



Peering Over the Ether Screen: The “Dumbing Down” of American Medicine

By Karen S. Sibert, M.D., Associate Editor

If Dr. Ezekiel Emanuel gets his wish, tomorrow’s physicians won’t deserve to be paid as well as physicians today because they won’t be as well educated and trained.

Dr. Emanuel, a brother of Chicago Mayor Rahm Emanuel and a chief apologist for the Patient Protection and Affordable Care Act, is the lead author of a startling opinion column in the March 21, 2012, *Journal of the American Medical Association*. He argues that there is “substantial waste” in the current medical education system, and—in a time when medicine gets more complex every day—advocates cutting the education and training period for young physicians by no less than 30 percent.

Dr. Emanuel’s plan would reduce the time spent both in medical school and in residency training, which (as every physician knows) is the period of three to seven years that a new graduate physician spends learning to practice a specialty, even the “non-specialty” of family practice.

Many people don’t realize that residents already receive less training than they used to, because stringent limits have been set on the amount they are permitted to work. Since the duty-hour rules were rewritten in 2003, residents are limited to 80 hours a week in the hospital, which includes overnights on call when they may be asleep (what the rules refer to as “strategic napping”).

Many senior physicians are concerned that today’s residents aren’t seeing enough patients. Evidence suggests that board examination scores are on the decline in fields from neurosurgery to pediatrics, as reported in the *Accreditation Council for Graduate Medical Education Bulletin* in 2009. The American Board of Internal Medicine reports that the passing rate for first-time exam takers slipped from 94 percent in 2007 to 87 percent in 2010. Unfortunately, there’s no evidence that residents are choosing to spend their increased off-duty hours in the pursuit of either knowledge or sleep. There’s no evidence that patient care has improved, or that complications and medical errors are fewer.

Now Dr. Emanuel thinks that even this amount of training is too much. “For internal medicine, pediatrics, and similar 3-year residencies,” his article claims, “the third year is not essential to ensure competent physicians.” And in surgery,

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“subspecialist surgeons could be trained to achieve clinical competence without spending several years performing general surgery.”

What’s the real agenda here? If you believe that a young surgeon doesn’t need to learn to tie a perfect surgical knot on a simple wound before moving on to brain surgery, then no argument can convince you otherwise. But what Dr. Emanuel really wants to do is cut down drastically on the amount of money that the federal government spends on Medicare support of teaching hospitals—about \$6.4 billion in 2011. The easiest way to do that is to reduce the length of medical training, whether or not that’s good for physicians and patients.

This threat to professional standards in medicine makes sense, in a perverse way—if we diminish the status of physicians by training them less, then we can justify slashing their payments from Medicare or government-run insurance exchanges. And that’s exactly what Dr. Emanuel and his co-author would like to do. In their words, less education would “enable physicians to recognize their limitations as well as their competencies,” and no doubt agree meekly to pay cuts.

If new physicians have less training, Dr. Emanuel argues, they will “become comfortable with group decision making, standardization of practices, task shifting to nonphysician providers”—in other words, they’ll lack confidence in their own judgment. They won’t have the scientific background to inform their decisions. They’ll like the protection of the herd. The new physicians will be content to practice medicine by cookbook, which is a sure path toward having the federal government write the recipes for everyone’s health care.

The arguments in favor of physician supervision of nurse anesthetists, nurse practitioners, and physician assistants are founded on the fact that physicians undergo far more education and training. If we allow our educational standards to fall, we will tacitly allow mid-level health care personnel to take over our work. We will complete the transformation of physicians as a class from professionals to shift workers.

Every physician practices as part of a care team, whether we work in offices, clinics, hospitals or operating rooms. The point is that every team needs leadership. Excellent physicians help the whole team to excel and take pride in their work. This is the opposite of the Emanuel vision, which is best described as a planned descent into mediocrity.

The Emanuel article proposes further that a college degree shouldn’t be required for entrance to medical school. Certainly you don’t need classes in English literature to practice medicine. But it would be a travesty for students not to learn to think critically and write clearly before they begin their medical training.

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Consider instead the enlightened view of Shirley Tilghman, the president of Princeton University, who told a class of incoming freshmen that the purpose of their education “is most decidedly not to prepare you for *one* profession, but for *any* profession, including ones that have not yet been invented.”

While the process of medical education warrants critical review, Emanuel’s disingenuous prescription for cutting it by 30 percent would inflict great harm to medicine as a profession, and threaten the health care of our citizens. Instead, his prescription for the health of American medicine should be to support medical education at every level, uphold the practice of medicine, and inspire the brightest young students to undertake the long, difficult, yet rewarding work of becoming physicians.

MARK TWAIN’S WIT AND WISDOM

Heaven goes by favor. If it went by merit, you would stay out, and your dog would go in.

Out of the public school grows the greatness of a nation.

Against the assault of laughter nothing can stand.

Humor is mankind’s greatest blessing.

There isn’t any way to libel the intelligence of the human race.

Irreverence is the champion of liberty and its only sure defense.