Letters to the Editor

Nonclinical Epidemiologists Concerned About Quality in Healthcare

To the Editor:

Massanari and Simmons suggest that only clinicians have the "right stuff' to provide leadership in hospital epidemiology and health service quality assurance.[1] That sort of elitist position is consistent with the Society for Hospital Epidemiology of America's (SHEA's) history of discriminating against hospital epidemiologists with MPH rather than MD or PhD degrees,[2] slights the integrity of PhD (and other non-MD) researchers who are sensitive to patient-oriented values of numerous stakeholders in health service decisions, and is not conducive to interdisciplinary collaboration. Notably absent from the list of recommended collaborative priorities is the American Society for Quality Control (ASQC). ASQC is America's oldest and foremost interdisciplinary authority on quality methodology.[3] Its April 1992 special issue of *Quality Progress* is devoted to quality in healthcare.

It can be argued that we got into this mess under the direction of clinicians and their "quality" review committees. Interdisciplinary application of a CQI-like approach advocated long before the CQI philosophy became popular may be a good starting point to confront the cost-quality conundrum.[4] However, the paper prepared for SHEA contains important disincentives to attracting the collaboration of nonphysicians active in this field.

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3. O'Brien M. ASQC: promoting biomedical quality. *Journal of Healthcare Materiel Management.* 1989;7(3):82-83.
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The authors reply,

The editorial was not intended to imply exclusivity. Rather, our intention was to encourage hospital epidemiologists to consider the unique opportunities for providing leadership in quality management precisely because their work is inclusive by nature, not exclusive.

SHEA plans to interact with several "nonclinician" organizations, including the Institute for Healthcare Improvement, the Joint Commission on Accreditation of Healthcare Organizations, the Agency for Healthcare Policy and Research, the Association for Practitioners in Infection Control, and the National Association of Quality Assurance Professionals. Some of these organizations do include nurses and physicians involved in clinical practice, but these organizations certainly are not dominated by clinicians, as described by Dr. Birnbaum.

We see "hospital epidemiologists" as key players in any hospital quality improvement effort. Clinicians too should be involved, but are not discussed at all in our editorial.

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Cooperation Needed to Control TB

To the Editor:

I read with interest Dr. John McGowan's recent editorial (1992; 13:575-578), "Resurgent Nosocomial Tuberculosis: Consequences and Actions of Hospital Epidemiologists." The editorial was a generally thoughtful and impassioned plea for steps that any informed healthcare professional would endorse. However, there was at least one comment that lends itself to some misinterpretation and is potentially divi-

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