

Treating Symptoms Not Problems

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16 November 2005

Over time, the Army's medical community has developed an ethical dilemma through its actions of treating medical symptoms rather than the root causes of those symptoms. The Army has a whole series of regulations that governs medical treatment, medical qualifications, and preventive medicine. Many consider the Army medical system a benefit for members of the Army and their families.

Treating symptoms instead of the root problem comes from the Army lacking qualified military physicians. This problem reflects the greater Army issue of recruiting. Doctors graduating from medical school find their specialties in high demand. The Army is continually evaluating their recruiting techniques for this highly skilled population. Medical corps recruits receive extensive bonuses. One example is the Financial Assistance Program, while participating in a medical residency program, offers an annual grant of more than \$26,000 plus a monthly stipend of more than \$1,200 for a minimum service obligation of two years active duty. When the Army cannot fulfill its requirements for qualified doctors, they contract for civilian physicians to fill the vacancies. The Army also uses the physician's assistant to evaluate patients as a stopgap measure.

Recent changes to military health care have led to consolidation and closure of medical facilities. A noticeable upcoming closure and consolidation is that of Walter Reed Medical Center in Washington, DC and the Navy's National Naval Medical Center in Bethesda, MD. Another fall-out of changes in military health care is that the civilian medical community now provides medical care to many from the Army. This has led to delays in care as the burden moves outside the Army medical community. The wait for a referral can take up to sixty days. Civilian physicians need training to understand the demands of the military and the affects of Soldiering on the Soldiers' bodies and minds.

The Army will continue to transform. As this takes place, it will affect the medical community as well. The inherent medical support assigned to the newly formed units of actions will provide medical treatment to their Soldiers. Will transformation consolidate the medical support into one medical facility or into separate clinics near the unit supported? Questions like this will determine the location and type of care given to families. This transformation will place more civilian physicians in Army hospitals treating Soldiers and their families. Civilian physicians new to the Army may feel pressured to make diagnoses without proper evaluation and testing.

Currently, when a Soldier or their family seeks medical care, they speak to a health care representative over the phone. The representative asks the patient a list of questions relating to their current symptoms. The representative evaluates the symptoms and level of pain then determines the priority of treatment. The appointment may be same day or scheduled as routine requiring a doctor's care within seven days.

Each patient completes a medical screening when arriving for a doctor's appointment or sick call. This screening takes basic vital statistics. On larger installations, during sick call hours, a physician's assistant may conduct the screening. The physician's assistant uses a flow chart listing the symptoms, if those symptoms do not warrant a visit with a physician, the physician assistant will prescribe a treatment program to overcome the symptoms. The scheduled appointment time with the physician is fifteen minutes for each patient. The fifteen minutes includes diagnosis, dictation of the medical records, and completing a prescription. This prescribed time is not always adequate which can cause the physician to rush during their analysis of the symptoms missing key factors to a proper diagnosis.

An example of the allocated time being too short and an improper diagnosis is a case where the Soldier went to medical facility for recurring pain and soreness in their shoulder. After

hearing the symptoms, the doctor gave the Soldier Motrin and a profile. Upon profile expiration, the Soldier started physical training only to have the same pain and soreness. At the next appointment, the Soldier received more Motrin, a profile and a referral to physical therapy. After continued physical therapy and no improvement, the physical therapist referred the Soldier to orthopedics. The orthopedics physician knew what was wrong with the Soldier at their first appointment. The doctor sent the Soldier for an MRI to confirm that the rotator cup was torn. The Soldier needed surgery to repair the rotator cup. The Soldier has permanent arthritis in their shoulder. The orthopedic surgeon told the Soldier he could have repaired the damage with no adverse affects if they were referred orthopedics first. This is only one example of initially treating the symptom and not the cause. Each of us knows a Soldier who has endured a similar situation to the example just stated some whose conditions may be far worse.

In the above case, the process took a little over nine months to resolve. Treating only the patient's symptoms causes return visits to the medical treatment facility. These return trips cost the Army money, unit readiness, and person-hours both for the unit of the patient and for the medical personnel. In the example above, the medical community determined the Soldier non-deployable. Proper medical care is a vital piece of a unit's readiness and a Soldier's well-being.

The Army medical community must alleviate the real or perceived notion that they tend to treat symptoms instead of the medical condition. This is especially difficult, as the medical community will transform to meet the needs of the Army. To accomplish this, the Army must continue to recruit the best-qualified candidates as physicians. Ensure proper medical screening and refer each patient to the physician. Schedule appointments with the time necessary to properly evaluate patients and hear their concerns. These measures can be a start in ensuring the time and money for proper testing rather than the short-term fix of a prescription that only treats the symptoms.