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Licensing laws don't serve public interest

YOUR TURN
GREG HAYES
OPINION

A May 10 article in the Reno Gazette-Journal detailed the unfortunate firing of Dr. Hugh Stallworth, the newly appointed state health officer, as he was literally driving from Georgia to Nevada. In that article, Larry Matheis, the executive director of the Nevada State Medical Association, expressed his embarrassment with the whole process, including losing an eminently qualified physician because of an inflexible licensing law. Since 1985, the licensing law has required all physicians new to Nevada to be residency trained. I share his feelings. Dr. Stallworth deserves an apology and then some.

"One size does not fit all," and the current law, in its inflexibility, is at times unfair and unjust. Medical postgraduate residency training is the standard in medicine today, but there are reasons for some legitimate exceptions. Residencies in public health (preventive medicine residencies), for example, while increasingly common, are far from the norm historically. Many public health leaders in the U.S. have gained that status through their contributions and experience rather than residency training. Further, the position of state health officer is an administrative one; residency is not essential. But Nevada law makes no exception.

And public health is not the only area in which the law can become an irrational roadblock. Emergency medicine is another specialty of concern, since emergency-medicine residencies only began to develop in the 1970s. That means there are some highly qualified physicians with 30 or more years of emergency-medicine experience who were trained before the advent of residencies in that discipline. The American Board of Emergency Medicine, sanctioned in 1979 to provide board certification for emergency-medicine specialists, recognized this fact at the time by permitting physicians who graduated from medical school before the widespread availability of emergency medicine residencies to take the examinations for board certification based on experience alone. These difficult exams, which must be renewed every 10 years, are the single best way to assure the competence of emergency physicians.

Does the current Nevada law consistently serve the public good? Consider the following example: An ER doctor who graduated in the pre-emergency-medicine-residency era (1971) came to work at a large northern Nevada hospital after years of practice in a tough, inner-city ER. He garnered a quality reputation in that Nevada city that survives to this day and, when board certification was initiated, became the first board-certified emergency physician in that town. In the mid-1980s, a respected northeastern medical school lured him away to teach emergency medicine. After years of teaching in a residency setting, he headed back West and is now contemplating returning to Nevada. But guess what? Needing re-licensure, he has been told his services aren't welcome in Nevada. Talk about embarrassment! While we would be fortunate if he were on duty when we needed emergency care, the law says otherwise. And it needs to change.

And there are other funny twists to the current law. The law requires 36 months of postgraduate training. But some combined training programs don't fit that mold. For example, oral maxillofacial surgeons, who complete both dental and medical schools, take one of the three years of residency training between the dental and medical school portions of the program. Nevada is almost alone among the states in saying that won't do. Is that in the public's best interest?

The people of Nevada are the losers when excellent physicians are told to go elsewhere. Let's ask our legislators to create a fairer law.

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