

JAAPA letters to the editor, April 2008

You have the power to prevent a parent's worst nightmare

To the Editor:

In the October 2007 JAAPA Editorial "You have the power to prevent a parent's worst nightmare," Sarah Zarbock, PA-C, discussed an important topic: "Driver inattention." We frequently counsel our patients on smoking cessation or bicycle helmet and seatbelt use, but driving distraction avoidance is a topic that is probably often overlooked. Ms. Zarbock's statistics on driver-inattention and her personal experience with a distracted driver demonstrate the importance of discussing this with all of our patients.

Research has consistently shown an increased chance of motor vehicle collision if a driver is distracted, such as when using a cellular phone. As co-author of a study that specifically looked at distraction while using a cellular phone, I appreciate this topic being addressed by Ms. Zarbock.

In our study, we found a significant increase in reaction time and decrease in the ability to perform tasks while using a cellular phone. Reaction times increased by 68.3% while using a hand-held phone, and almost 50% with a hands-free phone. Eighty-five percent of the participants felt that cellular phone use while driving is dangerous, 63% supported laws restricting cellular phone use—and yet a majority of the participants admitted to using their cellular phone while driving.¹

Several states now have laws limiting cellular phone use while driving, including a recently passed New Jersey law that limits text-messaging as well as phone use when driving. While states are tackling this issue through legislation, it is our job as PAs to help protect our patients by addressing the topic of driver distraction and inattention—ideally at our patients' well-visits...rather than in the emergency department, strapped to a back-board after a vehicle crash. I applaud Ms. Zarbock and JAAPA for introducing and discussing this important topic.

Gregory K. Wanner, MS, PA-C
Woodbury, New Jersey

REFERENCE

1. Szyfman A, Wanner G, Spencer L. The relationship between cellular phone use, performance, and reaction time among college students: implications for cellular phone use while driving. *Am J Health Educ.* 2003;34(2):81-83.

Author's response:

I very much appreciate Mr. Wanner's comments, especially citing the New Jersey law that limits text-messaging. Since I wrote the editorial, I have come to see that even an effort to be a safer driver has, ironically, become its own roadside hazard—when a driver pulls off the road to either make or receive a cell phone call but pays scant attention to where he actually stops the car. I have driven around a sharp curve, or at night when

visibility is poor, or on a snowy New England back road only to find a car parked, half on, half off, the main road. The driver is deep in conversation while I am forced to swerve into the oncoming lane to avoid colliding. Of course, I applaud drivers who are responsible in realizing that they need to pull off the road when using their cell phones, but we need to be sure we also counsel our patients and our families to take an extra moment, when they are driving, to find a safe place to stop for their conversations.

Sarah Zarbock, PA-C

When a competent elderly man refuses nursing home placement

To the Editor:

In response to F. J. Gianola's interesting ethical quandary regarding possible nursing home placement of the 98-year-old fragile, alert man (PA Quandaries, February 2008), it seems that the options for preserving the man's health and welfare could easily be expanded to include some kind of in-home care, particularly when, as the article states, the patient can afford to stay in a nursing home indefinitely.

Mark Benson, PA
Santa Barbara, California

To the Editor:

My thoughts regarding the 98-year-old competent gentleman who refuses to go into a nursing home include the following.

This gentleman has decision making capabilities. On an actuarial table, it is a given that his life expectancy is limited to a maximum of a few years; but it would be shortened considerably in even the best of nursing homes. Despite his physical frailties, the man is performing a function that is so honorable and important to those he serves that it would be an insult to folks of any age group to take that away from them.

I appreciate the family's concerns but with a common-sense discussion, plans can be made to accommodate the man in his retirement complex. Since he has enough dollar resources to maintain himself indefinitely in a nursing home, arrangements for help that will allow him to stay in the situation that he has earned can certainly be made. He enjoys a wonderful degree of happiness, especially serving his religious core with such devotion.

I would hope that those who want to place him in a home don't encounter the same problem when and if they reach his age. They must place themselves in that position now. It may soften their strong intent in making such a lifestyle change for this man.

I don't think the decision is a difficult one.

Morton Krakow PA-C
Tinley Park, Illinois

Doctoral degrees for PAs: What happens next?

To the Editor:

I read with interest and trepidation the Editorial by James Cawley regarding the possibility of a doctoral level entry for PAs (published in March 2008). Although I suspect this is inevitable, I find it truly unfortunate if it becomes an entry level criterium rather than an option. One of the attractions of the PA profession, both to potential applicants and to potential employers and policy makers, is the fact that it is a 2 to 3 year professional program that prepares practitioners in an expeditious manner to help alleviate an access to care problem.

The PA program has been seen as an alternate to medical school. A move to a doctoral level program would lengthen the education time and lessen the attractiveness of the profession as an alternative to medical school. Additionally, as with any other doctoral-level program, research and publishing of a thesis will be emphasized; something that will detract from the time available to learn valuable and readily applicable practical skills and knowledge.

I do see the value of doctoral programs as an option for those whose interest lie in specialty areas, but I truly dread it for the profession as a whole. Although the idea is to make us more competitive with other credentialed professions, I see it as the start of a trend to make PA graduates less likely to serve populations who need care now and are not receiving it. I have seen this trend during my 31 plus years as a PA and I haven't liked since it started.

David M. Jones, PA-C
Condon, Oregon