

Rising life expectancy, reduced mortality rates, and control of many communicable diseases are indications of rising quality of medical care, but they are difficult to disentangle from questions about the quantity or the availability of health and medical service or from improved diet and improved living conditions. Although judgments on quality of medical care are generally subjective and elusive, nevertheless, they are pertinent in considering the more measurable factors of supply, the supply of trained medical personnel, and the supply of hospital facilities.

SUPPLY OF MEDICAL PERSONNEL

Physicians (M.D.)

Present trends indicate that population growth is outstripping the supply of medical doctors, the most important group supplying medical care to the American people. Since 1949, the ratio of M.D. physicians has declined from 135 to 132 per 100,000 population, although their total number has risen from 201,000 to more than 227,000. In 1930, the ratio was 125. (See chart 4 and table 8.)

The national totals fail to reflect the number of physicians who are retired or partially retired, and thus understate the physician-population ratio. Furthermore, the national average covers wide geographic differences. In New England and the Middle Atlantic States, there are about 160 physicians per 100,000 population, but there are less than 100 physicians per 100,000 population in the South Central States.

In 1959, about 6,900 medical students were graduated from the Nation's medical schools. The output of physicians will have to expand to 9,100 a year from medical schools in the United States, plus another 750 from foreign medical schools, if the 1957 ratio of 132 physicians per 100,000 population is to be maintained in 1970.³²

There are currently eighty-one 4-year medical schools and four 2-year medical schools. The graduating class of each 4-year school averages about 90 students. Medical schools must increase in number and capacity to provide adequate personnel for medical research, education, and maintenance of current physician-population ratios.

More physicians can be produced by existing medical schools. Since the attrition rate in these schools results in under-utilization of existing clinical facilities during the final 2 years of medical education, 2-year preclinical medical schools can provide students to fill the existing clinical facilities. Also, experiments are underway to shorten the time required to produce physicians by strengthening premedical training and by speeding the process of medical training.

However, the Bayne-Jones report points out that even with such trends underway, from 14 to 20 new medical schools will have to be built to maintain a ratio of 132 physicians per 100,000 population and to meet research and educational needs. Such a program, requiring \$500 million to \$1 billion for construction of new medical schools, may well require substantial Federal aid. The report states:

Unless there is a marked change in social philosophy leading to private gifts or State appropriations on an unprecedented scale, large Federal appropriations will be required.³³

Without the large number of foreign-trained physicians serving the American people, the physician-population ratio would have de-

³² Bayne-Jones report, p. 34.

³³ Ibid., p. 36.