

Senate Bill 428 would expand the definition of "practice podiatry" to include the diagnosis or treatment of the ankle and the anatomical structures that attach to the foot. The bill would authorize a licensed podiatrist to perform all surgical procedures in a licensed hospital or surgical facility only if the podiatrist has successfully completed a program acceptable to the hospital.

I have been informed by the sponsors and proponents of Senate Bill 428 that the bill as amended was a product of discussions between the Maryland Podiatric Medical Association, the Medical and Chirurgical Faculty (Med-Chi), and the Maryland Hospital Association. Unfortunately, since Senate Bill 428 was passed by the General Assembly, I have received contradictory and sometimes confusing information regarding this bill.

The Maryland Orthopaedic Society, which represents approximately 175 orthopaedic surgeons in the Baltimore area, has requested a veto of Senate Bill 428. I am also told that the Washington Orthopaedic Society and the Montgomery County Medical Association have adopted similar positions against the bill. Yet, the official position of Med-Chi is not to oppose the bill. What is perplexing is the divergent positions that have been taken by the State's physician organization and the specialty group most knowledgeable on the issue.

The proponents argue that podiatrists have the necessary education and training to qualify them to perform surgery of the hindfoot and ankle. They assert that the undergraduate requirements to enter podiatric medical school are identical to those necessary to enter medical school. The first two years of podiatric medical school encompass the same basic medical sciences as in medical school and the last two years concentrate on the lower extremity. In support, they offer a letter from the Head of Orthopaedic Surgery at the University of Maryland Hospital.

In addition to the education and training that a podiatrist receives, proponents believe that the bill provides adequate safeguards to the public through the hospital credentialing requirements. A podiatrist would not be allowed to perform a surgical procedure on the ankle unless the podiatrist has been credentialed by the hospital and has successfully completed a program acceptable to the hospital.

While these are persuasive arguments, I have received contradictory information from the opponents of this bill. I have recently received a letter from the Acting Dean of the School of Medicine at the University of Maryland urging me to veto Senate Bill 428. Writing on behalf of the Department of Surgery and the faculty of the School of Medicine, Dean Richards asserts that the bill goes "far beyond the education and training that podiatrists currently receive. A licensed podiatrist need only successfully complete a program acceptable to the hospital in which he has privileges to perform surgical procedures on the ankle. The bill does not state any minimum requirements concerning hours, source of the program, accreditation of the program, or areas that must be studied."

Although podiatrists now perform surgery of the upper foot, orthopaedic surgeons argue that the hindfoot and ankle are some of the most difficult orthopaedic operations to perform. By their own admission, podiatrists claim that only approximately 5% of the podiatrists are trained to perform these procedures. The opponents believe that although