The relationship between physicians and other healthcare providers

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The relationship between physicians and other healthcare providers must be based on solidarity and respect. It is a relationship in which individual freedom is respected without losing sight of the boundaries between professions. Chapter I of the Code of Medical Ethics on the fundamentals of medical practice states that “XVII - Relationships with other healthcare providers must be based on mutual respect, individual freedom, and independence, in strict observance of the interests and well-being of the patients”.

Although professions involved in healthcare are equally important, the programs designed to train healthcare providers have their specificities and cover different areas of knowledge. Therefore, the individuals coming out of such programs have inherently different skillsets. Everyone involved in healthcare plays a role in offering patients the best outcome possible. Nevertheless, differences in training must be acknowledged and respected so that healthcare providers do not invade each other’s area of expertise and cause harm to patients.

Decree n° 20931 in effect since January 11, 1932: “Regulates what physicians, dentists, veterinarians, pharmacists, midwives, and nurses can and cannot do in Brazil, and establishes penalties”; “Article 16 – Physicians cannot: i) take responsibility for medical treatment directed by an individual without proper legal qualification; (…)”; “Article 28 - “Public or private hospitals or medical clinics cannot operate in Brazil without a technical director or a managing director qualified to work as a physician as per the terms of Brazilian healthcare regulations”.

Article 15 of Federal Law nº 3999 enacted on December 15, 1961, establishes that: “Leading positions in medical services can only be occupied by legally qualified physicians”.

This concern persists today and we see in the Code of Medical Ethics in its Chapter III - Professional Responsibility that: “Physicians cannot (...) Article 2 – Delegate to others acts or assignments specifically attributed to the medical profession (...); and, “Article 10 – Work with individuals without the legal qualification required for the practice of Medicine or with medical professionals or organizations performing illicit acts”.

Every organization in which Medicine is practiced must have a physician as the Technical Responsibility Lead. Article 1° of Resolution 1718/04 of the Federal Board of Medicine on the teaching of medical procedures states that “Physicians cannot convey knowledge of or teach medical procedures to non-physicians.” However, non-physicians are often present in medical meetings and watch presentations on how to diagnose diseases, prescribe medication, and perform invasive procedures. In Brazil, only physicians are allowed to diagnose diseases, prescribe drug therapy, perform surgery, indicate and perform invasive diagnostic and therapeutic procedures, and determine a patient’s prognosis.

We cannot be critical enough of discussions on humanized childbirth accompanied by the demonization of physicians. A safe delivery for mothers and newborns should be everyone’s goal. Nevertheless, safe deliveries require the involvement of physicians since prenatal care. And how to talk about safe and humanized childbirth without the presence of a pediatrician?

I was taken aback by an idea recently presented by the mayor of Rio de Janeiro. In his mind, a nurse or a nurse technician with the help of a remotely located physician connected to a computer – therefore unable to examine patients firsthand – should provide patients with basic care. According to him, family

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care clinics are located in areas known for urban violence, a trait that has discouraged physicians from seeking employment at public clinics. Interestingly, his concern for the safety of physicians was not extended to other healthcare providers.

Article 37 of Chapter III of the Code of Medical Ethics verses on professional responsibility and defines that: “Physicians cannot prescribe treatment or other medical procedures without examining patients firsthand, unless they are unable to do it and the patients are facing an urgency or emergency situation; firsthand examination must be performed as soon as the impediment has been lifted”.

The WHO Executive Board held its 114th session on April 29, 2004. Participants discussed the use of “Human resources in healthcare”: “Citing the fact that developed and developing countries are studying the possibility of using ‘new types of health workers’ (...) studies on the replacement of physicians by other health workers have alluded to potential changes in skillset combinations and to the possibility that other health workers may perform 25 to 75% of the tasks performed by general practitioners.

We cannot let go of the experience and knowledge acquired by different healthcare providers, nor is it recommended to deprive our patients of either. Nonetheless, it is unthinkable to have “Medicine without physicians”. We are not better or worse than anyone else is, but the differences and peculiarities inherent to our training make us relevant and indispensable.

“It is worth remembering that although there is a vast difference between us in regard to the fragments we know we are all equal in the infinity of our ignorance.”
– Karl Popper