EDITOR’S NOTE

Not for the faint-hearted

I remember my first day of medical school, sitting in an auditorium with 160 other first-year students wondering if I could handle the work. I was intimidated. I remember my first day of residency, gathering with my fellow residents and our attending on the hospital ward, suffused with uncertainty about knowing enough medicine not to kill anybody. I was intimidated. I remember my first day of medical practice, donning my white coat in our little office, hoping my new partners wouldn’t have second thoughts about hiring this young kid. I was intimidated. At every step of the journey through medical training and into practice is a Scylla of doubt and a Charybdis of anxiety. Today’s medical trainees have to face the added hurdle of paying back mountains of educational debt. Becoming a physician has always been intimidating, and it isn’t getting easier.

Medical education has never been cheap. Four years of college and four years of medical school are followed by three to seven years of residency, which usually pays a wage that buys sustenance but certainly doesn’t help retire student loans, especially those for tuition, which seems to keep ballooning year after year. When I graduated from Northwestern Medical School in 1974, tuition was $3,300 per year. Now tuition at Northwestern and other private medical schools hovers at around $50,000 per year. Talk about intimidating.

And although money has always been a factor in students’ decisions about education and profession, it now more than ever seems to drive many of the choices doctors-to-be make. Faced with $150,000 to $200,000 in loans coming out of medical school, newly minted MDs have done the math and increasingly chosen subspecialties that promise higher pay and quicker loan retirement. Looking for ways to pad their meager salary during training, young physicians wedge moonlighting gigs into an already stuffed life. Once they finish training, they face a health care system dominated by big—big medical groups, big health care corporations and big government. The once-lucrative option of private practice is evaporating in many U.S. markets, so doctors fresh out of residency need to understand how to read an employment contract more than how to build a practice.

As articles in this month’s issue describe, help is available to the debt-encumbered. Although there is no free lunch, most programs ask young doctors to use their skills in a setting where they are needed. Their service pays for their loans. The desire to be of service has always been part of what makes doctors tick, and hopefully the call to serve will always top the list of reasons to pursue a career in medicine. Indeed, commitment to service seems alive and well as our medical students and residents collect medical supplies for underdeveloped countries, practice in the inner city or travel abroad to tackle the world’s dire problems. Stories about up and coming physicians like these suggest that the new cadre of physicians is not intimidated by the frightening-but-exciting medical world they are entering. MM

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