GUEST EDITORIAL

PHYSICIAN MANPOWER NEEDS OF THE NATION: Position Paper of the Surgical Section of the National Medical Association

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In September 1980, the Graduate Medical Education National Advisory Committee (GMENAC) made recommendations to the Secretary of Health and Human Services concerning physician manpower projections. The summary report projects an oversupply of surgeons in 1990. While this report to some extent takes into consideration the needs of the medically underserved, it does not focus sufficiently on racial factors which we believe have a fundamental impact on physician manpower application and distribution.

The following report represents the position of the Surgical Section of the National Medical Association concerning physician manpower needs of the nation. The thoughts and conclusions expressed here are born of our deepest concern for providing a reasonable level of medical care to all segments of the American population.

Considerable discussion and debate in recent years has centered around the question of what represents the appropriate health manpower needs of this nation. Most estimates of physician needs have been guided by a knowledge of physician/population ratios. In such analyses manpower needs are evaluated according to estimates of the total number of physicians in the country relative to the total American population. No such analysis has taken into account current physician practice patterns related to race.

HISTORICAL REVIEW

In 1975 a document entitled "Surgery in the United States: A Summary Report on Surgical Services for the U.S." (SOSSUS) was published by the American College of Surgeons and the American Surgical Association. The report indicated that there was an increasing excess of surgeons in the country. It concluded that the number of surgeons in training should be reduced. Presumably the goal is to be met by reducing the number of residency training positions available. Such reductions are currently taking place.

The federal government mandated in 1976 that

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primary care specialties, such as pediatrics, family practice, and internal medicine, should train more practitioners, whereas the surgical specialties should reduce the numbers in training (PL 94-4847).

The GMENAC Summary Report identified seven major health manpower problems and made recommendations. Among the problems identified were that a surplus of 69,750 physicians would occur in 1990 and that substantial imbalances currently exist with too few physicians in some specialties and too many in others. The report recommended that (1) the medical profession, in making decisions as to residency programs, should consider the geographic distribution of their graduates in the light of regional and national needs; (2) residency training programs that tend to train providers who are more likely to choose to practice in underserved areas should be supported; (3) support should be given to the training of physicians in primary care; and (4) surgical specialists are to be reduced in number.

In a document entitled "A Critique of the GMENAC Physician Manpower Projections for 1990" published by the American College of Surgeons in October 1980, the College indicated (in an apparent reversal of its 1975 position) that it is not possible, on the basis of currently available information, to conclude that there is now or will be in the future a surplus of surgeons in America. Further, the College questioned the GMENAC methodology which led to a conclusion that there is a geographical maldistribution of physicians.

COMMENTS

From available information we are unable to evaluate accurately whether there is now or will be a surplus of surgeons in the country, as a whole, as indicated by the GMENAC Report. Focusing separately on the delivery of health care to minorities, the following statistics are important:

1. It is estimated that 34 million Americans are medically underserved. A high percentage of these people are black and hispanic. Native Americans, although relatively few in number, are severely underserved.

2. The white physician/white population ratio for the entire nation is approximately 1/540.

3. The black physician/black patient ratio is approximately 1/4100.

4. There are approximately 9,300 black physicians comprising 2.2 percent of the nation's medical doctors, whereas blacks make up 12 percent of the American population.

We do not assume that all or even most black patients are treated by black physicians. However, we are aware that in contemporary America a significant segment of the black population is served by black physicians and surgeons. Currently in this country such doctors direct most of their efforts toward serving the medical needs of the minority population. A recent study analyzing the practice patterns of representative classes graduating from Howard University medical school confirms the fact that black physicians are providing substantial care to blacks and the economically disadvantaged. More than 70 percent of their patients are black and nearly 50 percent are poor.[1] This finding has very practical significance and deep implications.

The population of black and other underserved minorities includes an inordinate number of poor and otherwise disadvantaged people who suffer a higher morbidity and mortality than the rest of the population. As an example, we note that a recent study by the National Cancer Institute has found that among all Americans, 41 percent of all cancer patients survive five years after diagnosis. Blacks, however, have a 30 percent survival rate. The medical needs of this subgroup of the population are enormous.

The paradox which we observe is that of a society whose policy makers have recommended and are carrying out an overall reduction of physician manpower while apparently recognizing that major segments of the American population currently are underserved. If such policies are insensitively undertaken without making special allowances for the needs of the underserved, we believe the effect will be devastating to the poor and disadvantaged.

CONCLUSIONS

It is evident that in contemporary America racial factors have a fundamental impact on health care delivery. Black surgeons direct a substantial part of their efforts toward serving the minority population. White surgeons treat patients of any race but rarely settle or practice in black communities. We do not espouse a segregated sys-

tem of medical care, but current patterns of medical practice related to race must necessarily be considered when manpower requirements are being determined.

Relative to a medically underserved black population, there is a marked undersupply of black surgeons in all surgical specialties. Moreover, there is a shortage of black physicians of all other varieties.

Methodologies intended to evaluate health manpower needs that are based on national physician/population ratios are invalid when applied as a guide or predictor for black physician manpower needs.

RECOMMENDATIONS

Related to the above, there is an acute need to augment the number of black and other underrepresented minority physicians and surgeons in order to help meet the medical needs of a minority population which suffers a higher morbidity and mortality as compared with other Americans.

Of central importance is our resolve that quality surgical residency training programs which train a predominant number of minority specialists (who tend to settle in medically underserved communities), should not be diminished or eliminated based on criteria related to an alleged oversupply of specialists in the nation.

In light of current racial realities more research and evaluation should be conducted on factors relating to the ethnic distribution of doctors in regard to population needs.

Literature Cited

1. Lloyd SM Jr, Johnson DG. Practice patterns of black physicians: Results of a survey of Howard University College of Medicine alumni. J Natl Med Assoc 1982; 74:129.