LETTERS TO THE EDITOR

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 inadquately 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

leadership and administrative roles in today's demanding field of public health.

While I certainly support the recommendation that doctors of public health be more broadly trained, I believe there is a fundamental flaw in Dr. Roemer's argument.

Just as there are needs for many different medical specialties and subspecialties, there exist needs for many different types of public health administrators. I seriously doubt that anyone would contend that a similar background would be appropriate for all kinds of public health administrators. There are totally different needs and demands placed on a State or regional health officer, a Third World resource administrator, a field epidemiologist, or a national health insurance supervisor—yet all could be considered 'public health administrators.'

In some circumstances a broadly trained DrPH may be ideal, but in others professionals having different backgrounds and training are clearly more appropriate. Certainly we all recognize situations in our own areas where indepth training in business administration would be more appropriate for certain public health administrators than would be the training suggested by Dr. Roemer. Further, there are times when a public health administrator needs to be trained in law. Contrary to Dr. Roemer's implications, sometimes there are situations when the ideal public health administrator is a physician who is additionally trained in public health.

I certainly do not share Dr. Roemer's disdain for the 1-year MPH program given to physicians. Most physicians pursuing a MPH degree already have had significant field and public health experience, making the 1-year MPH program a very efficient and useful tool that allows them to put into perspective the many programs and principles Dr. Roemer plans to teach over a 5-year period to nonphysicians.

It is just as indefensible to imply that the DrPH training proposed by Dr. Roemer is the ideal training for public health administrators as it is to continue the unjustifiable contention that the 'MD, MPH' is the ideal qualification for all such positions. Public health, by its broadly diverse nature, requires the contributions from professionals with different backgrounds. The leader of any particular public health agency should be selected on his or her ability to meet the requirements of the job and not on any predetermined accumulation of academic credentials.

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Response to Dr. Wykoff

Dr. Wykoff is surely right in maintaining that not every public health administrator requires the same training. Specialized skills are needed, as he notes, in "a national health insurance supervisor" or a "field epidemiologist." Public health, of course, requires specialists as well as generalists.

My proposal, however, addressed the world's needs for *general* leaders "to plan, organize, and operate health care systems"—positions filled almost everywhere (at central, provincial, and district levels) with clinical physicians. Only a minority fraction of these doctors have backgrounds enriched by even 1 academic year of study in public health. MPH programs are simply not adequate to impart the knowledge and understanding necessary to cope effectively with the health problems of total populations—their diagnosis, prevention, and treatment. The familiar "MD, MPH" credential has been society's adjustment to the unavailability of suitably prepared "doctors of public health."

If a physician devotes his life to the clinical specialty of ophthalmology, for example, his training is not limited to disorders of the eye. He must work for years to learn about the human organism as a whole, in health and disease. In the same sense, the *doctor of public health* should be sophisticated about populations in health and disease and the whole range of services they need, even if future events channel him into a specialized role.

The important point is that the proper planning and management of health services for populations requires knowledge and skills as broad and deep—probably broader and deeper—as the diagnosis and treatment of an individual patient. For historical reasons, we have casually accepted preparation in one sphere as suitable for the other. But this simple equation is faulty. The challenges of good public health work are almost entirely different from those of clinical patient care. It is high time that this be recognized by the universities and by the public health establishment of the world.

Midlevel public health personnel with limited specialized skills are, of course, needed in large numbers. The health leadership of large districts, provinces, regions, or countries, however, requires men and women with the capabilities that the World Health Organization has called for by its sweeping objective "Health for All."

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