

shifting dullness

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FORUM DISCUSSES MEDICAL MANPOWER

On March 20, 1984, members of the Duke community filled the Bryan Center Film Theater nearly to capacity for an open forum. Entitled "Medical Economics and Public Policy: The Doctor Glut," this forum was organized by Steve Feldman and Jeff Leiser under the auspices of the Medical Scientist Training Program. The forum was co-sponsored by the Davison Society. Seven panelists, with Dr. Robert Hill of the Department of Biochemistry as moderator, were featured. Each speaker was allowed to give a presentation, followed by open debate and questions from the audience.

First, Dr. William G. Anylan, Chancellor for Health Affairs, outlined the historical basis of the upcoming "doctor glut" as predicted by the GMENAC (Graduate Medical Education National Advisory Committee) Report. Specifically, Dr. Anylan told of the government's physician augmentation programs of the 1960s and early 1970s which led to the opening of new medical schools and at Duke increased class size from 72 to 114 students. He noted three problems in the number of physicians: 1) U.S. medical schools are now overproducing (9500 per year in 1972 to 16,000 per year today); 2) About 4,000 U.S. citizens, most of whom have studied in Mexico or in the Caribbeans, are applying for first-year residency (PGY-1) positions in the United States per year; 3) About 400 aliens are applying for PGY-1 positions. He suggested quotas in alien foreign medical graduates (FMGs) and a requirement of 1-2 years residency training before licensure as partial solutions. Anylan concluded that Duke was doing its share by the leadership of the faculty voting to decrease class size by 10% in the future.

Patricia Danzon, Associate Professor for Health Policy, was probably the best received by the audience. She agreed that there is a "wide perception of excess physicians in the pipeline." Addressing the complex area of health economics, she noted that the health care market is an extremely distorted one in which demand is excessive. This is due, she asserted, to the huge amount of tax-free health insurance contributions by employers. Third-party payment is generally regarded as an incentive to increase health care consumption. In terms of the market for physicians, Danzon concluded that to let the number of physicians increase "according to market forces would not be wise" because of the subsidized demand in the present system. To do so would lead to inefficient utilization of resources. Instead, she suggested that one obvious solution would be end the tax subsidies for health care to encourage better use of health care dollars.

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PARKING RULES CHANGED

Parking in the parking decks is now more of a problem for those students with "H" stickers. A recent rules change will make it more difficult for students to use the decks during the afternoons. Apparently, there have been complaints from the public about overcrowded lots. Therefore, free parking will be available after 1:30 p.m. only if the car leaves the deck that day after 9:00 p.m. Free parking without such a restriction will be available after 9 p.m.

"GLUT" DEBATE

(From page 1)

Dr. James E. Davis, Vice-Speaker of the AMA House of Delegates, spent the majority of his time trying to refute anticipated arguments of AMA complicity in restricting physician supply. He stated that the AMA is "committed to a marketplace philosophy," asserting that "it is unbecoming for a private voluntary organization to set numbers of schools and admissions." Davis reviewed the data for physician supply in this century as Dr. Anylan had done. He concluded with an interesting opinion, that it may be reasonable for an advanced nation like the U.S. to spend 10.5% of its GNP on health care.

Clark C. Havighurst from the School of Law, spoke of the oversupply of physicians as only a symptom of the underlying diseases: unwise subsidies, distorted incentives, and weak market mechanisms. Of state and federal subsidies for medical education, he claimed that these promote cranking out large numbers of physicians with the main beneficiaries being "middle class students who want to be better off." Turning to health care financing, he echoed Danzon that the present system makes health care "cheap to individuals," leading to the absorption of more medical care than is necessary. This in turn, "allows one to make an easy living doctoring." Health insurance, he maintained, has been very poorly designed. The government grants a huge tax subsidy in the form of tax-free health care fringe benefits for employed individuals, which encourages extensive and "first-dollar" coverage. Legislation has been introduced that would tax these benefits.

Addressing the audience directly, Havighurst urged, "I suggest you all support that change in health care law," as well as other reforms which effect changes toward more direct responsibility of consumers rather than third parties for payment. He concluded by saying that there is room for reform in the present health care system, which would include enforcement of antitrust laws against health care providers. The increased numbers of physicians predicted, he added, would be good for the system by allowing for more competition and therefore innovations such as HMO's (Health Maintenance Organizations) and PPO's (Preferred Provider Organizations).

Thomas M. Havrilevsky of the Department of Economics provided spice to the debate. Speaking bluntly, he accused the "spokespersons of the doctor's cartel" of being deceptive and "muddying the waters" with their arguments of increased costs and decreased quality arising from greater numbers of physicians. Challenging the audience to "look at the facts," he handed out 50 photocopies of specific tables and used them in his arguments. For instance, he noted that from 1970 to 1980, the "quantity of care" rose 32%, but care decreased in price. This coincided with a rise in total dollar expenditures which, he suggested, meant the public was receiving more care at lower prices. All this was related to the increase in number of physicians over the decade, he maintained.

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"GLUT" DEBATE

(From page 2) Havrilevsky also noted that in many countries the infant mortality rate is lower and life expectancy is greater than in the U.S., and suggested that limiting numbers of physicians would exacerbate these problems. As to the argument of quality of physicians, he said, "What good is higher quality if you can't find one?" He concluded, "Once you see through the propaganda, the issue is clear. Doctors want to restrict [physician supply] to augment their incomes."

Dr. David C. Sabiston, Jr., Chairman of the Surgery Department, presented slides of graphs showing the increased numbers of schools and graduates over the past decades in the U.S. He painted a bleak picture of the physician supply situation in Europe, noting that "glut" there had forced doctors onto welfare rolls in France, Spain, and The Netherlands. Catching the attention of the audience was his explanation of a graph illustrating results of the residency matching program. It showed a present failure to match rate of 8% for U.S. medical graduates, 56% for U.S. citizen FMG's, and 76% for foreign FMG's. This situation will become even tighter in the future with the anticipated rise in graduates. Sabiston argued that it is silly to suggest that Duke was motivated in its admissions cut by concern for future positions for its graduates. Since Duke has such a good and highly respected program of medical education, its graduates are very competitive in their fields of choice. In point of fact, 65% of the senior class this year received their first choice in the Match. Additionally, Sabiston asserted that by reducing admissions, the School of Medicine will be able to improve the quality of teaching.

Glen Wilson, Chairman of the Department of Social and Administrative Medicine, UNC, presented his own estimates on the effect of physician oversupply based on OMENAC estimates. Starting now at an average 5600 office visits per doctor per year in the U.S., he estimated that the figure will drop to 1400-1600 office visits per doctor per year in 2000 A.D. if present trends continue. He joked, however, that "forecasting is hazardous, especially when talking about the future." Noting that each doctor generates about \$450,000 in health care costs per year, Wilson facetiously suggested that health care costs could be brought down by creating a doctor bank, where doctors were allowed to work and study 10 years at a salary of \$50,000 per year, but were required to not see any patients. Each such fellowship would save about \$4 million in health care costs.

Discussion among the panelists followed these opening statements. Panelists strongly disagreed over the extent to which the AMA controlled the number of physicians. Havrilevsky noted that in the 1930s the AMA sent letters to all the medical schools asking them to decrease class size, and that the schools quickly complied. He suggested that such control, now exercised via accreditation requirements, remains extensive. Davis and Sabiston disagreed, citing the involvement of five different organizations (and laymen) on the accreditation board. In a related point, Anylan noted that, in fact, the "glut" has hardly begun, as there is a large lead time between graduating medical school and entering practice.

Danzon took issue with Havrilevsky's interpretations of the infant mortality and life expectancy data. She noted that these indices do not correlate with health care expenditures and that the U.S. actually ranks highest in per capita health care expenditures. Wilson, agreeing with Danzon, suggested that infant mortality and life expectancy are more affected by social changes (e.g. housing and nutrition) than by medical expenditures.

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MORE "GLUT" DEBATE

(From page 3) Wilson also questioned the viability of controlling health costs through fixing prices. He suggested that under such conditions, physicians would schedule more return visits to make up for lower prices per visit, for "the human capacity to absorb medical care is without limit." Havighurst also attacked national planning. He recounted how government intervention in hospital construction through the Hill-Burton Act led to a hospital glut, and suggested that the government has not shown any particular wisdom in setting the levels of health care professionals. Danzon referred to the Canadian health care system in noting that although total resource expenditure is controlled, the use of health care is not necessarily efficient. She urged a more competitive health care market vs. one governed by central regulation.

Several insightful questions were asked by members of the audience. Denise Leclair, MS I, said that she didn't see why 8% of medical school graduates not matching and so not being assured a job was necessarily bad for the country as a whole. Dr. Sabiston replied that those not matching are still competent, and that society is misleading a large number of students by not allowing them to receive credentials necessary for practice (i.e. residency training) despite their fulfillment of all the requirements of U.S. medical school faculties.

Greg George, an MD-PhD student, took issue with Havrilevsky's interpretation of his data. George found a one-third increase in the number of physicians with no significant changes in either the number of physician visits per capita or in the cost per visit, but an increase in total health care costs of about 6% as signifying no change in health benefits to society while raising health care costs. Havrilevsky suggested this indicated that physicians must be spending more time with patients during a visit and that there was more health care being received by society; however, he agreed that other inferences were possible (for example, doctors could be spending their extra time watching M*A*S*H reruns). George's closing suggestion that Havrilevsky's data provided no clear insights and further muddied the waters drew an ovation from the audience.

After nearly two hours, brief concluding remarks were given by each panelist. Anylan said that the next panel discussion should be held on either the number of lawyers in the U.S. or the quality of health economists. In his summation, Havighurst suggested that residency accreditation boards are in violation of the Sherman Anti-Trust Act. Sabiston urged the audience not to forget the good aspects of modern medicine in the U.S.; "Medicine stands for one thing, quality, not mediocrity, and I hope that will continue." Wilson reminded the audience that one must not allow the present "flirtation with competition" to leave some 20% of the population without adequate health care. Surprisingly, Havrilevsky passed up his opportunity for a final comment. After the open forum was dismissed by Dr. Hill, participants retire to the Von Canon Hall for informal discussions and refreshments with the public.

TUBE STEAKS REACH PLAYOFFS

In the final regular season game the inner-tube water polo team destroyed highly regarded Navy ROTC 19-5 behind the offensive heoids of "Will he ever pass before shooting?" Flanagan and Bucky "I'm available, I mean open" McNeill. The offense was expertly directed by Dean "I'm over here guys" Taylor and was able to overcome Mike "I barely touched him ref" McNamara's tendency to shoot while playing defense. With an early lead the Steaks put Paul "Adaptable". Sperduto in goal because of his proven ability to adjust to seemingly unplanned and arbitrary changes and make the best of them. He proceeded to shut out the NROTC offense with wreckless diving saves and characteristic verbal artillery.

Once again, the defense was nearly impenetrable under the leadership of Dave "Excuse me, I think I broke your face" Lobach. One of the highlights of the night was letting newly converted offensive star Andy "Let me Shoot" Saltzman wail mercilessly on the diminutive opposing goalie, scoring on 2 of 35 attempts. With Satisfaction Bar closed on Sundays, Tony "The Brief Burglar" Rabassa provided the postgame excitement by stealing underwear in the locker room. Found alone in a corner once again, Flanagan muttered "That boy has some strange fetishes," as he carefully zipped up his pants.

The next step is the playoffs for the mighty 9-1 Tube Steaks, who have hired a sports psychologist, dietician, and hypnotist to prepare themselves. Negotiations are underway with the Davison Society for the provision of pregame meals and lodging at Hotel Europa. Interested fans are invited to meet the athletes all this week in the Duke South mailroom, where the members of the pride and joy of the Med School will be happily signing autographs. Tax deductible donations to the Tube Steak playoff fund should be addressed to "Coach" Box 2745, DUMC, after which the funds will be appropriately utilized.

IM SOFTBALL

The Stream Team (4-0) dribbled its way through tornado-like weather Thursday night to emerge victorious over a hapless undergraduate Wilson team. The early innings proved close but the game soon became a runaway as the Team mended only 5 innings to win, 16-6. The explosive offense was led by Dave "RBI" Petruska along with Harvey "H.R." Reiser, Steve "Nice-hit-but-right-to-the-guy" Smith, and Tony "Greasy hit" Rabassa. While the umps grumbled about the foul weather and the opposing players groaned "these guys must be med students," the impenetrable infield defense of Charlie "Hustle" Veronee, Dan "Sieve" Trellis, and Mark "World B." Lauden halted any mudballs that came their way. But special defensive honors were bestowed upon Will "He-get-up-or-won't-he" Flanagan and Rich "120%" Brown for spectacular mudslides in the outfield and Bob "Dark One" Kipnis for his accurate laboratory-like aim from the mound. The team appears headed for a position where it can relieve itself of any worries about making the playoffs. Standing-room-only tickets are rapidly disappearing for the remaining home games. Bring kidneys and bladders to post-game celebrations at Satisfaction.

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