ated and the motivation for determining the underlying cause of ascites in order to provide appropriate therapy may be lessened.

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Financial Aid for Medical Students

EVENTS ARE CONSPIRING to intensify the financial problems of many needy medical students and of some who may not be so needy. The costs of going to medical school (often while raising a young family as well) have risen sharply, and the numbers of dollars available for student loans and other kinds of student aid are beginning to fall off, also sharply. Some schools and some students are more affected than others, but the overall problems are both immediate for many students and long-term for the profession. As might be expected, inflation and recent federal retrenchments are at the root of what for some is a true financial crisis. The recent and proposed federal retrenchments include an abrupt reduction in capitation funds for medical schools and a sharp curtailment of dollars and loan guarantees for medical student aid. No doubt this results partly from the current belief that there are now enough and maybe too many young doctors in the educational pipeline.

Some figures may be useful. Many physicians may be unaware that the tuition in a substantial number of medical schools is now up to $8,000 to $10,000 a year—with no guarantee for what it might become a year or two hence. As federal support drops off it is clear that more of the cost of medical education will have to be borne by students as tuition rises. Student indebtedness is growing. In 1971, for example, 72 percent of graduating seniors had an average indebtedness of $5,500. By 1979 there were 76 percent who had an average indebtedness of $15,800, with 30.7 percent being in debt for more than $20,000. The figures for 1981 are not yet available, but there are some senior medical students who will owe as much as $65,000 upon graduation. The money which must come from somewhere for medical student aid of all kinds amounts to several million dollars per medical school, and today's interest rates on commercial loans often place them well out of the reach of medical students.

The adverse effects of these financial problems of needy medical students are easily seen. Three seem particularly obvious. First, some will simply not be able to pay the tuition in addition to their other expenses and will have to drop out of school for a year or two, or even permanently, and this has begun to happen. Second, students who make it through medical school and start practice with high costs for such things as insurance, equipment and perhaps a young family, in addition to a heavy indebtedness, understandably may tend to place a high priority on an adequate income for themselves at the expense of any ideals of service which may have been among the reasons they chose a career in medicine in the first place. And, third, if it comes to pass that only the affluent can afford to go to medical school at all, this would be a giant step backward at a time when there is great progress toward having a population of physicians that reflects the ethnic, cultural and economic characteristics of the nation. There is much in all this that surely will not be healthy for medicine, for patients or for society as a whole.

What is to be done? The problem is not likely to go away in the foreseeable future. The issue for the medical profession is what the next generation of physicians will be like, and what will be their attitudes toward the traditional ethos of our profession. It would seem that for many these attitudes may be unduly colored by the financial circumstances under which they must begin their life of practice. If this is true then the financial burden of at least the more needy medical students should be lessened. Where can the money come from? Perhaps it is time that practicing physicians take a more direct interest in those who will be the future of our profession by individually and collectively sponsoring future physicians who need financial help to complete their training. It is surely important that medical students emerge from their training as good physicians dedicated to the highest traditions of professional service, and also that in the future no one be denied the opportunity to go to medical school simply because he or she does not happen to be sufficiently affluent.

Any medical school dean will be glad to hear from any physician or group of physicians interested in assisting needy medical students.

—MSMW