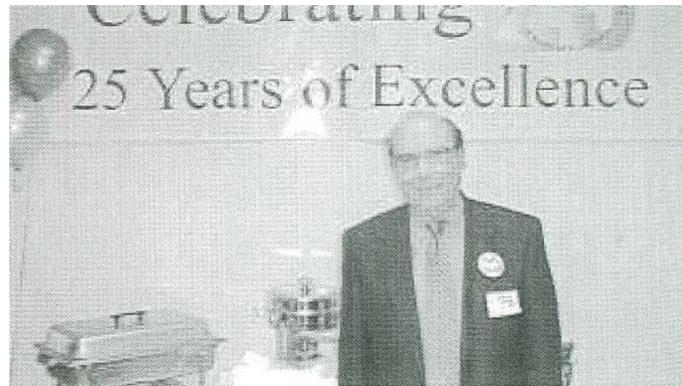


**NCAPA Leadership Spotlight:  
My Perspective**

By Oswald H. Ganley, PhD, PA-C  
NCAPA Health Committee

After a long and tortuous, although successful, career in the periphery of medicine, I finally found my niche: the Physician Assistant profession. I only regret that the time has been too short. I have been asked by the NCAPA Academy newsletter to share my perspective on the PA profession and the NCAPA in its 25th year.

I was born and raised in Amsterdam, Holland, and shortly after World War II, my family and I emigrated to the U.S., just as I was ready for college. Being from Holland, and Dutch Reformed by religion, what better place to go than to Hope College, a Dutch Reformed liberal arts college in Holland, Michigan. Hope taught me chemistry and biology, but more importantly, ingrained in me the importance of staying in touch with a Greater Being, and with the broader world outside of the sciences. After Hope, I went to the University of Michigan and acquired a PhD in medical microbiology and human physiology.



.. *Oswald H. Ganley, Ph.D., PA-C*

By then it was the period of the Korean War, and I went into the Army. After basic training, I became a medical corpsman, covering some sick call, and running the STD clinic at Fort Benning, Georgia, under the general supervision of an MD. This led to a transfer to Walter Reed Army Medical Center in Washington, DC. Here, I was put to work on research on gas gangrene and other wound infections, which had been the topic of my doctoral dissertation.

An almost ten-year stint at Merck Research Laboratories followed, where I did research on infectious and immune diseases. I kept hoping to find a way to get into clinical medicine, but this was not possible at the time, for financial and other reasons. At the end of my time at Merck, I was Assistant Director for International Research, and this led to what was to be my career in the international field. A year of mid-career study at Harvard in political economy and foreign affairs included papers written on the politics of birth control, and some other health-related subjects. I was given an opportunity to join the Agency for International Development (AID) as Special Assistant to the Science Director of the Agency.

After a year with AID, in 1966, I joined the U.S. State Department, where I worked on the political, national security and economic aspects of science, technology, and medicine. After tours as Counselor for Science and Technology at the American Embassies in Rome and Bucharest, I was recalled to Washington in 1973 to take charge of the implementation of science, technology, atomic energy, and medicine agreements which had just been signed by President Nixon with the Soviet Union and Eastern Europe. To carry out this task, I served as an Office Director in the State Department, but was also appointed Diplomatic Advisor to the President's Science Advisor. These agreements were the cornerstone of a new policy which aimed at "opening" the Soviet Union and Eastern Europe to the West. In 1975, I was appointed Deputy Assistant Secretary of State by Secretary Henry Kissinger. My portfolio as Deputy included, in addition to the above issues, work with the World Health Organization and other

international agencies on health matters. One of the more interesting challenges arose with the Swine Flu scare of 1976 with all of its diverse ramifications regarding possible pandemic threat, production of vaccine, dealing with shortages, and allocation of limited supply of vaccine.

Although I was a career Foreign Service Officer, in my job as Deputy Assistant Secretary, I was also a political appointee of the Republican Ford Administration and Secretary Kissinger. After being held over for a few months by the incoming Democratic Carter Administration, in 1978, I was sent into "exile" at Harvard. There, a temporary stay turned into 16 years of teaching and doing research in the area of foreign affairs and high technology.

During all this time, clinical medicine had never been far from my mind. Notwithstanding, I had enjoyed a most interesting and challenging career, I continued to dream of someday getting into clinical medicine. One day my daughter, Delia, called to ask me whether I had heard of the PA profession, which I had not. She had been talking with some of her physician friends, and they had told her about the contribution this new profession was making to the field of medicine. Further good news was that it would "only" take two years to become a PA!

Once my curiosity was aroused, I checked around and found Roderick Hooker, who was kind enough to send me all sorts of materials. I decided on the spot that "this was for me." I started to take evening refresher classes in psychology, physiology, and also EMT training, while I was still fully employed at Harvard. After doing this for about two years, I began sending out applications for PA training. I was 65 at this point, and didn't think there was much chance of being accepted. But, Hallelujah! The PA Program at George Washington University Medical School, then under the direction of Lisa Alexander, took me in! I shall always be beholden to her. I retired from Harvard in the summer of 1994, and reported to GW as a first year PA student.

Frankly, with all the hard work I had been accustomed to over the years, I had never experienced anything like the sustained stress and long hours required of a PA student. In fact, after the first year, I felt ashamed that I had not made my Harvard students work harder, and had not exposed them to more material. Clinical rotations were great -- OB/GYN and Emergency Medicine were my favorites. Unfortunately, in the social political climate of the day, my future opportunities as a male PA in OB/GYN seemed limited.

After graduation, my next stop was a real job as a real PA with the Cardiology Associates at Duke University Medical Center. This is a 60-bed inpatient and clinic practice, with 24 attending physicians and 10 physician extenders. My principal supervising physician was Dr. Robert H. Peter, Professor of Medicine. In this great tertiary cardiology practice, I learned a great deal of medicine, and perhaps even more about the human spirit, and its resiliency, optimism, and its capacity for suffering. As a Foreign Service officer, I had already seen enough of that to last a lifetime. As a PA, I finally got my wish to treat individuals, to help individual people, and to actually see the consequences of my own clinical efforts, for better or worse. Most of my career before had dealt with broad policy issues where the individual was often far in the background.

Unfortunately, after nearly four years of PA practice, a combination of health problems forced me to give up the long days of patient care that were required at Duke. But I enjoyed and give thanks for every minute of my PA experience.

Since leaving the Duke practice in June 2000, I have joined the NCAPA Health Committee as a member and monitor, and have acted in an advocacy role in attempts to include impaired PA students under some salvage program similar to that enjoyed by licensed PAs. I also work with UNC Hospice on a part-time basis. I am eager to give something back to the PA profession and I am open for assignments on NCAPA committees dealing with areas of my interest. I am also investigating part-time pro bono work as a clinician in a medically underserved area.

As for my view concerning medicine in the U.S. and on PA issues, let me address medicine first. I will skip the general dissatisfaction with managed care, the scandalous situation which leaves 40 million Americans either uninsured or underinsured, and where millions in the advanced stages of disease who are outside the insurance system are using the ED as their primary care source. Rather, I would like to make a special plea for better pain control and for improved palliative care for those at the end of life. This includes not only control of pain, but control of dyspnea, and nausea and vomiting, as well as attention to the family. There have been great strides made in recent years, but far too many physicians and PAs are still too reluctant to deal with death, and therefore with a vital part of life. Palliative care should be taught in Medical and PA schools so that ALL providers are familiar with its practice. It should not become just another Board Specialty -- palliative care is an attitude as well as a skill. Greater awareness of Hospice care should be encouraged, and opportunities to earn CME credits in this area should be improved.

An entirely different subject is that of infectious disease as a foreign policy issue as well as a national security issue for the U.S. and other countries. The year 2000 is the first time in the United Nations' 55 years of existence that the Security Council has taken up a health issue -- HIV/AIDS. Here the question is not just one of individuals suffering, but of whole societies disintegrating politically, socially, and economically. This is acknowledged to be happening in parts of Africa, but it is also creating serious problems in Russia, China, and several other countries, although they continue in a state of denial. It is to the credit of the Clinton Administration that it made international health, especially HIV/AIDS, a subject of national security importance. Hopefully it will be treated as an area of priority. This new field within foreign affairs is an area that needs work, and is one where PAs in the future could make a significant contribution.

Another troubling issue is postgraduate PA training. The unwritten assumption of PA education has been given a rigorous 24-25 months of didactic and clinical training, would be followed by one to two years of "apprenticeship" under a supervising physician. With managed care, this model may no longer be realistic. Will this lead to increasingly mandatory "internships" prolonging PA training time? If so, what will be the consequences in terms of recruitment and financial remuneration?

The progress made over the past 35 years by the PA profession, working in tandem with physicians, is close to miraculous. North Carolina and the NCAPA have been in the forefront of this progress. But after we congratulate ourselves and celebrate this 25th NCAPA anniversary, let us keep our guard up. One thing I have learned in my various careers is that as long as you are small and do not "rock the boat," you can get away with a lot. When you become a significant player, be prepared to show your true colors! Congratulations to the NCAPA on 25 years!

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