

# Letters

## A Necessary Evil?

Nicholas Wade's report (News and Comment, 16 Aug., p. 598) on Robert L. Heilbroner's essay *An Inquiry into the Human Prospect* (1) mentions several points that Heilbroner makes concerning the future. The best of these—"processes that consume resources or generate heat must be regarded as necessary evils, not social triumphs"—is a clear indictment of automobile usage in the affluent parts of the world. We start with metals, plastics, fabrics, and petroleum products; we generate waste heat; and we receive the bonus of air, noise, sight, and hazard pollution.

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## References

1. R. L. Heilbroner, *An Inquiry into the Human Prospect* (Norton, New York, 1974).

## Medical School Admissions

The medical school admissions process in recent years has harassed many of our ablest college students. Many experienced observers believe that those best able to become excellent physicians are not being selected. The matching program espoused in the editorial by Marcus and Riggs (3 Aug., p. 401) would alter one important variable in this unpleasant process. But changing the current "rolling" procedure to a fixed-date matching program would not affect other important variables contributing to the present unsatisfactory situation. Many would argue, contrary to the suggestion of Marcus and Riggs, that because a matching program would not alter the unfavorable ratio of applicants to places, applicants would continue to apply to as many schools as at present. As a "premedical adviser," not know-

ing whether admissions committees might alter their criteria and procedures under the new system, I would continue to advise applicants to apply to more rather than fewer medical schools.

What is needed now is a thorough reevaluation of the entire admissions process, and of the varying criteria used by committees, first by a small planning conference of leaders in this field and then by a national task force to include faculty of both medical schools and colleges, administrators, students, practitioners, and social scientists.

No current procedure or assumption should be considered sacrosanct, or above investigation. Most medical school admissions decisions are now made by faculty members serving part-time as committee members. Would more full-time, "professional" admissions officers improve the effectiveness and results of the process? No generally accepted criteria exist for judging what characterizes an excellent physician and therefore for attempting to project what sort of physician an applicant will become. What responsibility do the medical profession and the medical schools have for establishing such criteria? No evidence that I know of demonstrates that a college student with a 3.9, or, for that matter, a 4+, average is more likely to become an excellent physician (or excellent researcher) than a student with a 3.3 average, and indeed some might argue that the edge should go to the student with the 3.3. Should not medical schools establish new criteria for admission to replace the strictly academic ones, so that those students can be admitted whom one can safely predict will be able to learn and use the intellectual tools that an excellent physician must possess?

Faculty members, advisers, and others can know few, if any, students as well as the students' peers know them. What methods can be developed for utilizing this peer-knowledge without offending the customary social boundaries imposed by friendship and other rela-

tionships? American medical schools turn away many qualified applicants, while the United States allows many physicians to practice who were trained in foreign schools; medical schools claim that it is their responsibility only to uphold standards for their own students, while licensing authorities claim that it is their responsibility only to ensure that those who practice meet certain standards of examination. Why has no one attempted to bring into equilibrium the needs of the country, the standards of education, and the number of young people desirous of entering the profession?

Other problems include, for example, the differing opportunities for entrance to medical school available to the residents of different states, the difficulties of comparing candidates with differing educational backgrounds, the possibility of restricting the number of applications to medical school, the status of minority group medical education, and the incentive for college students to choose "gut" courses, an incentive created by medical school admissions committees who rely heavily on grade point averages for their admissions decisions.

The students, the college advisers, and the medical schools know that the current situation is unsatisfactory. It is time that a determined national effort was made to attempt improvement.

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In response to the editorial, "Medical school admissions matching," your readers may be interested to know that the Association of American Medical Colleges, in cooperation with the 11 medical schools in California and Michigan and with the assistance of the Henry J. Kaiser Family Foundation, is presently engaged in a pilot study to investigate the feasibility of matching in the medical school admissions process.

Last winter, the almost 16,000 individuals who had applied to at least one of the participating schools for admission to the 1974-75 entering class were asked to submit lists of all the schools to which they had applied, ranked in order of preference, together with a brief questionnaire concerning factors which affected their ability to make such a ranking at that time. Similarly the participating schools submitted rank