PEDIATRIC PRACTICE: A. THE PEDIATRICIAN AS A SPECIALIST

The role of the pediatrician in the totality of medical practice in this country undergoes close scrutiny; panels and papers have dealt with it. Pediatric educators are vitally concerned that their teaching programs be tailored to future needs; official interest of the American Academy of Pediatrics has been expressed through its Committee on Medical Education and Subcommittee on Postgraduate Education. Now the Academy, jointly with the American Pediatric Society, the Society for Pediatric Research, the American Board of Pediatrics, and the Pediatric Section of the A.M.A., co-sponsors a study of Pediatric Research, Education and Practice (PREP) under the direction of Dr. Alex Steigman.

I speak now for the practicing pediatrician. The experiences and philosophy acquired from a third-century devoted to pediatric practice, spanning the lifetime of the Academy, may be of value to those concerned with the future of the specialty. Not content to rely on an individual judgment, I have submitted the outline of my thought to 20 friends of my generation for their opinions of its validity, their experiences and ideas. Their responses, enthusiastic and often detailed, enhance and embellish my observations.

The composition of this group is important, since my thesis relies on their approval and added experiences. They practice in 17 states from New England and Florida to California and Hawaii; they live in cities and towns from the size of New York and Chicago to as small as 25,000 or 35,000 population. All are long-time members of the Academy; many, but not all, have held office or served on committees of this organization. All have been primarily involved in practice, but many have had part-time teaching experience in university or hospital; a few are known for clinical research and published articles. This is not a cross-section of pediatrics but a selected panel of thoughtful practicing pediatricians who have an intense interest in the profession and are willing to express their ideas.

I have not felt qualified to speak for the pediatricians of Canada, Mexico, and the other countries of the Americas, although I know many whose experiences and beliefs parallel ours. I hope that my observations will stimulate expressions from these several countries. I am certain, after listening to discussions at the X International Congress of Pediatrics in Lisbon, that the stronghold of individualized pediatric practice, as distinguished from the concept of collective pediatrics, resides in the Americas.

The practicing pediatrician, as I have known him over the years, is primarily a specialist in the knowledge and care of infants, children, and adolescents. Out of a background of intensive training, postgraduate education, and experience, he is able to handle most of the problems of acutely ill children. He can decide rapidly whether the child can be cared for at home, with less emotional disturbance and less expense to the family, or whether hospital treatment is needed. He knows the details of hospital care for acute medical illnesses; he is versed in fluid and electrolyte replacement; he is skilled in applying to the infant and child dozens of diagnostic and therapeutic procedures which may be difficult or impossible for physicians who are accustomed to adults.

The pediatrician is depended upon by the surgeon for early diagnosis of acute surgical...
problems. He is consulted by and consults with specialists in general surgery, neurosurgery, otolaryngology, orthopedics, urology and other surgical fields. His advice is sought concerning pre-operative and post-operative medication, nutrition, and fluid balance of these surgical patients. This is less urgent than in former years because of the tremendous advances in pediatric surgery, but even in large medical centers best results come through the collaboration of pediatric surgeon and pediatrician. Moreover, the American Academy of Pediatrics Directory lists members in 1,520 communities in the United States, and there are well trained pediatricians in many others, whereas only some 300 cities have medical schools or hospitals with approved pediatric residencies around which the subspecialties are likely to be highly developed.

I cannot agree with a recent visitor (Forfar, J. O.: Pediatrics in America—Impressions of a Visit. Amer. J. Dis. Child., 104:1, 1962) that in the American system the pediatrician, who “may have only limited contact with the hospital, can often admit and look after his patient there” and “working predominantly outside hospital and spending most of his time on well-baby care and minor ailments of childhood must find it difficult to maintain an experience and facility in modern methods of diagnosis and treatment comparable to that of a pediatrician working wholly or predominantly in hospital.” The pediatricians whom I know in hospital daily, have patients in hospital almost constantly, must and do attend hospital conferences and general or general staff meetings regularly, and spend approximately half of their professional time with ill patients or diagnostic problems. One of the great strengths of American pediatrics is that between 9,000 and 10,000 pediatricians are so trained and occupied, in comparison with the 250 pediatricians in Great Britain, for example. Care of the acutely ill child in the hospital is the one phase of pediatric training in the United States which has not heretofore been questioned.

The pediatrician in this country is able to take care of the majority of accidents among his patients or has the knowledge of the kind of specialized care for which they should be referred. The Academy has taken a leading position in accident prevention and poison control among children.

Patients are referred to the pediatrician as a specialist by general practitioners, other pediatricians, and other specialists. As his practice and reputation grow, referrals come on advice of his patients’ families.

Referral of newborn infants by obstetricians and co-operation between obstetricians and pediatricians in averting or handling the problems of the neonate have been medical advances of the past quarter century. Pediatric attendance at cesarean sections, deliveries expected to be difficult, or of diabetic or Rh-incompatible mothers, attests to the skill of the pediatrician in handling these problems. He is trained to differentiate rapidly between the normal and the abnormal, to assure for the premature the best opportunity for survival, and to handle neonatal emergencies without delay.

Specialized knowledge enables the pediatrician, with skill and assurance, to supervise the normal growth, nutrition, and development of infants, children, and adolescents in his practice. Experience teaches him a special skill in helping parents to mature.

Many pediatricians have developed particular interests in such areas as pediatric allergy, cardiology, neurology, dermatology, diabetes, endocrinology, or behavioral problems. To some extent, problems in all of these fields are handled by every pediatrician. One pediatrician cannot be every kind of specialist, as one of my respondents observes, but another points out the trend to group pediatric practice as a favorable future development, with each member of the group pursuing one or more special interests without losing a fundamental concept of the child as an individual. Neither complete pediatric subspecialization nor the supplanting of the general pediatrician by
general practitioners who are partially-trained in pediatrics seem likely or desirable within the foreseeable future.

In this role of pediatric specialist many have conducted clinical or even basic research in connection with their practices or in hospital or university affiliation. The list of practicing pediatricians who have contributed to "the search for truth" is long. Of my 20 correspondents one is widely known for studies of measles and its prevention, another for studies in allergy, a third in school health, and one in handicapping conditions. Some years ago a partner and I, by pooling our observations with those of colleagues in our city and other parts of the country, outlined one of the clinical manifestations (3-day fever) of Coxsackie infection. The present era of highly organized research will not obviate the need for careful clinical observation. Nor will industry research or governmental supervision remove from the pediatric practitioner the burden of assessing the value or danger of drugs and equipment designed for the infant and child.

It is my concept that in these ways, and many others not mentioned, the pediatrician fulfills his function as a specialist. In this role, he has had general public and professional acceptance.

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Pediatrics 1963;31;151

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