Nursing and the Privilege of Prescription, 1893-2000
Keeling, Arlene W.

Published by The Ohio State University Press

Keeling, Arlene W.
Nursing and the Privilege of Prescription, 1893-2000.
The Ohio State University Press, 2007.
Project MUSE. muse.jhu.edu/book/28042.

For additional information about this book
https://muse.jhu.edu/book/28042

For content related to this chapter
https://muse.jhu.edu/related_content?type=book&id=1147290
Conclusion. Toward a More Equitable System of Health Care

In their recent work *Policy Challenges in Modern Health Care*, some of the nation’s leading experts in health care policy call for a more equitable system of health care in the United States. Among other things, these policy analysts call for a reduction in barriers to care and the enactment of laws to reduce disparities. And, in chapter 12 of that work, “Improving Quality through Nursing,” Professor Linda Aiken notes the increasing role of nurse practitioners in the provision of care. Despite these calls for policy changes in the US health care system, challenges remain. Specific to nursing, these challenges persist in part because the laws governing nursing practice do not reflect the current reality of that practice, and in part because of continued opposition by organized medicine to an expanded role for nursing with regard to prescriptive authority.

As demonstrated here, for over a century nurses have been providing safe and effective care to impoverished Americans in both cities and towns across the country, providing access to care for those to whom it would otherwise be denied. Although that care varied from place to place, and from one decade to the next as new drugs became available and new laws controlling practice were enacted, the nurse’s work often included dispensing and furnishing drugs. In fact, for decades nurses held de facto prescriptive authority even as they lacked formal recognition of their work. Later, with the certification of nurse practitioners and changes in their scope of prescriptive authority, nurses with advanced education and certification could also prescribe drugs with medical consultation and support (at least in some states). These nurses had the knowledge they needed to provide safe care. Throughout the century, in all cases in which nurses would furnish or prescribe drugs, the profession insisted that they have advanced education (which varied from post-RN courses early in the century to graduate education in the 1990s) in physical assessment, pathophysiology, and pharmacology. They were also mandated to have supervised clinical experience in these areas—the exact number of hours, of course, varied with the specific historic period. What is clear throughout this history is that the “elusive and fine line” between medicine and nursing was fluid,
especially in times and places where nurses were particularly needed. Moreover, the boundaries of the discipline expanded and contracted according to the political, social, and economic context of a particular time and place.

According to a recent report in the *American Medical News*, the American Medical Association is once again confronting changes in scope of practice legislation for non-MD providers, citing patient safety and quality of care issues to be addressed. As Myrle Croasdale, the author of one article, noted:

> With 31 states and the District of Columbia expected to face legislation that asks to alter or expand the scope of more than 20 allied health professions this year, organized medicine says it’s time to join forces to oppose any changes that jeopardize the health and safety of the public. . . . The effort is particularly important, committee members say, because all of medicine suffers, not just a single state or medical specialty, when the practice of medicine is put into hands without the training to practice it. . . . In 2006, partnership members plan to conduct research comparing allied health practitioners’ training and qualifications to that of physician’s education and licensing. . . . "Bottom line, our whole position is public protection. Any decision must be in the best interest of patients," said Lisa Robin FSMB [Federation of State Medical Boards] vice president of leadership and legislative services.3

Public protection and “decisions in the best interest of patients” are admirable goals. So are increasing access to health care and reducing disparities in the quality of that care. It will be interesting to see if the Scope of Practice Partnership committee includes historical data in its research.