



Michael J. Dunn, MD

Impending physician shortage needs decisive remediation

By Michael J. Dunn, MD, Dean and Executive Vice President, Medical College of Wisconsin

Identifying a shortage of water or gasoline is a straightforward case of supply and demand with immediate, recognizable consequences. A future shortage of physicians is a more complex and difficult crisis to ascertain and, as a result, opinions on the subject have varied greatly.

Of late, however, a growing body of evidence supports the viewpoint that Richard A. Cooper, MD, Director of the Medical College of Wisconsin's Health Policy Institute, has held for years: The United States is headed for a prolonged physician shortage, and the solutions are complex and expensive.

Doctor Cooper's model for predicting physician supply is based partly on the idea that increased consumption of medical care correlates with growth of the gross domestic product. Using these trends, Dr Cooper believes there will be a shortfall of about 200,000 physicians between the years 2020 and 2025 if the Federal Reserve's economic growth estimates are accurate.

This method of assessing the sufficiency of the physician pool changes the previously accepted technique of assigning times to each physician encounter and assuming the amount of time a physician works in order to determine the workforce needed. This task and time model had prepared many in medicine for a physician surplus.

The opposite is happening, however, before our eyes.

Recruiting firms and graduating residents are reporting increased job opportunities, higher starting salaries, and incentives. Many hospitals are recruiting, especially in specialties such as radiology, cardiology, surgery, hematology/oncology and anesthesiology, where there is a smaller supply of candidates. Fewer physicians are accepting new patients, and, in a survey Dr Cooper conducted, 85 percent of responding medical school deans noted physician shortages in their regions.

The work patterns of today's physicians will also affect supply. More doctors will be needed because the next generation of physicians places a higher priority on their family lives, leading them to either work fewer hours or choose specialties that make fewer demands on their time. Additionally, the demand for health care services will increase with an aging population and as advances in health care increase the life expectancies of patients.

Accompanying our dedication as physicians to heal our patients is a responsibility to guarantee that the superior health care our nation has enjoyed continues uninterrupted. The shortage being forecasted would certainly jeopardize patients' access to physicians, the affordability of care, and, potentially, the quality of that care.

It falls to medical and governmental leaders to heed the warnings of these newer, more accurate planning models, and immediately begin to determine how our profession will meet the needs of the public.

There are several options, and it will likely require a combination of efforts to face the challenge.

Initially, more responsibility could be delegated to nonphysician clinicians (NPCs), such as physician assistants or podiatrists, who can be effective in many circumstances, albeit often at the less complex end of the clinical spectrum. With targeted training or proper oversight, NPCs could perhaps further curb the pressure of a physician shortfall, but expanding the functions they are allowed to assume would have to be done with great care so as not to exceed their level of competency.

We could also rely more heavily on international medical graduates, who already make up 25 percent of practicing physicians in the nation. Some argue, however, that this takes opportunities for careers in medicine away from US citizens, and it forces us to relinquish control over the education of these new physicians.

Undoubtedly, the means to combating the impending physician shortage lie in our ability to increase the capacity of medical schools. Doctor Cooper calculates that an increase of at least 25 percent will be necessary, and this must be accom-

plished primarily through the construction of new schools rather than the expansion of existing ones, most of which are large already.

This proposition carries with it substantial hurdles, not the least of which is determining whether undergraduate institutions are generating enough medical school applicants.

The number of applications submitted both nationally and to the Medical College of Wisconsin has decreased, notes Kenneth B. Simons, MD, Senior Associate Dean for Academic Affairs. Between 1996 and 2002, applications dropped from 46,965 to 33,625 nationally and from 655 to 588 among Wisconsin residents.

With fewer applicants, we must be careful as we expand medical school capacity to avoid compro-

promising our standards of quality for matriculating students.

Time is also a limiting factor. Considering the time that is necessary for planning, construction, and staffing of new medical schools, plus the time for medical education and residency, it would be 10 to 15 years before new medical schools would yield practicing physicians.

There are bright spots, however. The Medical College of Wisconsin is experiencing a sharp increase in applications this year, due in part to aggressive recruiting, led by Dr Simons. If indeed more people are heeding the call to serve as physicians, we must make certain qualified applicants are given an opportunity to learn.

Now, with a greater awareness of the situation, we owe it to our

profession and our patients to ensure the supply of physicians will always meet our nation's health care needs.



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