A Medical Student's Role in Health Care Reform - Getting the Conversation Started

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Most of us know the numbers: 47 million, 16%, and $12,000. 47 million is the number of uninsured Americans, 16% is the amount of our GDP we spend on health care, and $12,000 is the average cost of insurance coverage for a single family. We spend twice as much as other industrialized countries on health care, yet we provide less coverage and produce mediocre health outcomes. For instance, the United Kingdom spends roughly 8% of their GDP on health care and everyone is covered; the Swiss system, the second most expensive in the world, spends 11% of their GDP and provides universal coverage. While some might argue coverage does not equal good quality of care, our extravagant national investment fails to translate into better patient outcomes. In fact, when compared with the U.K. and Switzerland, the U.S. has higher infant mortality rates and shorter life expectancy. These numbers don't add up. We, as future physicians, have a critical issue to address. How is it possible that we spend more money than any other country on health care yet we still leave so many without access to health services?

There are no simple answers but nearly everyone agrees that change is necessary. The New York Medical College chapter of Physicians for a National Health Program recognizes these issues and has set forth a plan to "get the conversation started". We believe it is absolutely essential to stimulate and foster discussions on campus surrounding issues of health care policy and reform. A lecture series has been piloted this year with the central goal of educating students and raising awareness on campus about the crippled state of our current health care system. As students, we are sheltered from the many daily nuances of what it means to practice medicine. The field of medicine is no longer simply about correctly diagnosing a disease or mastering a surgical procedure. Medicine, due to the state of our health care system, is an endless web of paperwork, financial restraints, loss of autonomy. These facts of the profession make a profound impact on the way we will practice medicine and the care we will deliver to our patients. Medical students must be well versed on health care reform and policy if we are to create change in the current state of affairs. If our own motivations are not an impetus for change, what will be?

The lecture series aims to present students with a well rounded overview of the major areas underneath the umbrella of health care reform. The important reasons for physicians to take charge of these pressing issues, the health care inequities that currently exist in the United States, and the examination of other successful health care systems will be discussed. With the collaboration of NYMC's chapters of AMA, AMSA, Improve Health Care, the Family Medicine Interest Group and the School of Public Health, the topics of health policy and reform are being presented in an unbiased and objective manner. Simply stated, it is absolutely important
for medical students to be cultured in the field of policy and reform and the hope is to foster this knowledge at NYMC.

With the new Obama administration, the United States is going to see some change in health care. Around the country people of all backgrounds have been congregating in community health care discussions at the request of the Obama-Biden transition team. The lecture series here at NYMC aims to mimic that kind of discussion - a grassroots approach to reform which involves active citizens and professionals. For too long there has been a financial conflict of interest in those who have the power to influence health care delivery. It is time that citizens speak up and we, as medical students, play a larger role in facilitating discussion and influencing health care reform. We hope that the efforts set forth with the current lecture series on health care reform will be replicated in the years to come. Our ability to practice medicine, live up to our name as a just country, and provide the best possible care to our patients depends on reform.

REFERENCES
