

Essentials of us healthcare system

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Starr posited that an increasing number of physicians, dubbed a "surplus," would become an essential condition in reducing their dominance over the health care system, while abetting the larger process of corporatization that the medical profession was experiencing (421-427).

When Richard A. Cooper, MD, first starting investigating the question of how many physicians the United States needed in its work force, the common wisdom of the early 1990s held that the country was facing a major physician surplus. The surplus would push down physician salaries and leave some searching for employment. But as Cooper spent more time studying the numbers of graduates from U. S. medical schools and residents in training, he determined a completely different future: The United States instead faced a looming shortage that threatened to overtax and weaken the health care system by the early 21st century. Cooper first published his findings in a medical journal in 1994, and the controversy that he fueled continues to this day. (Starr, 1982)

The health care work force has expanded rapidly in recent years, with nonphysician providers, graduates of international medical schools (IMGs), and osteopaths augmenting a stable supply of about 16 000 graduates per year from U. S. medical schools. Would the American public be better off if the country produced more MDs Some experts in work force issues, including Cooper, believe that the answer is yes, considering the growing U. S. economy, the growing population (particularly the growing number of elderly people), and the possibility of enhancing the position of allopathic medicine

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in American health care. " If we value allopathic medicine, and I don't think anybody would argue that allopathic medicine catapulted the United States to become the world leader in medicine, then we have to do something about the fact that this profession is allowing itself to be nibbled away by failing to recognize and respond to patient need for more health care," said Cooper, a past dean of the medical school at the University of Wisconsin and, more recently, a professor of medicine at the Leonard Davis Institute at the University of Pennsylvania in Philadelphia. (Cooper et al, 2002)

IMG's are required to provide services to many underserved areas. While some medical students see IMG's as a hazard because they may take jobs from U. S.-born citizens, others consider IMG's fill a gap by working in underserved areas. Studies have exposed that IMG's work where the infant mortality rate is considerably high and give needed services.

Many others say that we don't need more physicians, or at least not many more. (People on all sides of the physician work force controversy support at least a small increase to meet the country's growing population demands and to decrease reliance on IMGs.) They believe that educating and training many more physicians would be unnecessary and expensive, especially when it is possible to distribute the current supply of physicians more effectively to enhance efficiency. Furthermore, they note, research has shown that having more physicians doesn't equal improved health. (Garber, 2004)

On the other hand lack of minority representation in the U. S. health profession is a compelling problem for health policy makers, due to under-representation of minorities. Many reasons for this is

Lack of sustainable initiatives that endorse recruitment and retention of

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racial/ethnic minorities, including immigrants and refugees, in the health labor force.

Lack of augmented data collection, allocation and treatment about minority populations, and the financial, educational, language and physical disparities that produce barriers to access into the health workforce.

Lack of promotional educational and career opportunities for minorities through partnerships among state agencies, minority civic groups, human relations commissions, community development organizations and enterprise communities.

Lack of established programs to prepare minority students for admission to, and success in, health professions schools. (Annual Report, 2003)

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