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## LETTERS

### Medical Schools and the Government

Many readers may be astonished at the economic and social assumptions implicit in Philip H. Abelson's editorial "Coercion of medical schools" (16 Sept., p. 1137). If it costs society \$250,000 to support a physician for a year, this is because the physicians control the supply of medical care—including the education of physicians and other health care practitioners. If medical schools successfully fight off governmental attempts to increase the supply of physicians, the costs of health care will surely continue to rise.

Abelson misleads readers when he warns against "increasing further what is now regarded as an excessive number of doctors." Even on the relatively comfortable Gulf Coast of Florida, 60 percent of the population does not have a family doctor. If, as Abelson states, there is "a large body of hypochondriacs and lonely people" overusing the health care system, there is a still larger body, including many readers of *Science*, who fail to seek adequate preventive medical attention because of exorbitant costs due, primarily, to control of the system by the relatively small number of physicians.

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The comments expressed in Abelson's recent editorial discredit the efforts and education of many U.S. citizens attending foreign medical schools by tarring them all with the same brush. To state that the "standards of admission and training are generally inferior" at foreign medical schools is stereotyping at its worst and belies a lack of recognition of differences in program quality and the realities of medical education and practice today.

The statement that "Most of these students are U.S. citizens who were initially rejected by our medical schools," made without qualification, leaves open the inference that these students were rejected solely on the basis of quality, rather than other factors, such as lack of space, age, and ethnic background. Most medical schools openly admit that many very well qualified applicants cannot be accepted for lack of space. We also object to the editorial use of the prejudicial term "rejectees" and phrases such as "cost to society." Not all acceptees in the U.S. schools arrive by merit alone, but occasionally through political con-

nections in those "citadels of virtue" described in the editorial.

As an international group of students, we are keenly sensitive to the effects of branding any one segment of the population as second-class. Editorials such as Abelson's engender and perpetuate such designations.

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Abelson quotes E. Ginzberg (1) as estimating at \$250,000 the total expenditure society makes in "supporting a physician" for a year. Actually Ginzberg said, "the net addition of one physician adds approximately \$250,000 to annual operating costs of the health care enterprise" [emphasis added].

In response let me say that we physicians render a service or, if you will, deliver a product, and hence our fees should not be construed as mere "support"; some portion of the price of a loaf of bread is for the bread, not for supporting the baker. Second, most of a physician's gross earnings "support" not himself but his landlord and staff, his Ma Bell, his Uncle Sam, and so forth.

Abelson presents a paradox by stating in consecutive sentences that there is "an excessive number of doctors" and "an infinite demand for medical attention." I agree that medical schools should refuse to accept government coercion, but the position could have been more lucidly and fairly presented.

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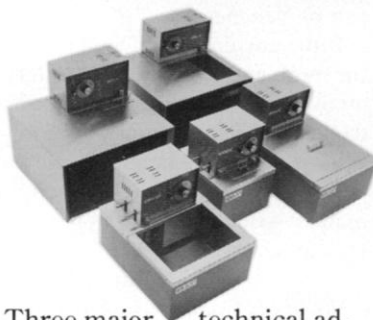
#### References

1. E. Ginzberg, *N. Engl. J. Med.* **297**, 814 (1977).

#### Recombinant DNA Controversy

Like several other cities, San Diego, California, reacted to concerns about recombinant DNA research by appointing a citizens' committee to consider what risks, if any, were involved for the general public. Although San Diego's committee worked in a less emotionally charged atmosphere than its counterpart in Cambridge, Massachusetts, the conclusions it reached were similar. One major emphasis of the San Diego com-

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