

EDITORIAL

Is Our Head Buried In The Sand?

By Husain F. Nagamia, M.D.
Editor-In-Chief, JIMA

DOI: <http://dx.doi.org/10.5915/16-1-12433>

The system of delivery of health care in the United States is rapidly changing. Affected by the changing mood of the American people towards the medical profession, the legislation has slowly but surely taken steps to change the system. The third party payment system which in effect had no limitations on consumer demand, has rapidly escalated the health care cost to unprecedented heights. The rapidly advancing technology of the 80s and the desire of the American people to have nothing but the best in medical treatment has added to this spiral.

Not unexpectedly, the major burden of this health care delivery is spent on the elderly and disabled, with the result that the Federally funded Medicare and Medicaid Programs bear the major brunt of these costs. If this trend continues the Federally funded programs will be on the verge of bankruptcy. The U.S. Congress has tried, by various means, to put a lid on these escalating costs. The DRGs and the HMOs are only a few of the undesirable effects which announced this change in philosophy. These may soon be followed by other, more drastic measures. Mandatory assignments are almost around the corner. DRGs and prospective payments plans will soon affect the physician's fees as well as the hospital reimbursement. More drastic measures may be in the offing very soon. No wonder then that the President of the American Medical Association, Dr. Frank J. Jirka, Jr., addressing the Islamic Medical Association Membership at the 16th Annual Convention, Chicago, September, 1983, spoke of "Troubled Times Ahead For American Medicine."

For one reason or another, perhaps with aid of misinformation being given continuously by the press and the media to the American public, they have been led to believe that the physician is the one who is solely responsible for escalating costs of health care. All of us know that the physicians fees contribute little, if at all, to the rising cost of health care, while the physician fee has not risen much beyond the rising consumer index, what has risen phenomenally, is the cost of "investigative medicine" and the cost of "in-house medicine."

For the physician this has meant that the image that he had created for himself as the benevolent professional, to whom the patient clung for advice and treatment in times of dire need or sickness, no longer holds. He is now often regarded as a businessman out to make a fast buck at the expense of a sick patient. This no doubt has led to the breakage of the sacred bond between the physician and patient. This in turn

has resulted in ever increasing numbers of malpractice suits and is leading toward the biggest malpractice crisis facing this country.

One other aspect of the changing pattern of medical practice in this country is the increasing number of medical graduates. In the post-Vietnam era America embarked upon an era of expansion of its existing medical schools. Not only were the existing medical schools expanded but a large number of new ones were opened. The result is that there are presently eighteen to nineteen thousand new medical graduates every year in the U.S. This has not only bridged the gap between the number of physicians graduating and the number of positions available for training and practice, but perhaps has surpassed this requirement, leading to progressively increasing competition in all fields, and in all specialties. If this were to continue, very soon an unhealthy era of competition will arise. Where do the Foreign Medical Graduates fit into this scenario? The Foreign Medical Graduate who came to this country during a time of need is no longer wanted. This is very evident from the changing attitudes of the various training programs that accepted the Foreign Medical Graduates when they first came to this country. Gone are the days when the program directors used to send out telegrams and tickets touting the niceties of their program to lure the foreign physician to come to this country. Now there are four to five thousand of these "FMG" physicians, fully trained and qualified (by tough new standards set for all foreign medical graduates for licensure) who are having to do menial jobs because of the lack of opportunities and training programs. Of the eighteen to nineteen thousand residencies matched by the "NIRMP" (National Intern Residency Matching Program), a meager few were awarded to the Foreign Medical Graduates. Program directors (some of them foreign medical graduates themselves) are quick to point out that they have been instructed, that they may lose the accreditation of their programs, if they hire too many Foreign Medical Graduates in their program and thus they often elect to keep the programs unmanned rather than risk losing their accreditation by hiring a Foreign Medical Graduate.

Adding fuel to the fire have been the tens of thousands of American citizens who have obtained their medical degrees in schools abroad. Thus the native citizens have returned now as "Foreign Medical Graduates." Having been unable to get into the medical schools of the mainland they had elected to leave the country and go to institutions which sprang

up in the Caribbean to churn out medical diplomas at a rapid rate. Some of these schools have had shady curricula and some have given diplomas by proxy, creating a tarnish on the degrees granted and a further problem to the existing medical manpower glut.

The typical foreign medical graduate who came in the 1960's and 1970's has now become well established in practice. Competing with his American counterpart on an equal basis he has had it very good. This has lulled him into a false sense of security for he has not looked beyond his little domain of practice as to what is happening around him. Law after law is being enacted to prevent the Foreign Medical Graduate from equitable practice. Resolution 56 was just the tip of an iceberg that can be seen on the surface, the depth is unfathomable.

When I asked the question "Why are there so few

representatives of the Foreign Medical Graduates in the House of Delegates of the A.M.A.?" (the strongest voice of organized medicine in the country), one of the highest officers of the A.M.A. had this to say: "The Foreign Medical Graduate has engulfed himself into his little shell. He does not wish to involve himself in organized medicine. Twenty-five percent of practicing physicians in this country are Foreign Medical Graduates. A mere two to three percent are represented in the A.M.A. house of delegates. Unless one gets involved, one's voice does not get heard."

This seems like a very logical answer, but is it easy to get involved? Can you actually participate when you have been branded a Foreign Medical Graduate right from the start? Perhaps one day the Foreign Medical Graduate, like the ostrich, will raise his head from the sand and look around to see what is happening around him.