American Medical Students Abroad: Numbers Growing, So Are Limitations

Paris. European medical schools trying to reconcile their traditional policies of open admissions with good, tuition-free medical training have been compelled to cope with an added problem: the hundreds of Americans who come to medical school in Europe.

Exact numbers are impossible to come by, but an estimated 4000 Americans, almost all of whom were refused admission to U.S. medical schools, are currently studying abroad. Their distribution has changed over the years as, one by one, European countries have found their enrollments saturated with Americans and have taken action to limit their numbers.

Switzerland was the first country to receive large numbers of Americans in its medical schools, perhaps a holdover from the early part of the century, when well-off Americans came to study medicine in Switzerland by choice, not necessity. In the postwar years the numbers swelled, but now Switzerland is reported to accept virtually no Americans. According to some authorities, overcrowding is not the only reason.

Henry Mason, of the department of undergraduate medical education of the American Medical Association, attributes this to bad feeling generated by the Vietnam war, and says that Swiss medical schools are definitely anti-American. A liaison for the University of Geneva at the World Health Organization denies that there is any anti-Americanism: The Swiss are having enough problems educating their own students, but adds that if space were to open up, students from developing countries would get priority.

The students seeking the best education next started coming to Belgium, advised by Mason, among others. In the early 1970's the Free University of Brussels alone was enrolling about 150 Americans in each first-year class (10 to 15 percent of the first-year enrollment) at a cost of $4000 each to the Belgian government. The limitation in Belgium took the form of a national *arrête royal* in the fall of 1972, restricting to 5 percent the number of students from developed countries that could be accepted. Thus, while a reported 8000 Americans had applied to the Free University of Brussels by July 1973, only 26 were admitted to the fall class.

Italy, where probably the largest numbers of Americans have been going, is making it more and more difficult for foreigners to enroll.

Students seemed to shy away from France until recently, because of a lack of tolerance on the part of professors for less-than-perfect French. Now, restrictions in the other countries are prompting foreign students to enroll in French medical schools, and there is widespread agreement in France that some way to limit the numbers must be found. "If we accept all the Americans who apply, there will be another French revolution," said one admissions officer.

"All the foreign schools will cut down on their admission of Americans," predicted one at the Free University of Brussels, "except Guadalajara [Mexico]. That is a profitable enterprise." Guadalajara may not be alone, however: Daniel Marien, author of *Guide to Foreign Medical Schools*, reports that other private medical schools abroad are raising their tuition and at the same time indicating their interest in Americans, and rumors are out that more such schools will be started.

Pattern of Exploitation

The overall picture of Americans studying medicine abroad is an interwoven pattern of exploitation. Some students are exploiting the open-admissions policies and free tuition, while others are being exploited by agencies that offer to place them in the European systems for a high fee, or by schools such as Guadalajara, where tuition is around $4000 a year.

Perhaps the ultimate exploiter, however, is the U.S. medical system itself, which, while refusing these students places in its own medical schools, welcomes them back with open arms—even recruits them—if they make it through the obstacle course of medical study abroad. For although most appreciate the low tuition they are paying, the vast majority would gladly be paying much more to an American medical school.

The reasons for their rejection by U.S. schools vary, but the answer is partly in numbers. Acceptance into medical school has never been considered easy, but with the products of the postwar baby boom now at the right age to study medicine, and many of them wanting to, the competition is particularly tough. A special education issue of the *Journal of the American Medical Association (JAMA)* points out that in the 1960's the number of applicants increased by 70 percent while first-year enrollment increased by only 24 percent, with the proportion of unsuccessful applicants rising from about 40 to 54 percent during the same period. This proportion is by now over 60 percent. According to Mason, "things are going to get worse before they get better."

Thus, a large proportion of those rejected would have been admitted a few years ago. Many may be even stronger applicants than others who were admitted, but may live in the wrong part of the country, be too old, or be of the wrong ethnic group.

Mason himself admits that "some of the guys in New York City who are rejected would be first in Arkansas."

Advanced degrees, even in the sciences, tend to work against rather than for acceptance in a competition where 26 is old and a change of mind is regarded as indicating a lack of purpose. A large number of Americans in Italian medical schools are reported to be of Italian origin; in Brussels most are Jewish.

An example of a student rejected in the United States is Kenneth Gorelick, now a first-year student at the University of Paris. Gorelick took his medical college admissions tests as a sophomore and he scored in the 91st percentile. As an undergraduate biochemistry major, he was a regular (not undergraduate) National Science Foundation grantee. His grade level, however, was only 3.1 out of 4.0, not in the range medical college admissions committees in the states were looking at. Of 18 schools applied to, he was interviewed only by that of his alma mater, the State University of New York at Buffalo, and was refused there.

Once rejected in the United States, the would-be medical student is directed to Europe in a number of ways. After a nucleus of Americans is established at a school, word of mouth

causes the enrollment there to snowball. Accettola mentioned that about 100 physicians in the New York area have had something to do with Brussels and recommend it. Mason has published articles on the foreign medical school as a resource for Americans, often emphasizing the cultural opportunities of the host country. He has been advising students to go to Belgium because of the good showings there on the Coordinated Transfer Application System (COTRANS) and Educational Council for Foreign Medical Graduates (ECFMG) exams that enable them to come back. As of last June, after the *arrête royal* had been passed but before its impact was known, he was still advising students to go to Belgium and try "to talk your way in."

Probably the best source of information is the practical little *A Guide to Foreign Medical Schools* issued by the Institute of International Education in New York. Besides keeping abreast of various policy changes affecting foreigners, Marien, who is premedical student adviser at Queens College, includes important addresses, sample letters in the relevant languages, and miscellaneous advice, such as how to get through the interview for the Universidad Autonoma de Guadalajara (be neat, well dressed, and humble, and keep to conservative political and religious views).

Students may also be directed by private placement services advertising in newspapers. Such organizations usually charge high fees for placing students in open-admissions systems, making the premedical student "a new target for deception," as Stephen Darrow pointed out in an article in the *Journal of the National Association of College Admissions Counselors*. In some cases the organizations are fly-by-night and the student loses all; others, such as Euromed, Inc., work closely with the Alliance for Franco-American Graduate Studies in France and the Italo-American Medical Education Foundation in Italy, and do place the students in medical schools there as well as giving them an orientation program. Because they channel part of the fee, which for next year is approxi-

Briefing

Cooper Leaves Heart Institute for HEW

The fox is in the henhouse.

Theodore Cooper is leaving his post as director of the National Heart and Lung Institute to become deputy secretary for health in HEW. Given the traditional relationship between NIH and HEW—the former refer to the latter, somewhat scornfully, as "downtown"—that is like joining the other side. Cooper's personal history of combat with the HEW brass makes his move more surprising still. And it has been no secret in Washington that Cooper and assistant secretary Charles C. Edwards have not exactly been the best of friends. Yet, in his new position, Cooper will be Edwards' principal deputy. He replaces Henry Simmons who will head HEW's office for Professional Standards Review Organizations.

Cooper describes the circumstances of his move downtown as a "whirlwind courtship. Two weeks ago, this was the farthest thing from my mind." After rounds of interviews with Edwards, Secretary Caspar Weinberger, and others, Cooper decided to take the job "as an opportunity to do something constructive" for biomedical policy. His responsibilities will range across the board and, although he can be expected to place considerable emphasis on research, he does not intend to make a fetish of it.

Cooper is fiesty, independent, and outspoken. He enjoys a fair fight and is not the least reluctant to get into one. Weinberger and Edwards know that and, apparently, are anxious to have him. As one person in the heart institute said, "If they are willing to take Cooper in, maybe they really are trying to do something right after all."

—B.J.C.

Condon Honored as Early Nixon Victim

A memorial meeting held for Edward U. Condon at the Cosmos Club, Washington, D.C., last month brought together radical journalist I. F. Stone and establishment pillar W. Averell Harriman in tribute to Condon's steadfastness under political persecution.

In his old age Condon liked to boast that he was "Richard Nixon's first victim," Stone recalled. Condon in his life was an adviser to the Manhattan Project, director of the National Bureau of Standards, president of the AAAS, and demythologizer of UFO's, but will also be remembered for his persecution by the House Committee on Un-American Activities.

The committee, Stone said, called Condon "the weakest link in our atomic security" and demanded his personnel file from the Secretary of Commerce. The secretary, then Harriman, refused to hand it over, remarking he had not seen such behavior since he had been ambassador in Moscow. President Truman supported him, claiming executive privilege. Nixon, an active member of the committee, "at that time argued that there was no such thing as executive privilege," Stone said.

Both Stone, who has the warmest of natures, and Harriman, a longtime Democrat with patrician but severe demeanor, were united in their distaste for Nixon's role. "It was not unlikely for Nixon to be on the side of those who were hounding honorable Americans for alleged disloyalties," Harriman observed." This was pre-McCarthy McCarthyism. When we had a strong President it didn't do much damage, but when we [later] had an administration which would not protect people, many were destroyed, including people in the State Department and of course the extraordinary case of Dr. Oppenheimer. These people pursued Ed, and his security clearance was taken away from him." (Although HUAC's original attack on Condon in 1948 was unsuccessful, his enemies got his security clearance lifted in 1953. It was later restored. Typical of the charges against him was that he, with his wife, had attended a Yugoslav cocktail party.)

The persecution of Condon was a black picture in the history of the United States. It was also, Harriman warned, "a danger which can creep up again very easily." The meeting was organized by SANE, a citizens' disarmament group.—N.W.

mately $4000, into programs for the host countries, these groups in many cases are said to be given preference on available places by medical school deans.

For the student who comes on his own, the first two obstacles are usually learning a new language and getting through the red tape of enrolling. Practically no English language medical schools abroad have openings for Americans. "I think I wrote to every English speaking medical school in the world," said Steve Farber, now a first-year student in Paris, "Ceylon, India, Iran, South Africa, Nigeria, Marakesh, and the Philippines, and none of them had any places."

Although language can be a problem, particularly in France, even there students report being told that they can write exam answers in English if necessary. Students in Belgium say their professors are often eager to speak English with them.

Adjusting to a different system is more difficult, and the problems start with enrollment. "When I enrolled in the University of Paris," said Zacharias Petrou, now in his third year at the University of Rennes, "the process was never clear because there is no formal acceptance to a French medical school."

Accettola, who in his easygoing way seems to be the nearest thing the Free University of Brussels has to a big wheel, attributed his knowing lots of Belgian students to the fact that "they kept losing my files the first year so I wasn't properly enrolled until December and didn't realize how many other Americans there were."

Since European students have no formal premedical studies, entering medical school at about 19 years of age, American students, almost always with at least a B.A., find they must repeat many of their courses with students much younger than themselves. (Advanced placement was given to most Americans a few years ago, but is now rarely approved.) Barry Jordan, a second-year University of Paris student with an M.A. in engineering, echoes the comments of other Americans when he notes incredulously that "the French students are still throwing paper airplanes here!"

The curriculum is usually 6 or 7 years, the degree not being awarded until after the equivalent of internship. Since a student must have the degree to accept an internship in the United States, many are obliged to undergo a double internship. Because of the shortage of doctors in U.S. hospitals, however, both official and unofficial ways are being found to circumvent this extra year.

Besides the greater number of years, the idea of repeating them is also a part of the European system and this may prolong things even more. In France, for example, a stiff exam at the end of the first year allows only about a third of the students to pass into the second year, and the first year may be repeated once. "In the U.S., they try to get you to pass. Here, they try to make you fail," said a student in France. The longer time spent in medical school can be a major problem "for people who are anxious," said Accettola. "However, if you're not in a rush, it's not, and I think the pace of an American medical school would be less pleasant."

Some students may transfer back to medical schools in the states after the completion of their basic science courses through COTRANS: 215 did so in 1972. But for most the final obstacle is the examination given by the ECFMG.

Exam Controversial

While many of the students in Belgium, where the pass rate is high, did not seem to object to the ECFMG exam, it has been a major point of contention for those in such schools as Guadalajara and Bologna. Lawsuits by Guadalajara students as well as pressure by the Parents League of American Students of Medicine Abroad (PLASMA) are helping, if not to eliminate the exam entirely, to give Americans other ways to get around it.

Just what proportion of students who go abroad eventually make it back as doctors is one of the unobtainable figures, since no one knows how many go abroad in the first place. Mason estimates that approximately 600 American students have been starting medical school aboard each year (an estimate that has surely been low in the last few years). Of these, he says, 150 drop out in the first year, about 150 transfer back to a U.S. school during the course of their education, and 250 of the remaining 300 are eventually licensed.

For those who successfully pass the ECFMG, "there is no problem going back," said Jay Kloin, who is finishing up at the University of Paris. With a shortage of doctors so acute that the United States imports about 7000 doctors each year and internships and residencies still go begging, hospitals are only too glad to get American FMG's in preference to foreign ones. Students in Brussels reported that a few years ago hospital recruiters were being paid $1000 for each American they persuaded to accept a residency.

Accettola noted, however, that the Brussels graduates of the last few years generally went immediately into surgical residencies. "It's difficult to get prestige residencies, and difficult to get academic positions," he said.

The overall assessment by students in Belgium and France was that their medical education was as good as what they would have received in the States, if not better. They resent being lumped together with graduates of Guadalajara and Bologna when the lack of clinical training of FMG's is cited.

Petrou points out that medical education in France has become clinically one of the strongest in the world, with 4 years of clinical experience compared to 2 years in the States. "They train us to be excellent G.P.'s, with an emphasis on diagnosis," he said.

"A foreign medical graduate can do as well as or better than a U.S. grad after 3 months in the States," said Accettola. "There is a tendency towards cookbook medicine in the U.S. and a lot more theory here. We don't work as well in a crisis, but when we see something new we can handle it better."

And, in spite of gripes about the European schools, they are grateful that the European system gave them a chance when the American system didn't. "I'm bitter that I didn't have the chance in the States: here I'm given that chance and I'm grateful for it," said Joanne Imperial, a first-year Paris student with misgivings about the selective examination that faces her. "We are very bitter people," said Art Cohen, a Brussels student in his last year. "You might say we are the second lost generation," said Jordan. "I almost feel like an exile sometimes." And, reflecting the opinion of many students who simplistically believe the AMA is the source of all their problems with the U.S. medical schools, Farber said, "I will never join the AMA."

—LYNN J. PAYER

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