Clinics

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— Brief examination for a cold, including laboratory work, can cost as much as $70 in an emergency room. At a convenience clinic, the average cost is $25.

— Treatment of a burn at an emergency room costs about $52; at a minor emergency clinic, it averages $30.

— Care of a simple broken bone runs about $70 at an emergency room; at an emergency clinic, the cost averages about $40.

Because emergency clinics are simple facilities, sometimes with trained non-medical personnel assisting physicians and nurses instead of more expensive technicians, and second-hand laboratory equipment, costs in these clinics can be kept down, said medical technologist and private consultant Marti Sharman.

Emergency rooms also have evolved into more than their intended purpose, increasing both the price and the demand, Sharman added.

"In the hospital, you have a set-up to take care of anything from the most simple to the most elaborate and complicated problems, but you are also (indirectly) paying for that whether you walk in with a ... heart attack or a simple cut that needs stitches."

Reem agreed: "Emergency rooms have to keep a lot of equipment that emergency minor clinics do not have to. Why should the patient have to pay for that equipment?"

The number of employees, or middlemen, needed to coordinate emergency rooms, doctors' schedules and handle paperwork also is higher than in minor emergency clinics, Sharman said.

This cost difference, coupled with a mobile population and the convenience of no-appointment medical care, are the reasons medical personnel said these Medical Handy-Dandys have gained popularity.

"A lot of people who work don't like to have to take time off to have medical problems taken care of," Sharman said. "(Or) working mothers won't be aware that their children are sick until they pick them up in the evening, and they won't want to wait until the next day."

Reem agreed: "Physicians hours are convenient for the doctors, not the patients."

Kay Barkin, spokesman for the American College of Emergency Physicians, gave another reason for the trend.

"We have a very mobile population that has been unable to establish relations with a family doctor," she said.

It is this aspect of convenience medicine — the lack of continuous patient/doctor contact — that is drawing fire from the medical community.

Although spokesmen for the American Medical Association and the Texas Medical Association said the organizations have not issued an opinion on minor emergency clinics, Jon Hornaday, director of communications for the TMA, said: "You hear discussion about the doctors and the lack of continous patient care.

"By tradition, most physicians feel that patient care is best delivered in a situation where the the patient and doctor ... establish a doctor-patient relationship."

"But that doesn't mean good care isn't being delivered in these centers ... they appear to be meeting a need."

Dr. Phil Davis, a Bryan internist, is one doctor who feels that lack of continuous care harms patients at convenience clinics.

"The patient who comes in ... with a certain complaint, his emotional status does have something to do with his complaint," he said.

But for such minor medical care as stitches or treatment of a cold convenience clinics are probably as efficient as private physicians and cheaper, Davis said.

But, he argued, recovery and follow-up care is when a close patient/doctor relationship becomes important.

"For a guy who is run over by a truck, it (the patient's background) doesn't make any difference ... in the immediate stages," Davis said, "but it does make a difference what his background is ... when it comes to convalescence and recovery and rehabilitation."

But personnel representing minor emergency clinics said the time they spend with their patients — even if limited — is adequate.

Doris Looby, manager of the AM/PM Clinic agreed: "We don't seem to have that problem. If there's anything specific about a patient that is abnormal or may be interesting to the next doctor, it's noted on the chart and there will be a mark on that chart so the doctor knows this is a problem patient and he is to read that chart thoroughly before he even goes in there.

"We would not have a doctor in this clinic that I myself, my children or anybody else would not feel totally safe with."

Another criticism of minor emergency clinics revolves around their names.

Jack Landry, director of government affairs for the American College of Emergency Physicians, said: "We have been primarily concerned with (whether) ... these organizations which advertise to provide emergency care, are really capable of providing emergency care."

To combat misconceptions the ACEP and the National Association of Freestanding Emergency Centers have established guidelines aimed at educating the public, setting minimum equipment and staff requirements and directing patients to hospitals equipped to handle life-threatening situations.

Math teacher decline could hurt Americans

United Press International

NEW YORK — Americans are so bad at math that it is "scary" and a threat to the nation's economy and defense, the president of the National Council of Teachers of Mathematics said Sunday.

Dr. Stephen Willoughby said the problem is that math-oriented college graduates are going after better-paying industrial jobs rather than teaching and more than half the new math teachers are not qualified to teach.

He said studies have documented the fact that many soldiers are not competent enough in math to make calculations necessary to aim sophisticated guns correctly.

The health of the economy also is threatened, said Willoughby, a professor of mathematics at New York University.

Germany and Japan, with good supplies of math-competent people on the job and in the education pipeline, could soon outdistance America in this math-dependent age, he said.

Since 1972 there has been a 77 percent decline in the number of secondary-level mathematics teachers prepared in 600 teacher-training programs nationwide. Only 55 percent of graduates prepared to teach math go into teaching.

Other signs of a worsening shortage:

- In Texas, only 20 new math teachers graduated in 1982. Just seven went into teaching, the NCTM fact sheet on the math teacher shortage showed.
- The nation's second most populous state, New York, has only 32 college graduates planning to teach junior or senior high school mathematics in 1982.
- 43 of 45 states sampled told of a shortage or critical shortage of secondary mathematics teachers in 1981.