

## A Second Opinion on Dr. Roemer's Proposal

In his article "The Need for Professional Doctors of Public Health" (January-February 1986), Dr. Milton Roemer puts forward a proposal for a 5-year doctoral program in public health to prepare nonphysicians for positions as local health officers. He argues that physicians tend to emphasize clinical work too much and do not have the training or experience necessary for management and program development. In the conclusion he states, "The notable performance of certain men and women with these qualifications [MD, MPH] today cannot be attributed to their formal education. A large share of the MD training has been essentially irrelevant."

I cannot agree with his proposal because my training as a physician is just as essential to my day-to-day functioning as a local health authority as my training and experience in public health. Even though I direct a large urban health department employing more than 500 professional and support personnel, I use my medical training and in fact 'practice medicine' every day.

Preventive medicine-public health is a specialty of medicine that requires specific training and experience. The problem with many physicians practicing public health is not that they are physicians, it is that they are not preventive medicine physicians. Ours is the only specialty that accepts residency training in another discipline as preparation for board certification in our specialty. We routinely have medical school programs and even departments of preventive medicine that do not have a single preventive medicine physician on the staff. I cannot imagine a department of pediatrics with an internist as its chairman, but it is not unusual to have a department of community medicine with a pediatrician as its chairman. The problem with the attitude 'any idiot can do it' is that you end up attracting 'idiots.'

There are bright and capable young physicians who are interested in careers in preventive medicine. Instead of creating a new class of individuals who are only half trained, we should concentrate on improving the training programs that already exist. We must recognize that preventive medicine practice requires postgraduate training in the specialty. And board certification in the specialty of preventive medicine should be a requirement for a teaching position in preventive medicine. Once we acknowledge that preventive medicine is a proper specialty of medical practice, the training problems will begin to take care of themselves.

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## Response to Dr. Rathbun

Dr. Rathbun seems to base her disagreement with my proposal on her own experience as the Director of a large urban health department. She claims to use her "medical training and in fact 'practice medicine' every day."

If I may do likewise, in my 13 years of experience as a public health administrative official at local, State, national, and international levels, I found scant use for my 9 years of education in medicine, compared with my 2 years of master's degree training in public health and in sociology. The countless hours required to learn about the enzymes of the liver and their action or the differential diagnosis of amyotrophic lateral sclerosis might have been spent much more usefully in learning more about health economics, biostatistics, occupational health, or long-term care than the abbreviated MPH course allowed.

Dr. Rathbun equates public health with preventive medicine. Perhaps health departments in many parts of the United States still limit their scope to preventive service, but this is not true in most of the world nor in numerous U.S. jurisdictions. Public health today deals with the health of populations, involving medical care (including hospitals), planning, financing, manpower development, rehabilitation, drug regulation, and numerous other aspects of promoting a population's well-being, besides prevention.

To denigrate a proposal for a 5-year professional doctorate of public health as the preparation of "nonphysicians for positions as local health officers" suggests little understanding of the enormous needs of national health care systems. The social challenge, facing nearly 160 nations committed to the World Health Organization goal of "Health for All," is far greater than the capabilities of clinical physicians, even with the addition of a necessarily superficial 1-year MPH.

*Milton I. Roemer, MD, MPH*

## The Flaw in Dr. Roemer's Argument

Dr. Milton Roemer makes some useful points in calling for more indepth training for persons who will be involved in "planning, organizing and operating today's complex health care system." His basic premise is that physicians with MPH training are inadequately trained to function in that capacity, and he calls for the creation of a new 5-year training program for doctors of public health (DrPH). Dr. Roemer contends that persons trained in that way would be more able to serve in