

Commentary

Who Shall Study Medicine in the 1980s?

One Solution to the Admissions Predicament

MORE than two thirds of the students who enter college aspiring to a career in medicine decide otherwise by senior year.¹ But can we be certain that those who survive the premedical science initiation rites make more capable and understanding physicians than those who do not? Could not the extreme competitiveness that makes acceptance to medical school an end to itself be excluding a more selfless and compassionate type of doctor?

Such questions are worthy of discussion, for the premedical curriculum and medical admissions committee selection procedures appear to be under harsher attack than at any time since Flexner. Indeed, Chapman,² describing the premedical sciences as "redundant and stupefying" and "more punitive than enlightening," points out that they have gone unchanged for half a century. And Lewis Thomas goes so far as to suggest that the admissions requirements of medical schools have harmed *all* of liberal arts education.³

Such deeply held beliefs notwithstanding, the myth of the narrow premedical student may have been shattered. Niemi and Phillips⁴ have recently shown that among 465 premedical students over several years at one Eastern liberal arts school, 40% of all their course work was taken *outside* the sciences. Moreover, contrary to expectations, the *least* well-rounded students were the humanities majors. Most of those who majored in the natural sciences showed surprising breadth.

A Humanities ERA?

There are many who detest the obsession with science grades and MCAT scores on the part of medical school applicants, premedical advisors, and admissions committees alike and who are disheartened by what they perceive to be a less than optimal heterogeneity among those who

are chosen to study medicine. Unfortunately, few such critics seem to offer much in the way of replacement criteria. Having found little difference in academic performance during medical school between those who had majored in the natural sciences and those who had chosen a nonscience major, Dickman et al⁵ promote a kind of equal rights amendment for premedical students in the liberal arts. Wolf,⁶ seeking the "reflective, creative, original student," proposes "a return to human judgment" as the way to determine admission to medical school. Cook,⁷ although expressing distaste for arbitrariness, sees "maturity, motivation, and competence in any field" as the key deciding factors. Pellegrino⁸ on many occasions has sensibly urged us to avoid "monolithic admonitions and salvation themes—making every physician a scientist, a humanist, or a social scientist." Yet even his ideal medical school would choose only those "good students who have performed well in the field in which they are genuinely interested, who pursue that subject in depth, and who demonstrate that they understand what they have studied." Thomas,⁹ who would replace the standard premedical curriculum with such required courses as classical Greek, would return the selection process to the "judgment of the college faculties."

The Incomplete Physician

Without acknowledging the possibility that a college campus may be an artificial setting in which to mold a future physician, these and other authors look to the presumably more abstract and broadening areas of literature, languages, and philosophy and would accord them a higher priority than science.

Although it is encouraging to hear such clarion calls for the complete physician, might not the humanities advocates be going a bit overboard in their disdain for scientific whiz-kids? Or, by simply substituting one cognitive area for another, have they missed the boat entirely on a better way to recognize the most outstanding candidates?

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The fact is, much of the discomfort over the issue of selecting medical students arises because nearly all of today's applicants, be they science scholars or humanities majors, appear *academically* well qualified. Additional unease results in having to compare uniformly high grade point averages from so many different colleges. In essence, the difficulty in deciding who shall study medicine seems no nearer to a resolution.

However, there is one potentially "most important" criterion that has received scant attention: community involvement; that is, what one has done up to the time of medical school to teach and otherwise serve those around him or her. Detmer⁹ has recently reminded us of the physician's obligation to the community at large (beyond his patients)—the "civic self"—that he feels has been all but lost. In "The Cake-Bake Syndrome and Other Trials," Mullan¹⁰ describes the very fulfilling life of physicians in the National Health Service Corps—in large measure from the active participation in one's community outside of the office or hospital.

Learning to Serve

Why, then, need the *aspiring* physician wait until he has received his MD—or BA—before actively serving his community? Odds are he will be a better physician for having made such a commitment at an early age.

Medical admissions committees can set the ball rolling. It is hoped that they will be more eager to select (and premedical advisors more willing to recommend) a student with a B- in organic chemistry who has taken time out to direct a neighborhood clean-up project or a recreation program for handicapped children than the scientific (or literary) know-it-all who would have

received his A anyway, but who spent all of his time competing for it. Demonstrated leadership and accomplishment—such as by having started a speakers' bureau on health topics at the local public school or a dance program for the elderly—ought to mean more than the difference of a few points on the MCAT or a few hundredths of a decimal point in grade point average.

To cynics who might regard such volunteerism as motivated solely to gain admission to medical school, one can respond by pointing to the tangible and lasting good that would, at the very least, be a by-product. (Nor would the truly civic-minded persons be likely to give up their community service roles during their medical education.) And to those who would persist in favoring one breed of major over another because of some supposed humanistic superiority, one can respond that if it is serving mankind that has attracted an applicant to a medical career, then he ought to be able to prove it.

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