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Observations on Cost of Medical Education

Frederick G. Gillick
there would be a sufficient reason for the ligature. (Cf. Medical Ethics 3rd ed., p. 300.)

Much more familiar to me is the problem of vasectomy with prostaticctomy, as a means of preventing epididymitis and orchitis. This question is treated lengthily in Medico-Moral Problems, II, 35-41; and summarily in Hospital Progress, April, 1954, p. 67. It suffices to say here that the vasectomy seems clearly not to be a direct sterilization; on the other hand, in view of the fact that we now have the sulfa drugs and antibiotics, the justifiable indications for the vasectomy are much less frequent than they used to be.

Aside from special cases like those just indicated—in which ligation or resection of the vasa serves a definite therapeutic purpose—the destruction of the vasa is always a direct sterilization.

Orchidectomy—Excellent medical authorities say that some form of castration is called for in the treatment of carcinoma of the prostate—the reason being that reduction of the supply of androgens alleviates pain and retards the growth of the cancer. As I have explained in Medico-Moral Problems, I, 25-29, castration in this case is not a direct sterilization and it can be permitted. More recently, Pope Pius XII gave the same affirmative answer to a convention of Italian urologists (cf. LINACRE QUARTERLY, 20 [Nov. 1953], 106-107). I think this is the only problem that merits mention in this section. It would be rare indeed that doctors would recommend orchidectomy merely as a sterilizing procedure.

The Executive Board of the Federation of Catholic Physicians' Guilds will hold the mid-winter meeting at 9:30 a.m., Saturday, November 27, at the Jung Hotel, New Orleans, Louisiana. The officers of the Federation and one delegate from each active constituent Guild constituting the Board will conduct business.

Observations on Cost of Medical Education

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[EDITOR'S NOTE: The pressing economic problem of our medical schools is cause for great concern. If these institutions are to maintain their high standards of medical education, solvent and independent of governmental support, serious thought must be given to ways and means of lending financial assistance. Here is a challenge to every Catholic doctor. A medical education is costly to the student—that fact is established; the expense to the school is even more. Buildings and equipment must be maintained, faculty provided, and supplies secured. Catholic medical schools are in the minority, but more is involved than number of students. It is the fulfillment of Catholic aims and ideals as they apply to medical men that is sought. Fundamental principles of action are not impaired by founding them on a spiritual basis. Education in a Catholic medical school provides for that. Is this to be sacrificed in the loss of one or more of our own schools, few in number as they are?

Dr. Frederick G. Gilick, Dean, School of Medicine, The Creighton University, Omaha, Nebraska, has first-hand knowledge of the plight before us and the following article was thoughtfully and emphatically prepared to inform those who might think there is no cause for alarm regarding the future of Catholic medical education.]

There are five medical schools in the United States operated by five Catholic universities. While the author is in position to speak for only one, he does not believe he will be contradicted if he says that all five have their financial worries. All are engaged in activities, especially with their alumni, to help resolve their financial problems. They, as most other private medical schools, are truly in need of real solid financial backing.

Much has been said and still remains to be said before physicians realize the value of the medical education they have received. Granted
that a medical education is an expensive venture for the student, the investment by the educational institution, however, is much greater and this expenditure has been increasing each year as medicine expands its horizon. To members of the profession it is almost a trite expression of state that a medical education approximates $10,000.00. Initially (20 or more years ago), this figure included tuition and other school expenses, living costs, and a percentage of lost-earning power while in school. Today, the latter is not even included and to the student a cash outlay of approximately $10,000.00 is actually made for tuition, other school expenses and meager living costs during the four years at medical school, exclusive of premedical schooling and internship.

The range of expenditures by students for expenses in medical school, according to a recent study, was wide with a low of $900.00 and a high of $4500.00. At The Creighton University the average cost per year for the student was $2450.00. This amount was accounted for as follows:

- Tuition and fees: $809.00
- Books and supplies: $205.00
- Living expenses: $1550.00

* The median total funds to meet expenditures is $2550.00; 55% of students, expenses equal funds; 37% expenses are less than available funds; 8% of the students had an unbalanced budget.

The greatest single variable in the cost to the medical student is tuition. Tuition varies quite considerably; $99.00 per scholastic year to $1,291.00 per scholastic year. A vast difference exists between the government or state and municipally controlled schools and the private schools. Of the 41 privately owned schools, the tuition range is from $508.00 to $1,291.00, with a median of $832.00; of the 38 state or municipal tax-supported schools, the median was $406.00 (less than one-half of the tuition of the private school). An interesting sidelight is the fact that some 30 tax-supported schools quote tuition rates for non-residents of from $295.00 to $2,655.00, with an average of $793.00—outbidding the private institutions.

The foregoing is but a small fraction of the whole cost. Now, let us take a look at the picture that causes every conscientious private institution great concern. In 1952-53 there were 27,688 students enrolled in United States medical schools; 52.4% in private schools and 47.6% in government institutions. The latter gained 2.5% of the total enrollment in three years. The tuition paid from 20.6% to 21.5% of the total cost of the medical schools' budgets. The median budget of the four-year medical schools is just over one million dollars. Schools numbering 37 have budgets of more than one million dollars; 11 of these have budgets exceeding two million dollars; only 6 have budgets of less than $500,000. The monies referred to here do not include government or foundation grants or non-recurring gifts (usually given in support of project research). These figures represent what the medical school budgets from its own resources (including the university of which, in most instances, it is a part).

With an average student enrollment of 377 per four-year medical school and a median budget of $1,040,000, the cost per student obviously amounts to $2,758.00 per student per year. Accordingly, with an average tuition of from $406.00 for government schools to $832.00 for private schools, one can readily see that the selection of a medical student is a great investment on the part of the medical school. From the above it can be seen that government institutions obtain approximately 1/7 of actual cost in the form of tuition, whereas at private medical schools, tuition accounts for about 2/7 of the cost. There is a 100% difference in tuition between the tax-supported and non-tax assisted institutions.

A median budget of $1,040,000 per medical school, however, does not reflect the full financial picture. It is almost impossible to place a value on the important services contributed in many of the medical schools by our fellow physicians engaged in private practice. They are among the unsung heroes and the stalwarts who fight the battle against governmental participation in more and more areas of human endeavor. It does not include the contributions of our hospitals and outpatient departments which have continued to increase in importance to medical education. Calculate these contributions, add them to the above, and you find that the expense of educating each student becomes almost staggering. To all of this can be added sums received from governmental institutions and private foundations for the support of project research and categorical teaching grants. These latter funds are considered by officials of accrediting agencies as "soft money."

I believe that practically all of my readers are acquainted with the American Medical Education Fund. A recent report is most interesting, since each four-year school receives a fixed basic amount ($15,000.) plus a fixed amount per student ($20.00), and finally the amount contributed by physicians designating a particular school as the special recipient. This report reveals that, although the tuition of state schools averages 50% less than private institutions, the median amount going to the state school was, in round figures, $28,845., versus, in round figures,
$28,725, for the private school. One might ask the question if it is fair for the state school to have one hand in the tax till and the other in such a fund, since the A. M. E. F. ostensibly is seeking to preserve private enterprise. At this point I trust you will permit me to let you know that The Creighton University School of Medicine received the highest amount of all United States medical schools and that of the 15 physicians named as outstanding contributors in the nation, 8 are Creighton graduates; and, finally, of these graduates, 7 contribute their services in the faculty of their alma mater. (Please excuse the boastful note in reporting these facts.)

The medical schools operated under Catholic auspices and permeated with Catholic principles and charity fill a great need in our materialistic society wherein the proper use of God’s name is considered by some “intellectuals” not to be in the “best taste,” but the improper use of God’s name by the same “intellectuals” is considered both fitting and manly. While I consider it absurd to argue with educated Catholics concerning the justification for the existence of medical education under Catholic auspices, I do recognize that some would question such justification.

Sources for statistical data:

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Medico-Moral Notes

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GHOST SURGERY

If it can be said without danger of misunderstanding, the problem of ghost surgery is perhaps one in which the medical profession requires a minimum of help from moralists. That statement by no means is intended to insinuate that this practice does not constitute a moral evil in the strict sense of the word, or that the moral evil is not a very serious one. Rather it is meant to imply that physicians themselves, particularly officials of the American College of Surgeons, have independently of theologians already put their finger on the very elements in ghost surgery which classify the practice as unethical. There is little actually that a moralist can add to their forthright condemnation except to corrobore it in theological language. But corroboration is perhaps in order, lest the silence of a journal such as this be erroneously interpreted as indication that Catholic moralists may condone a practice so highly objectionable to the medical profession at large.

Ghost surgery is officially defined by the American College of Surgeons as “surgery in which the patient is not informed of, or is misled as to, the identity of the operating surgeon.” The situation which that definition is intended to depict includes several features which are in direct opposition to good medicine and sound morality.

(1) The patient may be exposed to serious and unnecessary surgical risk. Since the surgeon must of necessity remain unknown to the patient, the former has no proper opportunity to make pre-operative examination or to supervise post-operative care. For diagnosis, surgical prognosis, and prudent decision to operate, he must depend entirely upon the competency of another whose reason for summoning a “ghost” is often his own self-acknowledged surgical incompetence. Perhaps only qualified surgeons can fully appreciate so criminal a disregard for human life and limb; but at least they will agree that in too many cases both doctors involved are no less than potential killers—and in some cases killers in fact. The term is used in no rhetorical sense: it is theoretically apt.

(2) The referring physician is paid a surgical fee to which he has no right in justice. It would be naive to imagine that the referring physician does not profit substantially from ghost surgery. And in some