Disorders of the respiratory tract constitute a major national health problem, and a shortage of pediatric chest physicians has been suggested by a survey supported by the National Heart and Lung Institute in 1972. However, this survey did not sample the pediatric generalist and did not define the scope of pediatric pulmonary problems. Therefore, the present Task Force addressed itself to an in-depth analysis of the scope and professional manpower needs in pediatric respiratory disease.

In the fall of 1974, a total of 4,400 questionnaires was mailed to a random sample of 20% of the members of the American Academy of Pediatrics who were designated as pediatric generalists and to 632 pediatricians considered to be subspecialists in pediatric pulmonary disease. The latter group consisted of all members of the Section on Diseases of the Chest of the AAP and those who were identified through the Pediatric Assembly of the American Thoracic Society, the American Academy of Allergy, the American College of Allergy, and the Cystic Fibrosis and Pulmonary Center Programs. Forty-four percent of the questionnaires were returned by the pediatric generalists and 66% by the pediatric pulmonary subspecialists. Analysis of data from the respondents to those questionnaires constitutes this report. A copy of all data tables and the complete Task Force report is on file with the AAP.

Over one half of the pediatric generalists responding to the questionnaires were in solo (27%) or small group (31%) practices; another 11% were in large group practices and 14% were associated with university-based hospitals. In contrast to the common practice option for internists specializing in pulmonary disease, two thirds (68%) of the pediatric pulmonary disease specialists worked in university hospitals, with only 6% located in community hospitals.

The high incidence of pediatric respiratory disease seen by the pediatric generalist is clearly documented by the Task Force report. The pediatric generalist sees an average of 157 patients each week; respiratory disease constitutes 52% of these patient visits. The Table shows the categories of these visits and the scope of respiratory disease. The categories of respiratory disease include

Upper respiratory tract infection 56%
Nasal allergy 18%
Bronchial asthma 7%
Acute lower respiratory tract disease 12%
Other respiratory tract disease 7%

The other pediatric respiratory diseases seen by the pediatric generalists include cystic fibrosis, tuberculosis, and neonatal respiratory distress syndrome. The survey response indicates an increase in the total number of patients seen by the practicing pediatric generalists and a concomitant increase in the incidence of respiratory disease. Twenty-six percent of pediatric generalists reporting these increases in patient visits for respiratory disease thought that pediatric respiratory diseases training was not adequate.

It is of interest to note that 74% of patients with asthma and 32% of patients with cystic fibrosis were only occasionally or never referred for treatment.
consultation to a pediatric pulmonary specialist. Forty percent of the pediatric generalists, however, reported the unavailability of a pediatric pulmonary consultant.

Practicing pediatric generalists in solo, small group, and large group practices all expressed the need for increased research and knowledge. Categories which had the highest priority rating were neonatal respiratory distress syndrome (48%), pediatric immunology (31%), asthma (26%), and the prevention of pediatric respiratory disease (39%). The last named might also be interpreted as an interest in techniques for establishing early diagnosis and management of respiratory disease which may become manifest in later life.

Another survey conducted by a subcommittee of the Task Force (Donna O'Hare and Edward Sewell) included a questionnaire sent to 132 pediatric department chairmen. The results of this survey showed that a pediatric pulmonary specialist (pulmonologist) was on the staff of only 54% of the responding institutions. Another 18% reported that a pediatric pulmonary specialist was being recruited. It does not appear, therefore, that the manpower needs for pediatric pulmonary disease specialists will be met in the near future.

Obviously, the pediatric generalist is faced with all types of respiratory disease. The problem of pediatric pulmonary disease is further complicated by the fact that the care of children with pulmonary disease is fragmented among a number of subspecialty groups, such as allergists, neonatologists, cardiologists, and physicians with special interest in intensive care, tuberculosis, or cystic fibrosis. Because of this fragmentation, the pulmonary disease specialist has divided interests, and the development of the field of pediatric pulmonology has been slow. The improvement of overall patient care in this area has been hindered by a slow rate of progress in this subspecialty area.

This survey documents that respiratory disease is a major pediatric problem constituting the majority of illnesses seen by the practicing pediatric generalist. This Task Force report also provides objective support for the need for training of more pediatric pulmonary specialists with both clinical and investigative skills.

**REFERENCE**


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