



WHY STAY IN RESPIRATORY CARE TODAY?

By Robert Miglino RRT, BSRT, MPS

As I watch the current frenzy over the worst respiratory therapist shortage in recent history, and my colleagues angrily demand both pity, public and professional support, I am nonplussed. I don't doubt their sincerity, heck, I even agree with a lot of what they have to say. I hated what happened to patient care in the 1990s! I too grieve for those who entered Respiratory Care during that era: the most difficult, painful and atypical decade in the history of healthcare in America.

But what happened in the 90s actually led to studies that have proved RT's worth beyond a shadow of a doubt. And between layoffs that convinced guidance counselors to send students elsewhere, and employment policies that would have angered a saint, it also is the reason we have this shortage.

To let those who denigrate RT's contributions rob us of a sense of our worth is to throw in the towel after we've won the battle! They were and are wrong - and now everyone knows it. Even if we have a right to resent the treatment we received, hanging on to it erodes self-confidence, and with it, the future. RT's must not allow others to define their value.

Just as we all live in a physical environment and must adjust to its constraints, so too we live in a psychological environment that shapes the way we think. We are surrounded by negativism - a whining focus on the bottom line. If we were living in an era of optimism, we should be more likely to see the world in rosier hues. Recent forays into the literature of and about the RT shortage illustrate this point. And the ones who push hard for the positive, more often than not, RT's in leadership positions, often are perceived as sanctimonious, or even self-serving.

Certainly, serious thinkers always critique prevailing practices. However, to dwell on what was wrong means missing out on what's going right today! Surely RT's have not lost heart?

We who work in Respiratory Care share a common cause and a common tradition. It goes way back in human history to a moment when some primitive ancestor was moved to compassion by someone else's suffering. Its roots are found in the need to help, to teach and to heal. A need that whetted and justified a thirst for learning, knowing and understanding. And RT's have done exactly this.

Our traditions, our ancestors, go back to those who debrutalized Brute Man with such revolutionary ideas as "...human sympathy is more important than anyone's ideology." These ancestors even noticed that brutes cannot shed tears - and it is tears that make us human. And heaven knows we've seen our share of them.

Later this knowledge and these intuitions became words intended to instruct and dignify human beings through service to, rather than ostracism of, the sick, even up to today as we care for AIDS patients.

RT's traditions are humanitarian in the fully philanthropic meaning of that term: love of humankind. How this "love" is best carried out for the good of the individual and the welfare of society is and has been the focus of both the thinkers and doers of our profession ...So much so that we have progressed from the lowest level (tank-jockeys) to the highest levels of critical respiratory care.

A tradition with a future...

We in Respiratory Care have a tradition with a future. The tender loving care of human beings will never become obsolete. In today's stressful world among all its strange innovations - cloning, genetic engineering, designer faces and even designer children - people, more than ever, need to be touched to be restored, renewed, revived and redeemed. Today, technology has brought us closer together than ever - and terrorism has taught us just how vulnerable we still are - regardless of all our advances. And people have never needed healing more - at least not in our life times.

Our traditions require us to use our hands, our minds, and our hearts to help others. And just as surely as they demand that we help others, they require us to help ourselves. Who - if not we - will heal the profession? We are a maturing profession, and part of that "growing up" is to assume the

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responsibility to redeem and to render ourselves independent. Independence is never given away: it's earned and it's paid for. So is pride, of achievement and of success

Why be a respiratory therapist? Why stay? You can earn a good living (a very good living if you're willing to work some overtime), you can enjoy mobility and flexibility (go anywhere, work shifts suitable to your lifestyle), you can enjoy variety in your work (adult care, pediatric, neonatal, PFT's, homecare, rehab, asthma education and case management etc. etc.), you

can work in the military or in the public health service, you can work in a hospital setting, a doctor's office or in the home, you can teach or conduct research and you can work in the industry as a sales representative or a product/clinical specialist. But then, I suppose you might find all of this somewhere else, too – NOT!

So, why stay in respiratory care? why be a respiratory therapist? I can only answer for myself, and even then in someone else's words. Despite persistent misunderstanding and misrepresentation, respiratory care is one of those things one can do to earn a living that offers hope for a genuinely successful life. Ralph Waldo Emerson described a successful life as follows:

"To laugh often and love much, to win the respect of intelligent persons and the affection of children; to earn the approbation of honest critics and endure the betrayal of false friends; to appreciate beauty; to find the best in others; to give of one's self, to leave the world a bit better because you have lived; to have played and laughed with enthusiasm and sung with exultation; to know even one life has breathed easier because you have lived -- This is to have succeeded."

That says it all and my years in Respiratory Care have given it all to me:

I have laughed often and loved much, those people, patients and professionals alike, whose courage and strength and humor inspired me in the face of pain and death. I have won - and so have therapists nationwide - the respect of intelligent people who know what it takes to act with grace under pressure. I have found the best in thousands of others over almost 4 decades, and I have been blessed by their success. I have given of myself even when there wasn't much left to give and I have lived with enthusiasm and never been bored.

And someday, I will leave the world a bit better because someone's pain was diminished, someone's breathing was improved upon, someone's sorrow was comforted, someone's choice was restored and someone's child did not die alone.

And I know, really and literally, that more than one life has breathed easier because of me. If one persists in respiratory care with unrelenting professionalism and tenacity, success and a successful life - is assured.

These are my reasons for being a therapist, for staying in respiratory care. They may not be the same as yours, but then, when all is said and done, they probably are. I am grateful that I am a therapist, that I have a profession to which I belong, that I have colleagues that are worthy of the respect I can give them! It contributes mightily to making life worth living.

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Publisher