

shifting dullness

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ADMISSIONS DECREASE VOTED AS DUKE LEADS WAY TO HEAD OFF "DOCTOR GLUT"

In its February meeting, the Medical School Advisory Committee (MEDSAC) voted to reduce admissions to the Medical School by 10% over the next five years. In doing so, Duke becomes one of the first medical schools in the country to take action aimed at reducing the "glut" of doctors predicted by the Graduate Medical Education National Advisory Committee (GMENAC). The move brought national press coverage and sparked two editorials as well as several letters to the editor in The Chronicle.

It is unclear whether this move will affect the preferential status given to various applicant groups: minorities, N.C. residents, children of faculty members, children of alumni, and Duke undergraduates. However, it is clear the decision will be deleterious to the budget of the medical school. The far-reaching effects of this example on other medical schools has yet to be seen.

Below is reprinted an article by Dr. David C. Sabiston, Jr., from the Faculty Newsletter. The article gives an overview of the history of the supply of physicians in the United States as well as of the reasoning behind the recent MEDSAC decision.

THE OVER-SUPPLY OF PHYSICIANS: A MOUNTING NATIONAL PROBLEM

by David C. Sabiston, Jr., M.D., James B. Duke Professor
and Chairman of the Department of Surgery

At the turn of the century, medical education in the United States was beset with a number of serious problems. Recognizing this fact, the Carnegie Foundation commissioned Abraham Flexner to undertake an in-depth study to define the issues and recommend solutions. Flexner was an ideal choice in view of his background as a distinguished editor, his brilliance, and his committed interest in the field. He recognized at the outset that if the effort were to be successful, it must of necessity be a comprehensive and detailed survey with meaningful conclusions. Toward this end, he visited each of the 155 medical schools throughout the nation in existence at that time. The well documented study concluded that in many of the schools the physical facilities were inadequate with faculties who were often poorly trained and minimally committed. Moreover, the medical graduates of the day varied widely in their competence, ranging from those who were actually unfit to practice medicine to an exceptional group from a few leading institutions with established reputations.

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RESULTS OF POLL AVAILABLE

A poll of the third year class which lists students by name, their expected medical specialty, and the faculty with whom they did research this year, is available to second year students in the Medical Education Office from Linda Chambers. A copy will also be put on file in the Registrar's Office.

DON'T GET LEFT OUT

Due to an incomplete list of first year students in the Registrar's Office, not all parents have received information on Parents Weekend. In order to get a form sent to your parents, students should stop by the Alumni Office (120 Davison Building).

ONCOLOGY FELLOWSHIP FOR MEDICAL STUDENTS

The Childrens Hospital of Los Angeles - University of Southern California School of Medicine will offer summer fellowships in oncology for medical students or pre-doctoral fellows during the period May 15 to September 15, 1984.

This program, in its 12th year, attempts to provide an oncology-related research project for each student as well as orientation in clinical oncology. Fellowships may be eight, ten or twelve (or more) weeks in length. Partial support is available for students in the program from an NCI Grant, at the rate of \$100/week (maximum \$1,000).

The Cancer Education Program has evolved from a relatively structured summer project to one in which the primary emphasis is upon the completion of an individual research proposal by the trainee. For more information, see the "Opportunities" Book in the Office of Medical Education.

STUDENT FELLOWSHIP IN NUCLEAR MEDICINE

The Education and Research Foundation of the Society of Nuclear Medicine has substantially expanded its student fellowship program. The purpose of this program is to provide an opportunity for students to spend elective quarters and/or summers in departments of nuclear medicine assisting in clinical and basic research activities. It is hoped that by offering this experience, we may interest young men and women in careers in nuclear medicine. The maximum amount of the award is \$2,000, dependent upon duration of the program. Additional information concerning the program can be found in the Office of Medical Education's "Opportunities" Book.

SHIFTING DULLNESS

Shifting Dullness is the newsletter of the students of Duke University School of Medicine, Durham, North Carolina, published weekly throughout the school year. All letters to the Editor should be addressed to Walter Pharr, P.O. Box 2802, DUMC.

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GROWTH (Continued from page 1)

The Flexner Report was published in 1910 and its impact was both immediate and dramatic. Its resounding effect was due primarily to the forceful and courageous conclusions drawn by its author. For example, of two medical schools in the State of Oregon, he said, "Neither of these has either resources or ideals ... there is no justification for their existence. The entire Coast is oversupplied with doctors by immigration--and unless something better can be made than can now be thus readily obtained, the State would do well to let the field lie fallow." Of another school Flexner simply said, "This school is an utterly hopeless affair, for which no word can be said." Flexner's report - comprised of a series of standards which established the educational requirements, objectives, and facilities on a high level and his insistence upon seeking excellence - was rapidly accepted throughout the nation. Thus, the success of the study is confirmed by the fact that within a decade after his report the number of medical schools in the nation decreased from 147 to 83. The report had a profound influence; it strengthened the meaning and significance of the medical degree and initiated interest in postgraduate medical education.

In view of the current over-supply of physicians in this country, it is interesting to reflect upon the admonition of Henry S. Pritchett, the first President of the Carnegie Foundation, who wrote in the introduction to the Flexner Report: "It is evident that in a society constituted as are our modern States, the interest in the social order will be served best when a number of men entering a given profession reaches and does not exceed a certain ratio ... When, however, six or eight ill-trained physicians undertake to gain a living in a small town which can support only two, the whole plane of professional conduct is lowered in the struggle which ensues, each man becomes intent on his own practice, public health and sanitation are neglected, and the ideals and standards of the profession tend to demoralization ... it seems clear that as nations advance in civilization, they will be driven to throw around the admission to these great professions such safeguards as will limit the number of those who enter to some reasonable estimate of the number who are actually needed."

In the late 1950s, a group was established to review U.S. physician manpower and to make recommendations for the future. The Surgeon-General received the Bain Report in 1959 and this study proposed a substantial enlargement of the then existing 85 medical schools and suggested that an additional 20 to 24 medical schools be created to increase the graduating class from 7,400 to 11,000 annually. Congress then enacted the Health Professions Educational Assistance Act to provide funds for the expansion of existing medical schools as well as the establishment of new ones. This act provided scholarships and loans for medical students and direct funds to medical schools for construction and operating costs, contingent upon an increase in class size on a capitation basis.

In 1964, the Coggeshall Report further emphasized the need to augment the physician supply by concluding that the number of doctors was insufficient to support the medical needs of the American people. The concept was further reinforced in 1966 with the establishment of the National Advisory Committee on Health Manpower which concluded: "The production of physicians should be increased beyond the presently planned level by a substantial expansion in the capacity of existing medical schools and by continued development of new schools. Federal funds in support of capital for operating costs of education should be provided to a medical school in such a way that they create economic incentives for the school to expand enrollment while improving its quality." With the acceptance of these recommendations, the national effort to increase the number of physicians led to a spectacular rise in the total number of medical schools from 79 in 1950 to 127 today. During this time, the number of medical students enrolled throughout the country climbed dramatically from 25,000 in 1950 to 67,327 during the academic year 1983-84.

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GROWTH (continued from page 3)

The precipitous increase began to cause concern in the mid-1970s among leaders in the health care field, the federal government, and the medical profession. In 1978, the Secretary of Health, Education and Welfare, Joseph Califano, called attention to the fact that health care had become the nation's third largest industry, accounting for some \$180 billion annually. He further emphasized that 70 percent of all health expenditures resulted from the individual decisions of practicing physicians and expressed deep concern that by the year 2000, approximately 12 percent of the entire gross national product would be dictated by decisions of physicians and would govern several trillion dollars annually. The Secretary noted with alarm that the number of physicians in active practice had nearly doubled between 1960 and 1975, and he presented further data concluding that each physician in practice increased the nation's health costs by \$300,000 annually. Thus, with an average career spanning 40 years, a single physician would create health care costs of some \$12,000,000. The question thus became whether a continued escalation in the number of trained physicians was necessary in order to provide adequate medical care for the nation's citizens. Concerned both with evidence the training programs were creating physicians in excess of the number needed for adequate health care and with soaring budgets, the federal government established the Graduate Medical Education Advisory Committee to review specifically the question of physician supply and requirements and methods for achieving an optimal level of entrants to graduate medical education. The committee recommended a 17 percent reduction in first year enrollments in medical schools and the termination of federal capitation funds, which have since been discontinued.

Simultaneously, evidence was accumulating that showed the problem was also an international one. This was underscored by the action of the European Symposium of Health Power in 1982. In Europe, the rising number of unemployed physicians has created considerable concern, especially since many of these physicians are currently on the unemployment and welfare payrolls in Great Britain, France, the Netherlands, Spain, and Italy. In addition, both Australia and New Zealand have conducted surveys establishing an over-supply of physicians in these countries.

Data obtained for the U.S. indicate that sharp increases in the number of physicians will become apparent in the 1980s and 90s and that the total number in active practice in this country will rise from 375,000 in 1978 to a level ranging between 573,000 and 680,000 by the year 2000. These figures are in contrast to estimates that a reasonable requirement for the nation's health care at that time would be not more than 500,000. Thus, even with the minimal number of physicians projected for the year 2000, there will be a considerable excess, and a higher number is more likely. The impact of these figures upon total medical costs is obvious and places in further jeopardy the intelligent appropriation of the nation's resources with the strong possibility of creating excessive, and almost certainly unneeded, expenditures.

Of increasing concern is the fact that the current number of approved positions in residency training programs is less than the total medical graduates each year. In 1983, there were 20,044 applicants who competed for 17,952 positions in the National Residency Matching Program. This trend is apt to continue and underscores the stark fact that some future graduates may not be able to obtain residency training to become fully competent physicians. These figures strike a somber note among medical faculties across the country since the implication is clear that some physicians in the future may have substandard training upon entry into active practice. Reduced federal funding already in effect for Medicare and Medicaid programs will tend to reduce further the number of residency positions available in hospitals throughout the nation and it is expected that funds provided by private health insurance coverage will also follow the guidelines already established by the federal agencies.

GROWTH

Thoughtful analyses of the current problem created by excessive physician manpower have led most of those knowledgeable in the field to recommend that medical schools review their class size and begin an orderly reduction in the number of those accepted and matriculating. While it might appear that those schools with facilities and faculties less suitable for quality education should take the lead in this effort, the practical fact is that in a democratic society such a selective plan is not apt to be successful. A more effective approach would probably be achieved by a voluntary reduction in class size involving most if not all medical schools. The faculty at the Duke University School of Medicine has traditionally fostered the development of research-oriented graduates for careers in academic medicine. The number of our graduates who have assumed faculty positions has increased annually, and the basic sciences have been particularly strong in both the number and quality of trainees for such positions. The clinical departments have also achieved notable records in the training of medical academicians, and in some disciplines more than three-quarters of the residents completing their training in the past decade now hold faculty positions throughout the country. These facts are not meant to imply that the faculty of the school is not equally interested in the training of practicing physicians as this is clearly one of its major goals and indeed a sizable majority of the alumni fall into this category.

As part of this overall effort and combined with a renewed commitment to attract the most highly qualified students, the Medical School Advisory Committee at Duke has recently recommended unanimously that the class size be reduced by approximately 15 percent over the next several years. In recognition of the budgetary effects which could follow and with the conviction that significant increases in tuition should be avoided, a program should be developed to provide additional fully-funded scholarships for medical students. Concerted and bold action will be required on the part of the faculty and administration to achieve these goals in order to assure that academic medical centers, and certainly Duke, will remain in a preeminent position in teaching, research, and delivery of patient care.

(This article was reprinted from the Faculty Newsletter with the permission of Dr. David Sabiston and Ms. Susan MacDonald.)

PUZZLE OF THE WEEK

I have picked two integers between 3 and 100 (inclusive), and given their sum to Sally and their product to Paul, both very clever mathematicians.

After suitable time for thought, Sally says to Paul: "It is impossible for you to figure out my sum."

After more time for thought, Paul replies: "I have figured out your sum."

After still more thought, Sally says: "I have figured out your product."

What are the two numbers???

Please turn in your name and box number to the Duke South Mail Room along with your guess. Winner will receive two Baskin-Robbins Gift Certificates.

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