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Doctor shortage looms, dean says

By KIM ARCHER World Staff Writer
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If you think it is hard now to get in to see your physician, just wait 20 years.

By 2020, the doctor shortage could have people booking months or more in advance to visit a physician.

"In the past, the idea of a doctor shortage has been very controversial. But now I would say there is a consensus that we will have a huge physician shortage," said Dr. Gerard Clancy, M.D., dean of the University of Oklahoma College of Medicine in Tulsa.

According to the Council on Graduate Medical Education, the U.S. could see a shortfall of 85,000 to 96,000 physicians -- both allopathic and osteopathic -- in 2020 as the demand for doctors grows more rapidly than supply.

The American Medical Association's prediction is more dire. A recent article in the Journal of the American Medical Association estimated a shortage of up to 200,000 doctors in 2020. After years of predicting a physician surplus that never happened, the Association of American Medical Colleges reversed its stance in 2005 and called for a 15 percent increase in U.S. medical school graduates by 2015.

"In general, medical school class size across the country has not changed in 30 years," Clancy said. "And even though we're not graduating any more physicians, our population has grown. With baby boomers growing older, demand for medical services is going through the roof."

While the physician shortage is expected to affect the medical community across the board, Clancy said the biggest crunch will be seen among doctors who specialize in treating heart disease, cancer and orthopedic problems.

Demand will explode in these areas because baby boomers are growing older and these diseases often are associated with age. Another concern is the falling number of primary care physicians.

Dr. William J. Pettit, D.O., assistant dean of rural health at Oklahoma State University College of Osteopathic Medicine in Tulsa, said his school is intensifying its mission to attract more students to primary care medicine.

"Our residents are choosing primary care less and less. So we are writing a new curriculum to focus on primary care," he said.

It is a disturbing trend in light of the fact that much of Oklahoma is rural and already faces primary-care shortages, Pettit said.

"We know that people tend to be healthier when they receive care from a primary-care doctor rather than shuffling between different specialty doctors," he said.

In fact, OSU College of Osteopathic Medicine, formerly known as the Oklahoma College of Osteopathic Medicine and Surgery, was created in 1972 to train primary-care physicians, he said.

"We don't want more radiologists or dermatologists. We want primary-care physicians who will fill the needs in rural Oklahoma," Pettit said.

Clancy agreed.

"I'm very much worried about the middle of America. I'm very concerned about rural America, and I'm very concerned about public health care, which includes the uninsured or those on Medicaid," he said.

Solutions: Although there may be a consensus that a doctor shortage is looming, there is no agreement on how to solve that, Clancy said.

The OU College of Medicine added 12 new students to its freshman class of 162 this year, a small step toward solving a huge problem, Clancy said.

Since it takes at least a decade to produce a doctor, the push for additional medical school graduates may have begun too late.

"To fully expand a medical school is a very difficult proposition," he said. Public support and funding is necessary and procuring enough instructors is a problem, he said.

"We're doing what we can in anticipation of the shortage," Clancy said. The school will kick off a physician assistant training program this fall and is awaiting state regents' approval to add an emergency medicine residency program in 2008.

OU's Tulsa campus launched a program six years ago to get high-school students interested in a medical career.

Each year, 10 to 15 students from Cascia Hall participate in the month-long shadowing experience aimed at exposing them to what medical students, residents and practicing physicians do.

"Recruiting in graduate schools nationwide has actually jumped over the undergraduate level and focused on students at the high-school level," Clancy said.

"As for our program, we're not really recruiting. We're just trying to pique their interest in the medical field," he said.

Following the month of observation, 80 percent to 90 percent of participating students confirm they want to be physicians, Clancy said.

"When students enter medical school, we hope that they have waded in the waters of what being a physician is. It's a life-changing experience and a big commitment," he said.

Pettit said OSU College of Osteopathic Medicine plans to increase its enrollment to 115 students from 88 students per year for each class level over the next five years.

The school also plans to initiate an outreach program for teens, only it will be aimed at attracting rural Oklahoma high-school students to medicine, he said.

"We would like to grow up a group from high school on to attend our school and focus on primary care medicine," Pettit said.

As for the impending physician shortage, Clancy does not look too far into the future.

"I would venture to say that our physician shortage is already here," he said. "Our graduates are snapped up into jobs immediately and recruited heavily."

Clancy said he gets calls from Minnesota, Iowa, South Dakota and other Midwestern states seeking candidates for physician openings.

"They're wanting everything from psychiatrists to pediatricians," he said.

Added Pettit, "This is a national problem. It's not just an Oklahoma problem. But since our state is mostly rural, it's a huge concern to us."

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Two paths toward medicine

What is the difference between allopathic and osteopathic physicians?

Osteopathic physicians, who earn doctor of osteopathic medicine degrees, or DOs, are the legal and professional equivalents of allopathic doctors, who earn medical degrees or MDs.

They practice in all areas of medicine and compete with MD's for residencies and job opportunities.

They are eligible for appointment in all federal programs and the military.

The medical training of osteopathic doctors mirrors that of allopathic doctors; the major difference being that DOs complete extra coursework in osteopathic manipulative medicine.

OMM is a manual therapy that involves the use of hands-on treatment of painful muscles, tendons, and joints. It incorporates aspects of traditional physical therapy, massage therapy, and other body-based modalities to relieve pain and improve function.

One other important educational difference is that DO schools typically require that students spend more time rotating in primary-care specialties such as internal medicine, family medicine, pediatrics and obstetrics/gynecology during the third and fourth years than do some MD schools. Thus, overall, DO schools emphasize generalist medical skills and training and seek to produce comprehensively trained primary-care physicians over specialists.

Source: The nonprofit Student Doctor Network

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Dr. Steffan Anderson of the University of Oklahoma College of Medicine-Tulsa's department of surgery explains a colonoscopy procedure for Cascia Hall students at St. John Medical Center. Members of the medical community are looking at ways to avoid a predicted shortage of doctors.

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