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Richard Margolis Replies

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Reviewed work(s):

Source: *Change*, Vol. 10, No. 2 (Feb., 1978), p. 6

Published by: [Taylor & Francis, Ltd.](#)

Stable URL: <http://www.jstor.org/stable/40038970>

Accessed: 22/01/2013 19:12

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## Letters

### Physicians: enough or twice too few?

In an article entitled "Why 117 Medical Schools Can't Be Right" (October 1977), Richard J. Margolis links the Carnegie Council with the AMA (American Medical Association) and the AAMC (Association of American Medical Colleges) in an alleged conspiracy to restrain the growth of medical education because "we are currently being haunted by that old, friendly ghost, a doctor surplus." In arriving at this surprising appraisal of the Council's 1976 report *Progress and Problems in Medical and Dental Education*, Margolis appears to ignore large sections of the report and to distort the implications of other sections.

It is true that we warned of the danger of developing too many new medical schools because the supply of U.S. medical graduates is now increasing very rapidly, and it will continue to rise for years to come even if no new medical schools are developed and even if the inflow of foreign medical graduates (FMGs) is curtailed under the terms of federal health manpower legislation of 1976.

From the mid-1960s to 1976, both the number of medical school entrants and the number of graduates increased almost 80 percent. Our low projection of physician supply indicates that the physician-population ratio is likely to rise from 174 per 100,000 in 1975 to 210 in 1985 on the basis of the 114 medical schools in operation in 1974-75 and with a sharp curtailment of the inflow of FMGs. Our high projection, which assumes eventual operation of the 13 medical schools that were developing in 1976 and a less restricted inflow of FMGs, indicates a ratio of 218 physicians per 100,000 in 1985 and 232 in 1990.

Despite the fact that these ratios are far higher than any experienced in our history, we did not at any point say that they necessarily implied a surplus.... An equally important point is that increasing the supply of physicians, in the absence of other measures, will not overcome the serious problems of geographical maldistribution or overspecialization. For this reason, congressional experts on health manpower have increasingly turned their attention to measures specifically designed to overcome these problems. A large part of the Carnegie Council's 1976 report was concerned with endorsing such measures, including increasing the supply of physician's assistants, encouraging greater emphasis on training for primary care, vigorous development of the National Health Service Corps and the accompanying scholarship program, and continued expansion of the developing network of Area Health Education Centers (a concept that the Carnegie Commission pioneered in its 1970 report *Higher Education and the Nation's Health*)....

Pursuing his charge of conspiracy, Margolis notes that "in a remarkably candid passage," the Carnegie report states that "a surplus of physicians would probably not manifest itself in unemployment among these highly trained professionals but rather in some decline in their average incomes...." The implication is that we would consider such a decline a disaster.

In fact, our intention was the opposite, as would have been apparent if Margolis had quoted the entire sentence, which refers to the probable result as "some decline in their average incomes relative to the incomes of those in other professions and in a decline in their average hours of work, both of which have been exceedingly high." Why should we characterize physicians' relative incomes as exceedingly high if we considered a decline a disaster?

Finally, with reference to the issues in the Bakke case, which are also discussed in his article, I should like to refer Margolis to the Carnegie Council's most recent report, *Selective Admissions in Higher Education*.

Clark Kerr, Chairman  
Carnegie Council on Policy Studies  
in Higher Education  
Berkeley, California

Richard Margolis replies: *The Council's comment on doctors' incomes is admittedly murky. I cited it because it appeared to be the only attempt on the part of the authors to define a doctor surplus, and they did so not in terms of national needs but of physicians' incomes. It is good to know that Clark Kerr and his colleagues think doctors are making too much money. I trust they will shout their opinion from the rooftops.*

*One way to reduce physicians' incomes is to create more physicians. If we kept doing that, we would someday get a sufficiency of doctors, not a surplus; that is, we would reach a time when medical fees dropped and the geographic distribution of doctors became more equitable.*

*Alas, there is nothing in the Carnegie Council's report to hasten that blessed day. On the contrary, the report tacitly endorses the notion, quite fashionable nowadays, that we are rushing headlong toward a surplus of physicians. It calls for an immediate curtailment of new medical schools ("We believe that most of these developing schools are unnecessary") and for a drastic reduction in the flow of foreign medical graduates. Such recommendations make sense only within the context of a predicted doctor surplus; otherwise, they would be irresponsible.*

*Of course, there is no conspiracy; I never said there was. Conspiracies are secret plots, and the wonderful thing about our health care policymakers is that their plans are nearly always on public display. What we have here is not a conspiracy but a consensus, and it is in error.*

Mr. Richard J. Margolis makes a strong case for opening up the doors of medical schools to more students. We have no doctor in Nauvoo, Illinois. We collected \$3,500 which we sent to the National Health Search Organization, Inc., in Northridge, California to recruit a physician for us within 18 months. Seventeen months have gone by, and we still have no doctor. Many of the elderly could remain at home if we had more medical services.

Why doesn't the medical profession take more responsibility to provide needed medical services in rural areas? Why can't admissions to medical schools be doubled?

Lillian M. Synder  
Nauvoo, Illinois

We at the Texas College of Osteopathic Medicine read with interest the article by Richard Margolis. Apparently none of our country's 10 colleges of osteopathic medicine were included in Mr. Margolis's research. Because of his concern with the maldistribution of health care in this country, we feel he should be aware that osteopathic physicians now serve as family physicians to 10 percent of this country's population, though they make up only 5 percent of our physicians. Nearly half of all doctors entering general practice today are DOs and many of these osteopathic family physicians practice in doctor-poor communities. For example, of the alumni of this college who practice in Texas, over half are in rural communities.

In 1977, 8 colleges of osteopathic medicine graduated 891 physicians; in 1978 the number is expected to be 993. Over two thirds of these new physicians are expected to enter family medicine. This fall, 1,207 students began studies in 10 osteopathic colleges. We believe Mr. Margolis's picture of medical education today is incomplete without consideration of the positive contributions being made by osteopathic medical education with its emphasis on family physicians for medically underserved areas.

C. C. Nolan, President  
Texas College of Osteopathic Medicine  
Fort Worth, Texas

### Something new for a Change

I have no idea what it had to do with the usual editorial content and objectives of your magazine, but thank you, thank you for the wonderful Christmas gift in the form of John Updike's piece on the American writer. (See "The Plight of the American Writer," December 1977.) I'm reasonably sure that all of us who try to write or who are interested in writing from some other perspective are immensely grateful to you for rescuing his words from a speech that few of us could have heard.

Jerome Evans  
Sacramento, California