

Center across the country. If each one produced but 100 D.C.M.'s a year, it would mean a pool of 5,000 family doctors on which the public could draw for care and advice in ills that now distress them. (Russia at present turns out some 27,000 doctors a year in contrast to our 8,900!) Specialists would be reserved for the problems they are trained to handle best, as well as for teaching and for engaging in research activities. The prescription represents a logical, step-wise plan to rebalance the law of supply and demand throughout the profession.

The major gain, perhaps, is that a bountiful supply of physicians would again engender competition, something that has long been lacking but which is an integral part of any free enterprise system such as ours. Competition tends to upgrade the quality of services and weed out the indifferent, the improperly motivated, and the inefficient. The patient who receives short shrift at the hands of one D.C.M. will not be in a bind because he has nowhere to turn; he can select another from a good supply, one who will meet his physical, financial, and emotional needs. Competition is a powerful force for innovation and improved technology. It helps to improve the quantity and the quality of all products—including medical care for the public.

SUMMARY

The Problem

Unmistakable symptoms indicate that American medicine is suffering the illness of an acute physician shortage. This is particularly evident in the area of general practitioners or primary physicians. The chief cause for the situation is our failure to meet the dictates of the law of supply and demand, a natural law that cannot be flouted without incurring grave consequences.

The Prescription

We must produce, quickly, a large number of primary physicians to fill this important void and rebalance supply and demand. These men would be trained *from high school through medical school to be superb general practitioners*. They would not be second-rate physicians, supernurses, or physicians' assistants. They would be *doctors*, with their status certified by the same state and national boards of examiners that qualify current M.D.'s. They would differ from traditional physicians only in attaining their premedical education in high school and in continuing their medical training in schools whose curricula eliminate esoteric subjects G.P.'s never use.

The education of this primary physician would be logical and progressive. (1) He would start his training in high schools which offer special medically-oriented basic science courses; (2) He would matriculate upon graduation into a new-mold medical school specially structured to receive him, by-passing the four-year premedical college course; (3) He would be taught in these special schools by faculty knowledgeable in the needs and problems of general practice and general practitioners; (4) He would concentrate on those subjects essential to his practice, learning only sufficiently about those not germane to his training; (5) He would be apprenticed at graduation for at least one year to a conventionally-trained M.D. or a group of G.P.'s in order to gain practical experience and maturity; (6) He would be assigned a special degree, possibly a D.C.M., to indicate to the public and his peers the special training he has received for service to the community; (7) He would be certified as ready for solo practice only after passing rigid examinations as current M.D.'s need to do; (8) He would be permitted to care for his patients in the hospital, ensuring for the patient continuity of care and for the D.C.M. continuation education while he watches specialists at work; (9) He would be prepared to enter public service while he is young, vital, relatively unencumbered by debts or a growing family; (10) He would be able, should he so desire later, to enter the ranks of specialists.

The Anticipated Results

The ingredients of the prescription would satisfy the dictates of the implacable law of supply and demand. In a very short time after it had been made universal, the G.P.-to-specialist ratio would become more realistic. Healthy competition, long absent, would again prevail, leading to upgraded services and better all-around medical care. The public would be far happier knowing it had numbers of interested family doctors in its midst. The medical profession as a whole would be less likely to come under the mandates of government in order to resolve the current physician crisis. Medicare and its offshoots are portents of things to come.