Who Will Teach the Medical Students?

Regardless of the future of healthcare reform, changes are taking place in academic health centers that are disturbing. The two-track system has become popular, driven by economic factors masquerading as academic platitudes. The terms “clinical scholar” and “research scientist” have identified those faculty members who can support themselves as clinicians seeing patients or researchers with grants, respectively.

But what do these terms mean? To me they mean that those who see patients will not do research, and those who do research will not see patients. Intuitively, this division will not aid in taking discoveries from the laboratory to the bedside, as there will be fewer MDs who have clinical interests and also work in the laboratory. PhD laboratory scientists are less likely to appreciate the clinical relevance of research findings as they have little interest in patient care.

However, the practical result of the two-track system will be market-driven. Researchers will have to support virtually all of their salary from grants, will be applying repeatedly for multiple sources of funding, will have less time to actually perform the research, and will have even less time to teach students. Clinical scholars will be in competition with the managed care organizations. Time and motion studies indicate that to compete, one will have to see many more patients per physician than is customary while attempting to teach medicine to students. The presence of a student appreciably prolongs the encounter with the patient.

The other market-driven factor is the lack of financial support for education itself. One cannot subsist in the academic health center as a physician-teacher without performing either the research function or the clinical practice function unless one wishes to receive the same income as a public school teacher. Few MDs will volunteer for such a position.

Thus the students will suffer. Clinical experience will be that of an apprentice, following around the physician who rapidly sees patients. Already students are experiencing clinical medicine by spending time in private practice locations. There will be no time for long-winded patient presentations and discussions of differential diagnoses since “time is money.” Lectures on clinical topics might be few in number. Role models will be either “lab rats” or “production line clinicians” and students will acquire the same skills as physicians’ assistants. One wonders whether we will have a return to pre-Flexnerian medical education.

While this scenario might be exaggerated (and I certainly hope it is), the trend is evident. Unless some financial recognition is given to the teaching role, medical education will certainly suffer. One can win all the teaching awards in the world but money is driving the system in the 1990s, and teaching awards have a 0% collection rate.

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Laser-Assisted Uvulopalatoplasty . . .

The Cart Before the Horse

Laser-assisted uvulopalatoplasty (LAUP) was developed in France in the late 1980s as an office-based laser procedure for snoring. Beginning in 1992, it was introduced into the United States and has undergone a remarkable proliferation, which has preceded objective documentation of its efficacy. Resulting from a skillfully crafted promotional program including seminars, mass media interest, and news coverage, this technique has rapidly grown. It has been adopted by a large number of otolaryngologists and, more recently, by generalists and even dental professionals as an allegedly simple and innocuous treatment for snoring. In conjunction with this promotion, it has subtly been expanded by many practitioners to treat obstructive sleep apnea (OSA) and upper airway resistance syndrome (UARS). The purpose of this editorial is to comment on this phenomenon and caution pulmonary and sleep practitioners regarding its potential misuse.

Snoring and its perception as a nagging nuisance by bed partners and family members has, unfortunately, offered a unique opportunity for the LAUP and the rapid development of public interest and