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## The Coming Shortage of Doctors

*Our aging population is challenge enough. Try to get an appointment after health-care reform.*

By HERBERT PARDES

None of the health-care reform proposals advancing in Congress address a fundamental problem that will soon face this country: a critical shortage of doctors. There were reform ideas put forward in Congress that would have addressed this problem. Most notably, Rep. Joseph Crowley (D., N.Y) and Sen. Bill Nelson (D., Fla.) have proposed training an additional 4,000 new physicians to add to the 25,000 entering the profession each year. But their proposals haven't made it into the bills on which congressional leaders hope to vote.

If the doctor shortage is not addressed and health-care reform is signed into law, millions of Americans will likely find themselves able to obtain insurance for the first time—but may be unable to find a doctor without a long delay. Why? Because expanding the number of insured patients but not the number of doctors will only increase the demand for services that already must meet the demands of an aging population. We must make sure there are enough health professionals to meet those new demands.

Even in the absence of health-care reform, according to the American Association of Medical Colleges, the U.S. will face a shortage of at least 125,000 physicians by 2025. We have about 700,000 active physicians today. One factor driving this shortage is that the baby-boomer generation is getting older and will require more care. By 2025 the number of people over 65 will have increased by about 75% of what it is today—to 64 million from 37 million today.

Doctors are also aging. By 2020, as many as one-third of the physicians currently practicing will likely retire. If health-care reform adds millions of people to the health-care market, the shortage of doctors will be even greater than it is projected to be now.

It is important to note that the shortage the country will soon face isn't just of primary-care physicians. It is true that there aren't enough primary-care doctors and nurse practitioners. But it is also true that we need more cardiologists, neurologists, general surgeons, pediatric subspecialists, urologists and other highly trained specialists.

Nonetheless, the few ideas to address the coming doctor shortages that were briefly considered in Washington treated the problem merely as a shortfall of primary-care doctors. One idea is to shift unused federal training funds to hospitals that need more positions, but only if those funds are used for primary care. Another is to move primary-care physician training out of hospitals and into federally qualified health centers. A third idea is to take

training dollars away from doctors and instead use it to train nurses and other professionals.

None of these ideas would actually increase the number of doctors. At most the first two ideas would increase the number of primary-care doctors at the expense of the number of specialists.

But that's not likely to happen either. The fundamental reason why medical students are not entering primary care on their own is that they can't afford it. Medical-school tuition can cost a student as much as \$50,000 a year. Some doctors start out owing hundreds of thousands of dollars before they are even able to open a practice. Going to medical school is a little like taking out a mortgage, only without getting a house in return.

Once doctors do start treating patients, they are squeezed between what they earn from government programs and insurance companies on one side and escalating malpractice insurance rates on the other. Meanwhile, specialists can often charge more and pay less in other costs than primary-care doctors. The reality is that many physicians cannot afford to go into primary care.

To address the shortage of doctors and the incentives that compel young doctors to eschew primary care, Congress needs to think about how to increase doctor pay, institute malpractice reform, and provide subsidies to reduce the amount of debt doctors have to take on. Residency caps should also be raised so teaching hospitals can train more doctors. Without these actions new doctors would be foolish to enter primary care, and thankfully our medical schools do not recruit foolish people.

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