To diagnose, or not to diagnose: that is the question

Cal Gutkin MD CCFP(EM) FCFP, EXECUTIVE DIRECTOR AND CHIEF EXECUTIVE OFFICER

Several years ago, at the urging of some nonmedical friends, a small group of physicians and our spouses created a new board game called "Diagnosis." Each player was a "doctor" and was assigned patients with hidden diagnoses. As the "doctors" moved around the board, they gathered information about their patients' symptoms, signs, and test results. The goal was to use this information to make as many diagnoses as possible. Credits were earned or lost depending upon one's diagnostic acumen, with bonuses for appropriate prescribing and treatments.

Game consultants told us that the opportunity to pretend to be doctors was irresistible to many. They also advised that to be successful, our game had to make players believe they had enough knowledge to act like doctors, recognizing that only real doctors have the medical expertise needed for such tasks.

Rolling the dice

The past several years have seen "reality" television programs and games consume our society. Today, mass audiences marvel at how anyone can become a world-class chef, architect, or executive. Lines between fantasy and reality are now blurred.

In the health care universe, nonphysicians—spurred on by doctor shortages and demoralization in their own ranks—are increasingly assuming responsibilities formerly unique to physicians. The game of Diagnosis has reemerged—only this time it is being played with serious real-life implications. The public is being assured that the roles assumed by other providers will be limited to relatively simple tasks, but planners don't seem to understand what a *simple* medical task is, and some of the most complex challenges that define the role of physicians are being regulated and legislated into the practices of others. These include prescribing medications, delivering and coordinating an array of medical treatments, and the most important responsibility carried out by doctors—making medical diagnoses.

Physicians earn the right to diagnose and prescribe only after completing 6 to 10 years of medical school and residency, and demonstrating their knowledge and skills on examinations. If indeed one can become expert enough to do these things in considerably less time and at less expense, perhaps it is time to implode the systems of medical education and practice that, for the past hundred or so years, have served Western civilization very well.

Cet article se trouve aussi en français à la **page 319.**

Changes to modernize traditional medical education and care delivery are, in fact, currently being introduced, with interdisciplinary health professional teams emerging as a core element of new models. Before graduates of different health programs are assigned practice responsibilities, however, many questions still need to be answered: What are the core functions and responsibilities of practitioners in each profession? What is the minimum education and training needed for someone to attain the core competencies required to perform these functions well and safely? Where do the different professions intersect and where could the public benefit from services offered by more than one provider? How can interprofessional learning and practice environments foster and support collaboration? How can we prevent turf battles and encourage true collaborative, patient-centred, complementary care?

Changing the rules

Our College supports interprofessional teams. We are not opposed to clearly defined, realistic enhanced scopes of practice for providers who have met nationally standardized education and training requirements. Each professional brings unique skills to the bedside that, if coordinated appropriately, should serve patients well.

With shortages in all health professions, however, now is not the time to encourage others to sacrifice their traditional roles in order to have them assume the responsibilities of physicians. This will only create larger deficits in the pool of all the health care services needed. How, when we are told that we need over 100 000 more of them, can we possibly justify having increased numbers of nurses assuming doctors' roles? Canadians need more nurses, doctors, and pharmacists. Canadians do not need nurses and pharmacists working as doctors.

Who can and should diagnose, prescribe, and treat? Shouldn't regulators and legislators be defining the boundaries of practice with greater caution to ensure patient safety? Rather than simply saying nurses or pharmacists can "diagnose," shouldn't there first be a much clearer distinction made between what constitutes a "medical diagnosis" and a "nursing or pharmacist diagnosis"? Shouldn't the training requirements and the limits for safe diagnosing and prescribing by nonphysicians be explicitly defined? We must hope that those responsible for answering these questions are in touch with reality and—unlike our friends a few years back—not just playing games.