What Is a Provider and What Does He Do?

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The special function of certain Newspeak words was not so much to express meanings as to destroy them. These words, necessarily few in number, had had their meanings extended until they contained within themselves whole batteries of words which, as they were sufficiently covered by a single comprehensive term, could now be scrapped and forgotten. The greatest difficulty facing the compilers of the Newspeak Dictionary was not to invent new words, but, having invented them, to make sure what they meant; to make sure, that is to say, what ranges of words they cancelled by their existence.

—George Orwell, 1984

“What is a clinician and what does he do?” appeared as a special article in the July 1970 issue of the New England Journal of Medicine.1 Written by Philip Tumulty, it was based on his opening lecture to Johns Hopkins medical students in their “Introduction to Clinical Medicine” course. This may have been the first article from the medical literature I had ever read, and it has had a profound influence on me.

I am not sure when the word “provider” was first used, or why, but by the early 1990s its use had become quite common. I remember attending a retreat for hospital leadership in 1994 and noting that provider had completely supplanted physician and surgeon in the speech of the various presenters, all of them non-physicians. The explanation was that provider was a broader term and included nurse practitioners, physician assistants, midwives, etc. Rather than listing all the possibilities, it was simply easier and more inclusive to use the single term, provider, to label them all.

It seemed to me then, as it does now, that the ulterior but very real reason that the use of the word “provider” has proliferated is that it undermines the prestige and power of those who practice medicine. It is a management tool. Doctor connotes certain qualities and status while provider simply does not. It is easier to manage a group of providers than a group of orthopedic surgeons.

I was taught that it is almost always better to use the most precise language when communicating, and medicine should certainly not be an exception. For example, “50-year-old gentleman” conveys more information than “middle-aged male.” However, provider is the opposite; it conveys less information than the words it replaces. “Provider” tells me less than does “neuro-ophthalmologist.” Only in the broadest of meanings do I know what a provider is or what he or she does. I do not think George Orwell would be surprised to see such corrupt language leading to corrupt thought and vice versa.

For some years now I have been using the word “clinician” in the Tumulty sense. It seems to me that it is both more accurate and more respectful than provider but not as provocative or contrarian as physician, doctor, or surgeon. However, to my dismay, I have begun to see clinician used for anyone working with patients, such as RNs and LPNs, not just doctors. I have had all the Newspeak I care to handle. So, I have returned to employing what Orwell would label “Oldspeak,” that is, I use the archaic language from the time before managed care, calling graduates from medical school doctors; but I must admit it is getting rather lonely. Sometimes it seems that everyone else sees the emperor’s new clothes, which are apparently quite grand.

I am beginning to get an inkling of how Winston Smith must have felt in Orwell’s 1984. Of course, at the end of Orwell’s novel, Winston Smith has completely surrendered and actually come to love Big Brother. Perhaps such an ending is inevitable, but I feel an obligation to Dr. Tumulty to resist, to stand apart. Ignorance is not strength. Two and two are never five.

Reference
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