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the bedside for hours upon hours; something which medical doctors cannot economically afford to do. Such attention from the midwife may result in better medical care. I personally believe it is an oversimplification to make the broad statement you have asserted.

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Dear Editors:

In response to Nathan Hershey's letter in the October 1982 issue of *Law, Medicine & Health Care* which addressed John Grad's article, I would like to add my comments. I congratulate Mr. Hershey for his imaginative responses to the merits of Mr. Grad's article. Now that legitimate concerns regarding the quality of podiatric education and training in relation to the training of others providing similar services has been resolved by every objective study in favor of the podiatric profession, Mr. Hershey succeeded in developing several innovative, if artificial, roadblocks to place in the way of progress.

Mr. Hershey began his letter by referring to the Joint Commission on Accreditation of Hospitals (JCAH) and certain state hospital regulatory agencies which require supervision of podiatrists in the hospital setting and the provision of complementary services by physicians. He believes that such provisions will be construed as creating burdens on physicians who may, "for noncompetitive reasons," be reluctant or unwilling to assume these responsibilities for podiatric patients. He went on to state that medical staff organizations might compel physicians to accept the responsibility for podiatric patients and that, therefore, the freedom of the physicians not to become involved may be compromised, once privileges are granted.

As a matter of fact, podiatrists currently have co-admitting privileges in hundreds of hospitals around the country where there is no problem of finding a co-admitting physician. In those hospitals where co-admitting physicians are difficult to find, it is most likely so because one segment of the medical staff has brought pressure upon physicians not to co-admit for reasons other than lack of desire to become involved. If the hospital podiatrist has one natural ally on the hospital staff, it is the internist who co-admits and performs the general history and physical for the patient. Physicians have *always* been willing to perform that function on a "fee for service" basis.

The question that Mr. Hershey raises regarding a physician's entitlement to be paid by third party payors for the performance of the history and physical is surely rhetorical. If such an entitlement question has occurred, it would also apply to payment for admitting histories and physicals for dental patients. Nowhere in his letter has Mr. Hershey indicated that physicians are concerned about being compelled to accept responsibility for dental patients. Where does the difference lie in Mr. Hershey's thinking?

As for his "pro bono" concern about the additional cost to the health care delivery system for the services performed by a physician in a co-admission process with a podiatrist, it seems frivolous on its face. The concerns enumerated by Mr. Hershey are red herrings and beg the true issue involved in the question of allied health professions and hospital privileges. That issue is *competition*. Until the medical profession comes to grips with the inordinate aversion to competition by *select* groups within its ranks, the discussion of the place for allied health professionals vis-a-vis hospitals will continue to dilute the effectiveness of hospitals and will work to the detriment of the American public.

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**Professor Hershey responds:**

While Dr. Schwartz evidently believes my arguments put forward artificial roadblocks, I would like to point out that the JCAH now permits oral surgeons to write admitting histories and perform physicals for their patients if the medical staff so decides.[1] In this regard, Dr. Schwartz's quarrel about the difference in handling podiatric practitioners is with JCAH, not me. My