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HEART OF THE MATTER
A Dwindling Medical Workforce

America is facing a major shortage of nurses and doctors, with no real solution in sight. For more than a half a century, we have depended on the foreign health professionals to satisfy our domestic requirements. U.S. medical and nursing schools have failed to respond to this need.

According to data from the 2004 U.S. Physician Masterfile, more than 200,000 physicians, or 25% of those practicing in the United States, were trained outside this country. More than 60% of those were trained in low-income countries such as India, the Philippines, and Pakistan (N. Engl. J. Med. 2005;353:1810-8). Another 25,000 were U.S. citizens who received their medical training abroad.

Not until this year has there been any significant change in the number of students entering U.S. medical schools. Between 1971 and 1985, American medical school graduates increased from approximately 10,000 to 16,000 per year. Since 1985, the number of medical graduates has been flat.

Over the past 20 years, there has been a significant change in the makeup of medical school classes as the

number of female graduates has increased and the number of male graduates has decreased. In 2004, there were just 1,000 fewer female graduates than male graduates. During the same period, there has been a gradual increase in both African American and Hispanic students.

According to a recent report from the Association of American Medical Colleges, this year, for the first time in almost two decades, there has been an increase of 2.1% in medical school enrollees, to more than 17,000 first-year medical students.

Even with this overall increase in enrollments, demand far outstrips supply. By failing to train enough American doctors for our needs, we are siphoning off foreign-trained doctors from developing countries, thus contributing to the lowering of public health standards in those countries.

As economics and immigration policies change, both here and around the world, we may not be able to rely on a continuing supply of doctors from abroad, especially considering that a shortfall of more than 200,000 doctors is projected by 2020.

The outlook for nursing is even

worse. We continue to meet much of our need for nurses by recruiting from underdeveloped countries. However, this is an international problem. Recent legislation passed by Congress has made it easier for foreign-trained nurses to work in this country, which, as with the doctors, has aggravated the shortfall of nurses in their countries of origin. The number of nurses working in the United States has remained relatively flat over the last few years, at about 2 million, but there is a projected 50% increase over the next decade in the demand for nurses. As the nurse-patient ratios decrease by legislation, as they have in California, this short supply will be exacerbated. In addition, as our population ages, so will more nurses retire, placing further pressure on the shortage.

The Association of American Medical Colleges and the American Nurses Association should play a role in solving these manpower issues, but there has been little evidence of their leadership at the national level. Practicing physicians have little recourse other than wringing their hands and wishing for help. ■

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