Correspondence

A response to *Controlling Physician Oversupply Through Certificate of Need*

To the Editor:

Although it has been some months since the Article appeared in your journal, I would appreciate your considering for publication my responses to *Controlling Physician Oversupply Through Certificate of Need*, by Tierney, Waters, and Williams, which appeared in Volume 6, Number 3. It is a very well-documented Article, but I must take exception to its conclusions. I feel that the federal government is certainly responsible for the present apparent oversupply of physicians in the United States. This began in the late 1950s when the government anticipated a severe shortage of physicians that was expected to occur in the following ten to twenty years. It was alleged at the time that the American Medical Association and possibly several specialty associations were attempting to control and to limit the number of graduates to reduce competition. This certainly was not true. In time, it led the American Medical Association and the Association of American Medical Colleges reluctantly to accept the federal government's recommendations to increase the number of medical schools and to enlarge some of the existing ones to accommodate more students. This resulted in federal funding of most of the medical schools.

Now it appears that the government was either partially or entirely incorrect in its initial assumptions. The medical schools that have been dependent upon federal funding are now faced with a curtailment that will perhaps have serious short-term and long-term consequences. The distribution of physicians into small communities has not been affected significantly, largely because of factors over which the physician may have no control whatsoever. These include the physician's spouse's choice of location of practice, educational opportunities for their children, and accessibility to a hospital with reasonable facilities.

According to the proposal outlined in the Article, it is possible that a medical graduate whose education has been indirectly funded with federal money would have to meet a federal requirement handled through the state

to obtain a certificate of need. This appears to be entirely unwarranted and unjust. I think that it was absurd and shortsighted for the federal government to have engaged in this matter initially; to attempt to penalize the individual physician now is much worse. These circumstances have occurred because of the incompetence of the federal government; the burden of that incompetence would be placed upon the physician, without any benefit resulting to anyone.

Roy Selby, M.D.

The authors respond:

To the Editor:

When the federal government initiated its efforts to expand the nation's medical school capacity in the 1960s, it did so on the consistent expansionary recommendations of several prestigious national commissions. These policies were first developed, not by governmental bureaucrats or Congress as contended by Dr. Selby, but by bodies made up largely of university presidents, medical and dental school deans, and professors.[1] While some degree of criticism of these past undertakings is warranted and desirable, this was not the purpose of our Article. Rather, given the now unavoidable dramatic increase in graduates from U.S. medical schools during the next decade, we attempted to develop a strategy which might assure that these new physicians would serve in those geographic areas and physician specialties where shortages exist while guarding against oversupplies in areas and specialties already well-served. Given the nature of the market for physician services, we are not confident that such a positive result is likely in the absence of a directive policy such as the certificate-of-need approach we offered. It should be noted that this approach would not require a physician to practice in a particular specialty or area but would merely limit the numbers allowed to practice in well-supplied locales and specialties. Finally, we do not agree with Dr. Selby that such a program would be "without benefit resulting to anyone." Not only would unnecessary cost increases, service fragmentation, and duplication of underused physician manpower be restrained in oversupplied areas, but areas and specialties presently underserved would benefit by a better match between the population's need for medical services and the distribution of physician services.

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1 Bloom & Peterson, *Physician Manpower Expansionism: A Policy Review*, 90 ANNALS OF INTERNAL MED. 249, 249-56 (1979).