I have had the opportunity to train medical students, fellows, residents, and attending physicians for 25 years. I have been exposed to and have worked with these groups on more than one continent, experiencing firsthand the good, the bad, and the ugly regarding medical student education.

In the United States, we believe it is better to have medical students obtain a college degree first so they mature and grow up in an academic world, gaining cognitive, academic, and emotional skills. We believe it will provide those who plan to attend medical school with the necessary skills to become a well-rounded physician.

Let us look at the financial cost of such a venture. Whether a student is privileged to receive bursaries or scholarships or whether their parents or some financial institution pays for it, it does not really matter: the cost to society remains the same. What are the costs? In interviews with numerous medical students and residents over a long period, medical school costs are approximately $35,000 per year for a college degree, and by the end of medical school they are $250,000. No one, during residency, is able to significantly reduce the capital debt that normally allows for living expenses. This significant amount only accrues terrifying amounts of interest with big loans and the hefty task of paying back their loans at age 30 years or older (remember a fellowship also needs to be completed).

Let us look at the merit of this unbelievably expensive education. Is there unequivocal proof that a medical student is too immature to start medical school directly after graduation from high school? The answer is no. Many European countries start medical students directly after high school. Most students complete a 5- to 6-year medical school education and then enter a residency program. Asking medical students and residents their opinion, I have yet to meet one who thinks a 4-year college degree is essential. When asked about 4 years in medical school, they all agree that they waste time on a curriculum that could be more concise. I do not think that under the present financial circumstances, with economists talking about a double-dip recession and a government that believes that by borrowing more the country will be debt free, we can afford a 4-year college degree before medical school with at best marginal benefits.

We need to redesign the medical student training program so that it is concise and effective in all aspects and caters to the needs of our population. I do not think that under the present financial circumstances, with economists talking about a double-dip recession and a government that believes that by borrowing more the country will be debt free, we can afford a 4-year college degree before medical school with at best marginal benefits.

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Furthermore, the volume of medical knowledge is increasing rapidly, making it even more difficult to train a resident in 4 to 5 years. If more pressure is put on an 80-hour work week, reducing that even further, it might be necessary to lengthen residency to 6 years or even longer.
The basic need of our population is not only access to a super-specialized medical system but also to well-trained primary care physicians who are able to practice in smaller communities. Let us face the fact that a National Health System or some equivalent is not a solution for the United States. We have to work toward a private system. But will everyone have access to this system? Affordable basic health care should be the goal, backed by a strong body of highly trained specialists at an affordable cost.

How do we do this? Start with well-designed, concise medical school training directly after high school. This training should not last longer than 4 years (no more 2-month summer vacations) and be followed by a completely redesigned internship.

Internships should include learning the system (ie, administration) and mandatory practical sessions. No one in the United States practices medicine after medical school anyway. All enter some form of residency, so why waste time and money on a long curriculum? This suggested change does not prevent anyone else with a higher degree (eg, basic science, PhD, or engineering degree) from applying to medical school. If we take notice of an 18- or 19-year-old trainee completing the National Ski Patrol’s Intensive Outdoor Emergency Care Course for their hands-on training and resuscitation skills (just to cite one example), we have to admit that our practical or hands-on training of medical students is far less than desirable.

A closely related issue is the physician’s assistant. At present, a physician’s assistant’s medical training is not standardized to the same extent as medical school. They always have to work under the supervision of a medical doctor. Why not standardize their training and curriculum and allow them limited independent practice in needy communities? They should be able to bill independently, rendering a much more affordable service to indigent people. We certainly need to look at the role of registered nurses in this regard as well.