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HB 1461 Maryland House of Delegates
March 11, 2020

I am writing in support of HB 1461, assigned to the Health and Government Operations. I am Aeva Doomes, MD, a double board-certified child psychiatrist licensed to practice medicine in Maryland since 2008.

I have served as a Medical Director, Chair of an Inpatient Child and Adolescent Psychiatry Division and have designed several telepsychiatry programs during my career.

“Primum non nocere.” The oath of a physician.

As physicians, our sworn oath of “first do no harm” is one that the entire basis of how we deliver care to patients is centered upon.

We, as physicians understand that rather than do “something” that may cause harm to a patient-- it is best to find a way to treat an illness without any undue harm.

For years, various allied health professions have noted the shortage of psychiatrists. And, although Maryland is actually rated #10 in terms of number of practicing psychiatrists in the United States- I can understand the need to “do something in response to a general shortage in the specialty of Psychiatry.

However, **physical and mental illnesses do not present in silos.** It is from our medical school education and training, that we as psychiatrists are able to treat our patients. Yes, there is a shortage, however the solution to this shortage is no short cut. While a nurse provider is a valued member of the health care team, there is just simply no short cut through legislation to get what physicians attain by medical school education. **Psychiatrist’s practice medicine.**

Patients overwhelmingly prefer to have a physician lead their health care team. The fundamental pillar upon which a physician patient relationship is built, is one of trust. Trust that has been created by relying on the standards and rigor implemented on medical education by the Liaison Committee of Medical Education (LCME) and for which there is no equitable standard body in nursing education.

Mental health cannot be separated from physical health.

Half of all people with mental health disorders also have physical illnesses. Medical training at the highest level, in medical school, is vitally important to be able to serve as a medical director safely and effectively.

Physicians rely on a health care team, nurses are a vital member of our teams, and care for our patients. Just as the relationship of a prosecutor and a paralegal, there is a similar working relationship between physician and nurse. The two roles, are both valued and, are not interchangeable.

Today, there are nurse practitioners in Maryland that are board certified by a nursing board to treat the “life span” after completing 100% online schooling (sometimes in less than two years and part-time) with 500 shadow (not hands on direct care) hours that does *not* necessarily have to include *any time* spent treating children as a prerequisite to “*treat children.*” We as physicians do not find those qualifications as described to be that of a medical director.

We all want patients to have access to care, but we are asking you to please consider what the access is leading to. **All Marylanders deserve to have physician led health care.** There are many ways to deliver psychiatric care to clinics by physicians, for example by using telepsychiatry, the underutilized BHIP program and using various academic care settings in Maryland.

Should the already vulnerable population of Maryland patients in community mental health clinics be shunted into a system where they expect to have care that is safe, and directed by a physician but rather have their healthcare dictated by someone who lacks the substantive medical school training and background? That is a two-tiered system, that does not benefit patients.

Maryland legislature has a chance to ensure that all patients receive physician led care by medical directors of outpatient mental health clinics, we hope it is seized.

Patients deserve physician led psychiatric care.