



June 12, 2008

David M. Lichtman, MD, Chair
AMA Reference Committee C, Medical Education
c/o Roger Brown, PhD
Director, Office of House of Delegates Affairs
American Medical Association
515 N. State Street
Chicago, IL 60610

Sent via email to:
Roger.Brown@ama-assn.org

**Re: American Medical Association House of Delegates Resolution 303 (A-08)
Protection of the Titles “Doctor,” “Resident” and “Residency”**

Dear Dr. Lichtman:

The National Association of Neonatal Nurse Practitioners (NANNP) and the National Association of Neonatal Nurses (NANN), would like to confer with the comments offered by the American Nurses Association regarding Resolution 303, “Protection of the Titles ‘Doctor,’ ‘Resident’ and ‘Residency’” which was introduced by the Illinois Delegation of the AMA.

The NANNP represents the interest of approximately 4,600 Neonatal Nurse Practitioners who work in Neonatal Acute care settings in the United States and abroad. NANN’s membership includes over 6,000 registered nurses and more than 1,000 advance practice registered nurses (APRNs), including neonatal nurse practitioners and clinical nurse specialists. Both NANNP and NANN are committed to ensuring that all patients have access to affordable, quality health care benefits and services, and we work to insure that all neonatal health professions have the ability to innovate and evolve to improve quality of care.

Resolution 303 proposes to limit the title “Doctor” in a “medical setting” only to physicians, dentists and podiatrists; the title “Resident” to physicians, dentists and podiatrists in-training; and “Residency” only to such training programs. This resolution is directed at schools of nursing which “have re-titled their training program as a Residency and their students as Residents, despite the traditional attribution of these titles to medical doctors and their training programs.” As stated in Resolution 303, this purported “title encroachment” is “of concern because patients will be confused when the titles of Doctor, Resident and Residency are applied to non-physicians who hold non-medical doctorates or to non-physicians in training.”

In our society, both nationally and internationally, the term “doctor” has been used for centuries for teachers, scholars, and persons of higher learning. The word “doctor” dates from the 14th century, and originates from the Latin word “*docere*,” which means “to teach.”¹ One of the common and accepted definitions of “doctor” is a person who has earned the highest, or one of the highest, academic degrees conferred by a university.² Thus the need to create the term “medical doctor,” to differentiate physicians

from those holding PhD's and other doctorate degrees, such as psychologists, optometrists, scientific researchers, chiropractors, and other professionals who interact with patients and can be introduced and identified using the suffix "Dr." Those who have earned a doctorate degree may be called a "doctor" and have been for centuries. There is no legitimate reason to exclude nurses from this practice.

Nurses, including APRNs and other health related professionals, in addition to physicians, do not hold exclusive rights to the terms "resident" and "residency," particularly when those terms are commonly used to mean "inhabitants" and "home," respectively, which necessitated the use of "medical residency" and "medical resident." We realize that what is really at issue here is more than a mere exercise in semantics. If patient confusion is really the concern, then the nursing community would welcome efforts to communicate to patients just who – and what type – of healthcare professionals are examining and treating them. Schools of nursing emphasize the importance of nurses identifying themselves, both by name and by profession, prior to any contact with patients. Similarly, some hospitals have taken to assigning different colors of scrubs to identify and differentiate the various types of healthcare providers, including nurses, as well as clerical and other employees. We share similar concerns, that patients may be confusing the medical (and other) technicians employed by many medical offices, hospitals, etc., with registered nurses who are held to higher standards of care, education and training.

If the real issue is competition and this is an effort to make it more difficult for doctorates of nursing to train and practice in the same arena as medical doctors that would constitute an improper – and possibly illegal – restraint of trade. In Wilk v. AMA, the U.S. Court of Appeals for the 7th Circuit ruled that the AMA cannot "boycott" other healthcare professions, as this would violate the Sherman Antitrust Act.³

Therefore we conclude that the use of doctor is appropriate for these individuals who have earned the highest or one of the highest academic degrees conferred by a university and there is no legitimate reason to exclude nurses from this practice. Furthermore, the nursing community believes all patients have the right to understand who is taking care of them, and what credentials qualify them to provide health care services.

The National Association of Neonatal Nurses and the National Association of Neonatal Nurse Practitioners thanks you for the opportunity to provide its views concerning Resolution 303. We urge Reference Committee C to make a recommendation for either withdrawal or unfavorable consideration of this resolution.

Sincerely,



Robin Bissinger APRN, NNP-BC, PhD
NANNP Council Chair



Peggy Gordin MS, RN, NEA-BC, FAAN
NANN President

¹ Merriam-Webster Online, retrieved June 10, 2008, from <http://www.merriam-webster.com/dictionary/doctor>.

² Id; Compact Oxford English Dictionary, retrieved June 10, 2008 from http://www.askoxford.com/concise_oxed/doctor?view=uk; Dictionary.com, retrieved June 10, 2008 from <http://dictionary.reference.com/browse/doctor>.

³ Wilk v. AMA, 895 F. 2d 352 (7th Cir. 1990).