

SO YOU CAN'T GET



All our new wonder drugs won't cure the sick if there aren't enough doctors to administer them. The shortage is acute and getting worse, as suggested by this waiting room at Bellevue Hospital, New York, crowded with patients. Here is a survey of what lies behind our failure to train enough physicians

THIS country is up against a staggering shortage of physicians—a shortage which may jeopardize the health of everyone of us for many years to come. Yet, though they have loudly warned us of this deficit, our medical colleges are now cutting down their production of physicians.

Instead of training more doctors than ever before, these colleges—and the American Medical Association which plays a major part in determining their policy—have embarked upon a cutback program which can only increase our deficit of physicians and thus result in needless suffering, ill health and, often, an all-too-early death for many Americans.

These are serious charges and it is important that they be brought out into the open *now*, while there is still time to reverse and correct this disastrous policy. What is the basis for such charges?

The warnings of our growing deficit of physicians come not from alarmists and crackpots, but from the highest authorities of the American Medical Association. On May 1, 1945, Dr. Victor Johnson, secretary of the AMA Council on Medical Education and Hospitals, testified before the Senate Committee on Military Affairs:

"After the war we are going to require more physicians than before . . . It is conservative to estimate we will need 35,000 more physicians . . . We will graduate 40,000 men in a six-year period and in that period 24,000 physicians will die. The net result is that in 1948 we will have approximately 16,000 additional doctors in this country and these 16,000 will have to provide for the estimated additional 35,000 that I have mentioned."

An editorial in the *Journal of the American Medical Association* of March 10, 1945, recognized the same set of facts and used it as an argument for the exemption of premedical students from the draft. Yet in the face of these warnings most of our medical schools have now clamped the lid down upon the doctor training program.

With only a handful of exceptions, the sixty-nine Grade "A" medical schools approved by the American Medical Association have either dropped or are now dropping—for reasons that will be discussed—the accelerated program of medical education which during the war years provided us with 7,000 extra doctors.

Decreases in Freshman Classes

The University of Indiana reduced its freshman class in a single year from 106 to 81. The University of Louisville dropped from 103 freshmen two years ago to 86 last year. The University of Maryland squeezed its enrollment down from 96 to 82. The University of Michigan dropped from 160 to 124. During the war, the University of Pennsylvania had classes as large as 137. Their next class, according to Dean Isaac Starr, will be down to 100.

These cold statistics strike home when we examine what the growing shortage of physicians actually means—already—in thousands of communities. Consider Kelleys Island, four miles off the shore of Lake Erie near Port Clinton, Ohio.

Kelleys Island had gone without a doctor all through the war. Then the islanders heard about all the returning physician-veterans. This was their

chance, they thought, to get some decent medical service. At meetings in the high school they worked out what they thought was a really sweet proposal. To any doctor who would join their community they would give a modern nine-room house—free and clear. To sugar the offer further, they would guarantee him \$3,000 a year, above and beyond everything he collected in fees.

All last winter they pleaded futilely with state health officials, with the Red Cross and the Ohio Medical Society. They got their congressman, Alvin F. Weichel, to pull wires in Washington. They told about the six-year-old whose leg was fractured by a car—how the kid had suffered for three full days before they could get him across the frozen lake to a doctor.

They had old people on the island—and pregnant women—and babies. But they got no doctor. They could look across the short stretch of tumbled ice to the mainland. But when anyone fell ill—they were as isolated as any Eskimo village in Alaska.

South Dakota's Vanishing Medicos

Kelleys Island is no unique exception. In South Dakota, for example, the number of physicians has fallen to only half what it was in 1910—while the population has grown. A survey recently completed by an official State Health Committee showed only 331 doctors in the entire state—and fully a third of these were over sixty-five years old. The average number of persons dependent upon each physician has risen from 913 in 1910 to 2,426 today.

Ten counties in South Dakota are today without a single physician. Eleven others have only one doctor per five thousand or more residents.

From Campbell County comes this testimony. "We have been without a doctor for years. We have no hospital—no medical service at all. It is necessary to travel from 27 to 100 miles to secure proper treatment. In some instances it is almost a case of a patient getting well, being crippled or dying all by himself."

And from Tripp County comes this sardonic comment. "We have a horse doctor in town. When a horse or hog is sick we telephone and he comes. But if a member of the family gets sick, we are just out of luck."

Nor is South Dakota unusual. In Nebraska there are four counties without a physician. In Florida there are five, in Virginia six. And in many another rural state the same vast blank spaces exist.

It has become the fashion among some medical society officials and medical school deans to discount these figures—to pretend that such conditions are the result of the war and are speedily being ended as doctors return from service. Yet the fact remains that in 1940—before the war—37 counties in the United States had not a single physician and 317 counties had more than 3,000 persons per active physician. One thousand persons per physician has been long considered, by the American Medical Association and other authorities, a normal maximum patient-load.

Such shortages of physicians have prompted various explanations by medical educators. Typical is Doctor Willard C. Rappleye, dean of Columbia University's College of Physicians and Surgeons and chairman of the

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