending his right to diagnose and prescribe within a traditional care model. Numerous reports—Kirby and Romanow's in particular<sup>1,2</sup>—have established that this model is neither sustainable nor grounded in a patient-centred approach to care. I will respond to each of his arguments here.


First, "Making diagnoses and prescribing medication are the very essence of a doctorate in medicine." No one is disputing that or trying to undermine physicians' roles as members of interprofessional teams in the evolving health care system. However, others are equally capable of diagnosing and prescribing within their scope of practice. In fact, nurse practitioners have been safely diagnosing and prescribing for more than 50 years.

As previously stated, there is a profound shortage of family physicians and no shortage of patients. Patients do not always require the advanced training of a medical physician. Nurse practitioners use their knowledge, skills, and judgment to diagnose and prescribe within their scope of practice. As with all health professionals, when the patient's situation or condition is beyond their independent scope of practice, they consult with the appropriate health care professional—similar to the family physician who requests a consultation with another specialist.

Second, "Any changes to the laws must be accompanied by a review of each of the regulations governing the professional orders in order to ensure competitive equity." Government plays a critical role in ensuring the safe practice of all health care professions. In Ontario, the Regulated Health Professions Act<sup>3</sup> sets out specific scopes of practice and requirements for each health profession to ensure that members are qualified to competently perform the skills of their respective positions. Government does not take this obligation lightly; for the past 2 years Ontario's regulated health professions have undergone extensive reviews of practice boundaries, education requirements, quality assurance, and practice

standards. The result was Bill 179, which will enable our health care system to take full advantage of the highly knowledgeable and skilled professionals in Ontario.

Third, "All those who would like the right to make diagnoses and prescribe medication must sit the same examination." Nurse practitioners and other health professionals who desire to expand their scope of practice are not asking to practise medicine. They are simply asking for recognition of their knowledge and skills so that they might provide accessible, safe, and effective care for patients. It is fundamental to the self-regulated learning within health professions that each provider prescribe within the limits of his or her knowledge, skills, and judgment.

The essential issue that Dr Desroches fails to address is that in light of the health human resource challenges facing our health care system, how can we improve access to care for patients? Physicians are essential to providing comprehensive care to patients and they are integral to the development of interprofessional teams. But it is only through the recognition and use of the knowledge and skills of all health professions that our health care system will truly benefit from interprofessional teams. It is time for a dramatic system change in which all regulated health professionals are allowed to deliver the kind of patient care they were educated to provide. 

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#### Competing interests

None declared

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#### References

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Cet article se trouve aussi en français à la page e64.



This rebuttal is a response from the author of the debate in the December issue (*Can Fam Physician* 2009;55:1176-81 [Eng], 1179-81 [Fr]). See [www.cfp.ca](http://www.cfp.ca).