

Letter from Chicago

Portents of change

George Dunea

Under a blazing sun and to the strains of martial music the robed faculty marches in for graduation, deans and chancellors up front behind the gavel bearer, lesser mortals in the rear. Past proud parents and wide eyed students they file as blaring loudspeakers play a record explaining what all the various caps and gowns and colored ribbons stand for. The trick for the faculty members is to end up under the trees—or the next two hours could be sizzling indeed—but outcome is unpredictable because seating proceeds in an orderly fashion row by row. Now the deans and the other dignitaries sit down on the podium and the graduating students step up one by one, stopping briefly at the robing station, the handshaking station, and the diploma awarding station. Some of the women bring their babies to share their glory with them; some students elicit more applause than others despite prior admonitions to save it all until the end. Then the new graduates take a modern version of the Hippocratic oath that makes no mention of slaves' bodies or cutting for the stone; their ever to be venerated teachers rise to the occasion with suitably inspirational speeches; and soon it will be time for soft drinks and cookies on the lawn.

But first the president of the class gives his address, in which he reminds his fellow graduates that becoming a doctor is still a privilege. For where else can you find so much interest, freedom of choice, respect, security, mobility, and the chance to lose yourself in something bigger than your own self? What a privilege to have strangers unburden to you their deepest secrets, to see babies born and help old people to die, to comfort, relieve pain, allay fears, assist at operations, and explore the innermost recesses of the body.

Yet despite the upbeat mood of that sultry July the profession is showing signs of strain. There are problems of image, regulation, reimbursement. Many of the older doctors are voting with their feet, often retiring early in the financial security of their accumulated pension plans. Some say that they are leaving prematurely because practicing medicine is not what it used to be. Indeed the bard might have said that they are escaping from the whips and scorns of government bureaucrats, Medicare's wrongs, the proud administrators' contumely, the pangs of litigious patients, the reimbursement delays, the insolence of newspaper reporters, and the spurns of aggressive malpractice lawyers. At cocktail parties or in doctors' lounges the common talk is "I am glad I am not starting all over again and I wouldn't advise my children to become doctors." One physician recently wrote to one of the medical newspapers saying that he was proud that he had talked several young people out of going into medicine. National statistics indicate a considerable decline in the number of applicants to medical school; and along with this comes a decline in the academic standings—fewer As and more Bs and Cs.

Drift to highly paid specialties

Also declining is the number of applicants for training programs in internal medicine, hitherto the backbone of American medicine but now caught between primary care and the subspecialties. Reflecting the overall unhappiness of practicing internists, many internal medicine programmers stand unfilled while residents planning to specialize tend to apply to a

smaller number of elite centers. Family practice programs remain popular still, but more so are orthopedics, ophthalmology, otolaryngology, anesthesia, and dermatology as well as occupational medicine, rehabilitation, and physical medicine. It may be largely a matter of money, so runs the conventional wisdom, explaining the drift to the highly paid specialties in terms of graduates' obligation to pay off loans incurred during college and medical school that may exceed \$100 000. At the starting salaries of \$50 000 a year offered by some of the health maintenance organizations a young doctor supporting a family of three would be hard put to make even interest payments. And who could afford to pay a malpractice insurance premium of \$100 000 a year, such as may be required in some of the surgical subspecialties?

Clearly medicine will always remain an attractive profession, a privilege indeed, unlikely ever to suffer from a serious dearth of applicants. Yet recent developments portend change. This is coming imperceptibly and it is too early to predict what direction it will take. Will the doctors' training and education need to be restructured so that medicine does not become a profession only for the rich? Will patterns of reimbursement change so as to no longer favor procedures or will the forces of supply and demand drive the doctors back to the cognitive professions once the lucrative specialties have become filled up? Are we trending towards a two tier system with successful specialists at the top and struggling family physicians providing primary care? And what indeed is the future of internal medicine, this Innere Medizin of teutonic conception that in America has long tried to be all things to all people, generalist and specialist, consultant and primary care physician? Only time will tell, as the market forces transiently distorted by academic surveys and government regulators shape the medicine of the twenty first century.

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