

# [Evaluation of jobs in a surgeon-generals office and the importance each role play...](https://assignbuster.com/evaluation-of-jobs-in-a-surgeon-generals-office-and-the-importance-each-role-plays-research-proposal-sample/)

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## Introduction

The United States of America, together will some developed and third-world countries such as India, Iran, and Brazil utilizes a decentralized model of healthcare system. Meaning, the healthcare and other materials supplementary to the delivery of healthcare such as drugs, and medical materials are governed by a higher governing body, usually a national state department such as the Department of Health, or any other government department whose authority is bestowed by the president or prime minister of a state. In the U. S., they have a general surgeon, or in a more politically appropriate term, a surgeon general (Diamond, 2002).
The surgeon general works as the physician of the state but the decisions he make and the duties, tasks and responsibilities that he fills can potentially affect the state’s overall health status. The appointment of a surgeon-general is not only being applied in the United States but in other countries as well. However, the term or the title being given to one may be slightly or entirely different. This could be attributed to the truth that each state government demonstrates a unique government structure from all the rest. Although government structures can generally be classified based on the power structure (Confederal, Federal, Unitary, Hegemony) and Power Source (Democracy, Monarchy, and Oligarchy) and although two or more governments who utilize a common structural model may exhibit several major similarities, it still cannot be denied that each government, no matter how similar they can be in some qualities, are still unique.
In this paper, the different significant job positions in a surgeon general’s office will be discussed, what the people who fill these roles’ duties and responsibilities are, and basically why they are considered to be a key player whose presence and dedication is important in ensuring that the processes and programs being handled by the office of the Surgeon General run smoothly. However, the job descriptions that will be discussed in this paper are going to be limited to the most significant ones. There may even be some minor job positions discussed after careful consideration of the general and more specific roles that they play in the Surgeon-General’s Office.

## Background

The presence and importance of the Office of the Surgeon General was not realized until the year 1798, when the then United States President first decided to establish the United States Marine Hospital Service. This body was originally responsible for the administration, especially the delivery of health and medical care to the injured and non-injured seamen. These sea men could be a member of any of the United States Federal bodies such as the United States Merchant Marine and the United States Coast Guard. The U. S. Marine Hospital Service continued to follow that management pattern for the next 72 years (DOH, 2004).
In 1870, government departments underwent major reformations and the U. S. Marine Hospital Service was one of the departments that were reformed. Instead of making the U. S. Marine Hospital Service’s services exclusively available to seamen who works for the U. S. government, the president initiated the reorganization of the U. S. MHS turning it into a national hospital system which utilizes a centralized style of administration. That newly-reformed USMHS was to be headed by a qualified and elected medical officer, the Supervising Surgeon. After a few years, the title being used was changed to Surgeon General.

## The reformation bill was approved in 1871 and the first Supervising Surgeon, John Woodsworth was immediately appointed.

Before, the president was the one who nominates and decides who the Supervising Surgeon will be. But presently, some changes with regards to the appointing process have changed. The president can still nominate a candidate for the position but other politically-capable people may also be allowed to do so. A senator, for example, could also nominate someone who he thinks is capable and qualified for the position. The final decision on who will be declared the next Supervisor Surgeon has also changed. It does not depend on the President’s decision alone anymore. The final say will depend on the results of a voting process conducted at the senate.
The Congress recognized the effectiveness and efficiency of implementing a Marine-based department as a national health system. This is why in the first quarter of 1889; a small medical team was assembled. This team would be the one responsible for assisting the personnel at the Office of the Surgeon General (Kinley et al., 2002). The team however, was actually assembled to serve a larger purpose. They were not just assembled to do administrative and research tasks at the Office of the Surgeon General. They were basically just stationed there. Their real purpose was to respond to the needs of whoever may need their medical services. Most of the time, they get assigned to do their medical duties in military lines, even during an ongoing military operation.
In 1969, the US Department of Health underwent another major reformation which once again affected the nature of operations at Office of the Surgeon General. Before 1969, the Office of the Surgeon General operated autonomously. That autonomy was abolished after the reformation that took place in 1969. The Office of the Surgeon General now hierarchically lies below the US Secretary of Health, Education and Welfare. The office is still under the jurisdiction of the Public Health Service and much of their previous duties and responsibilities remained the same. The cadre of medical professionals previously assigned to work for the Office of the Surgeon General increased in number and so we are expecting a larger team, considering that many new health and medical disciplines were developed since the establishment of the US MHS. Fortunately, they are still under the command and control of the Department of Health, more specifically by the Office of the Surgeon General,
This study can be a significant source of information for the people to know how their state runs its health awareness and development programs. Not a lot of people are informed that a State Surgeon-General even exists, let alone how one works. This paper does not only serve as a general guide for the readers to know what a Surgeon General is and what one does. It also contains critical information talking about the usefulness and significance of the job position being discussed. Will the office of the Surgeon General still be able to operate smoothly and without any major procedural-component impairment in case of a particular key person’s absence? These are some examples of key questions that will be tackled in this paper.

## Research Question

The research question being tried to address here is what are the importance or the significance of each of the major key player members of the Office of the Surgeon General? This information shall ultimately enlighten the people why a major reformation which abolished the autonomy of the Surgeon General.

## Discussion of Findings

The Surgeon General

The Surgeon General is usually the one who heads, directs, and administers the Office of the Public Health Service. In essence, he or she is also the one who plans, approves, and disapproves, and generally heads all operations related to the United States Public Health Service. It may be a good idea to know that the history of the US Public Health Service Commissioned Corps can be traced back to the times of the US Marine Health Service. The current USMHS is actually the predecessor of the US Public Health Service Commissioned Corps (PHSCC). He serves a wide range of roles but one thing common among all of his roles is that they are all about health—healthcare campaigns, awareness programs, and emergency situations that are related to health.

The Surgeon General reports to and follows instructions from the United States Secretary of Health. The US Secretary of Health on the other hand reports to and follows instructions directly from the president. This pattern actually follows a centralized form of structure.

One of the main responsibilities of the US Surgeon General is to serve as the national spokesperson on issues regarding public health in the entire State. This is why the most common projects initiated by the Office of the Surgeon General have something to do with health awareness, wellness, and lifestyle. In reality, all that the Surgeon General has to do is to lead all the members of the Corps, give out instructions necessary to the accomplishment of the instructions from the Office of the Secretary of Health to the staff (Walsgrove, 2006). Aside from following orders, the surgeon general also reports to and follows instructions from the Assistant Secretary for Health. These two work together in planning and developing problem-oriented and other optional health programs for the citizens of the U. S. If there is one person who could influence the Secretary of Health’s decisions, that would be the Surgeon General because he also serves as the principal advisor to the Secretary of Health and Human Services. In turn, the Secretary of Health and Human Services almost always considers what the Surgeon General advises him; probably because of his expertise in the field of health and medicine, etc. Basically, the Office of the Surgeon General cannot operate without the Surgeon General himself. There will be no one to give out new instructions and follow-up the accomplishment of older ones. In time, the whole office will be paralyzed and the Office of the Surgeon General will lose its significance.

## Physicians and Other Members of the Commissioned Corps

The tasks and responsibilities of a surgeon general are not only confined with the ones that are usually done inside the office. In fact, a larger percentage of the overall jobs in a surgeon general’s office involve community work wherein physicians and other medical professionals who are also members of the commissioned corps are dispatched by the president, or by the Department of Health secretary. The surgeon general’s office is just the place where new assignments are assigned. It is not where the jobs and responsibilities of the office staff get done but in the field where they can all maximize their effectiveness as a medical professional. Most members of the commissioned corps are physicians only that they specialize in different fields and even disciplines. A dentist, a behavioral psychologist, an environmental health expert, a nurse, a pharmacist, a clinical and rehabilitation therapist, a dietician, a science and research expert, a veterinarian, and even an engineer can all be appointed as an official member of the commissioned corps. Operations at the office of the surgeon general can remain smooth for as long as these people get their jobs done. Most of the cases being handled by the office are those that are related to public health issues such as health threats and hazards. The office is also known for its regular release of reports regarding any pertinent health issues. For example, the office could choose to release a report that is openly viewable by the public how to prevent and treat malaria or any other kind of disease that is considered a public health threat.

If there are physicians in a general surgeon’s office, there should also be physicians serving under the Office of the Surgeon General. In a way, the physicians serve as advisors to the Surgeon General. Whenever he needs to think about something such as a new proposal on how the country could turn its current healthcare system into a better one, he usually turns into the physicians who are not necessarily inside the tangible office. The physicians are usually members of the Commissioned Corps. The Commissioned Corps are the group of various medical professionals with different specializations. Having a diverse medical team ready to be dispatched anywhere and anytime can be considered an advantage for a government’s healthcare system. The diversity component is of utmost importance because there are literally thousands of pathologies that could spread and affect an entire population. The dispatch-able component on the other hand is basically important because Commissioned Corps are usually sent to communities wherein healthcare is either inaccessible or simply outdated.

## Conclusions

There are generally two types of workers that can be found at the office of a surgeon general: while collar and blue collar job workers. Although it is undeniable that the office cannot function smoothly without the aid of the office workers who stay at least 8 hours a day inside the office doing administrative tasks that are usually comprised of tons of paper works, the tasks at the office of a surgeon general is still directly inclined to medicine and healthcare services. The surgeon general also serves as the most reliable spokesperson of the state in issues related to health and wellness; he reports to and follows order from the secretary of health and the assistant secretary of health and then he relays the information and instructions to the members of his office and then sees to it that all tasks needed to accomplish the goals are done. He basically serves as the head of that office and a surgeon general’s office truly cannot function without the surgeon general.
The physicians also do a good job in assisting the surgeon general during most, if not all, decision-making situations. They also comprise a major percentage of the commissioned corps. One important thing to remember here is that the jobs at the office of a surgeon general are not entirely administrative and paper work-related; bulk of their tasks and responsibilities are actually community-related. As long as these people get their jobs and responsibilities done, the operations at the office of the surgeon general shall go smoothly.

## Works Cited

Department of Health. (2004). High Impact Changes for Service Improvement and Delivery. Crown Copyright, London.
Diamond, B. (2002). Consent to Treatment and informing the patient. Legal Aspects of Nursing, 3rd Edition. Longman Press, Gosport.
Kinley et al. (2002). Effectiveness of Appropriately Trained Nurses in Preoperative Assessment. BMJ.
Walsgrove, H. (2006). Putting Education into Practice for Pre-Operative Patient Assessment. Nursing Standard 20.