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Coercion of Medical Schools

When federal support for academic research and education was proposed, there were many misgivings about eventual government intervention. This was slow in coming, but lately it has been highly manifest. As a result, Washington has become to many an object of fear and antipathy. This is especially true of the deans of medical schools. Interference has reached such proportions that some institutions are now willing to forgo federal funds.

The medical schools have crucial roles in research, teaching, and health care. They are leaders in applying biomedical research. They teach the latest and best material to the students. Patient care at their hospitals sets standards for excellence. Among medical practitioners, those associated with medical schools have been tops in their fields. The medical schools have been responsive to societal desires. In an ideal world such citadels of virtue would be trouble-free. But this is not an ideal world. Too often, excellence is a magnet for trouble. In the case of medical schools, most of their problems have come from trying to do too much for society. Resultant financial strains have made them vulnerable.

Research activities are a drain, not a bonanza. Tuition covers a small fraction of the cost of medical education. General practitioners and others refer their costly or botched-up cases to the medical schools.

A major source of deficits has been in the educational activities. A decade ago there was much talk about a shortage of doctors. The medical schools responded positively and set about increasing their enrollments. This involved capital expenditures only in part made good by the government. It also entailed expanded faculties. In response to societal wishes, the schools held down tuition fees so that worthy but less affluent students might be served. While costs per student were in the range $10,000 to $20,000 per year, the median tuition was about $4000. Thus, federal subsidies for tuition (capitation) were eagerly sought and accepted. At first these were fairly liberal, but in the academic year 1976–1977 they amounted to only $1000 per student.

Congress has chosen to use this pittance as leverage in an attempt to control admissions policies at medical schools. Under current legislation, each school must admit an increased number of third-year students (10 percent of the class or ten, whichever is greater) to obtain a capitation of $2000. The increased capitation does not cover the increased expense. The bulk of transferees would come from foreign medical schools, where standards of admission and training are generally inferior. Most of these students are U.S. citizens who were initially rejected by our medical schools. However, many are offspring of wealthy parents who could afford to send their children abroad for training in the expectation of later returning to practice in the United States. The medical schools should reject the new strings on capitation as a matter of principle as well as on financial and egalitarian grounds.

There is a broader, important issue. That is the long-term costs of increasing further what is now regarded as an excessive number of doctors. Given a large body of hypochondriacs and lonely people, and given third-party payments, there is practically an infinite demand for medical attention. Eli Ginzberg* has cited estimates of the total expenditure society makes in supporting a physician for a year ($250,000). Thus, during one professional career, society will, on average, spend about 8 million current dollars. For each year that the present capitation legislation is implemented, the cost to society for the rejectees will be in excess of $10 billion.

It is to be hoped that the medical schools will be steadfast in their refusal to accept further government coercion.—PHILIP H. ABELSON

*E. Ginzberg, *New England Journal of Medicine*, 7 April 1977, page 814.