

# Back to the future

*Medical students and residents surge into a promising tomorrow carrying the hefty debts of yesterday*



Tim Johnson

Allison Kirkham discovered her calling at a very young age. While other kids were zooming around on tricycles and romping through the mud in rubber boots, Kirkham was making plans for the future.

"I told my Dad when I was 3 years old that I wanted to be a doctor. I don't know what possessed me to say it then, but I never really changed my mind," says the University of Saskatchewan medical student.

However, she likely didn't imagine that her dream would come at such a high price. Now in her second year, Kirkham will accrue a 6-figure debt by the time she graduates. "It's on my mind every day," she says. "I've had scholarships and bursaries,

and I still have a job and did all through undergrad, and have tried to scrimp and save as much as possible, but when you get into medicine, those tuitions are a lot to handle."

Kirkham isn't alone. There is growing disquiet among medical students and residents over the costs of medical school and the increasing financial burden borne by new doctors. This is reflected in the responses of medical students and second-year medical residents to the 2007 National Physician Survey (NPS).

Among medical students surveyed, 83% expected to graduate with debt directly related to their med school education, and 36% estimated that this debt would exceed \$80 000. Not surprisingly, 40% described their financial situation as "I think

**LE** SNM l'indique clairement : la plupart des étudiants en médecine et des médecins résidents sont très préoccupés par le coût écrasant de leur éducation en médecine. Plus de 8 répondants étudiants sur 10 s'attendent à être endettés lorsqu'ils termineront leurs études et 36 % prévoient que leur dette dépassera les 80 000 \$. Un résident sur quatre indique qu'il devait plus de 80 000 \$ au début de sa résidence — proportion en hausse par rapport à 2004, où 16 % des résidents étaient dans cette situation. Cet endettement a une conséquence malheureuse, signale le Dr Jean-Pierre Martel, résident de cinquième année en radiologie. «Je ne pense pas que l'endettement devrait décider de la carrière d'un médecin. (...) Lorsque l'argent

devient un facteur et influence les décisions, on finit par faire dévier les effectifs médicaux.» Le tiers des étudiants affirment qu'ils iront commencer à pratiquer là où on leur offrira des incitatifs financiers, tandis que 23 % affirment avoir l'intention de choisir une spécialité très bien rémunérée. Pourtant, 93 % des étudiants avaient au départ choisi la médecine parce qu'elle pose des défis et qu'elle est stimulante sur le plan intellectuel. Les résidents de deuxième année qui ont choisi la médecine familiale attachent une grande valeur à la relation médecin-patient. Dans l'ensemble, autant les étudiants que les résidents qui ont répondu au SNM sont très satisfaits de leur éducation médicale et de leur préparation à la pratique.

about it quite a bit” to “I worry about it constantly,” and 17% reported holding a part-time job during their academic year.

Among residents, 25% — up from 16% in 2004 — reported entering their residency programs with medical school debt in excess of \$80 000.

It's a tough situation for many students, says Shaheed Merani, president of the Canadian Federation of Medical Students, currently studying in a joint MD–PhD program at the University of Alberta. He observes that tuition has been increasing steadily over the past 20 years and has risen sharply over the past 10 with government deregulation. And just getting to med school can be very expensive.

“Most medical students have already completed a bachelor's degree, if not a master's or a PhD, so they already have 4 to 8 years of training under their belt, and now you're tacking on another 4 years,” says Merani. He adds that, beyond tuition, students also bear a myriad of related costs, from living expenses to books to applications and travel to explore and interview for residencies.

Dr. Jean-Pierre Martel, president of the Canadian Association of Internes and Residents and a fifth-year radiology resident at the University of Western Ontario, observes that rising costs have led to a demographic shift in medical school enrolment, with fewer entrants from lower socioeconomic backgrounds and from rural areas. “More affluent students tend to come from larger urban centres. That's just the general rule,” he says.

Martel worries that financial concerns present those in medical training with an awkward and difficult choice: follow your heart or respond to the needs of your pocketbook. He observes that students and residents are more likely to choose a higher paying specialty and practice in a large urban centre than set up a family practice in a small town, where the financial rewards are more modest. “I don't think that debt should be deciding a doctor's career,” says Martel. “When money becomes a factor and influences what people do, then you end up skewing the physician workforce.”

Statistics from the NPS show that money is, indeed, a factor. To pay off their debts, 34% of students reported that they would practise where they were offered a financial recruitment incentive, 23% said they would select a specialty with high earning potential, 16% would select a short residency program and 4% would practise in the United States. In addition, only 18% of second-year residents said they intend to hang out their own shingle 2 to 3 years after completing their residency, down from 24% in 2004, although this may be related to factors such as a preference for group practice, rather than concerns about debt load.

However, the results of the NPS indicate that while money is an important consideration, intellectual stimulation and challenge are bigger factors that influence desire to pursue a medical career. Among medical students, 93% cited this as their main reason for choosing a career in medicine; earning potential, at 42%, was a distant third.

“I have an appreciation for the science of it — it's interesting, it's neat. A lot of people love shows like *House* and *Grey's Anatomy*, because of the sheer thrill of diagnosis, and that always appealed to me — the inquiry associated with it,” says Nikhil Rajaram, a third-year medical student at the University of Western Ontario's Schulich School of Medicine.

Among second-year residents who chose family medicine, the most commonly cited factor was the physician–patient relationship (85%), followed by workload flexibility or predictability (79%) and intellectual stimulation and challenge (65%).

This is true for Nicole Richard, a second-year med student at Dalhousie University who plans to go into family medicine. “I don't think I could choose any one area of medicine, and with family you get to see a little bit of everything,” she says. “I also like the fact that I will get to see patients throughout their lifetime and form a relationship with them and provide them with continuous care. You get to mix the intellectual with the social.” Richard adds that the flexibility is the most important factor for her, noting that

she plans to practise in a rural area and provide a wide variety of care, including emergency services and obstetrics.

For second-year residents heading into specialties, intellectual stimulation and challenge (88%) took top spot, while physician–patient relationship (54%) came second and workload flexibility or predictability (50%) placed third.

Dr. Jean-Pierre Martel is very happy with his choice. “I’ve found radiology, in its own way, is almost a generalist specialty because we read images for all different specialties, so we need to know a lot about all sorts of different things. So, the intellectual aspect of it attracted me,” he says.

Whether heading into family medicine or another specialty, new doctors should enter their job well prepared. The NPS found that 82% of medical students and second-year residents are satisfied or very satisfied with their current medical education program. Moreover, 90% of family medicine residents report confidence that their training has provided them with the knowledge of common problems they need (and 86% feel confident in their skill to treat these common problems); 80% of specialty medicine residents feel their training will prepare them for their practice.

“The quality of medical education in Canada is great, and it’s getting better. Both at the undergraduate and postgraduate



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— *Dr. Jean-Pierre Martel*

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levels there is much that we should be proud of,” says Merani. “Canada is well-known for its dedication to education as well as research, and when you look across the country there are a lot of world-class universities.”

Martel agrees, noting that the vigilance of The Royal College of Physicians and Surgeons of Canada and The College of Family Physicians of Canada in their accreditation programs helps ensure high standards. “In many respects, Canada is a world leader in this, and that really contributes to the quality of education that residents get.”

Back at the University of Saskatchewan, despite the debt she’s taking on, Kirkham feels that she’s getting her money’s worth. “I am almost 100% satisfied with medical school thus far,” she says. Although leaning toward a specialty other than family medicine, she hasn’t yet made up her mind on her future path and is struggling with the decision. “It’s surprising, because I was 3 when I decided my career choice. I probably think about it every single day.”

**DEBT LOAD:  
Medical students**

- 40% of all medical students describe their financial situation as “I think about it quite a bit” to “I worry about it constantly.”
- 35% of students estimated their total parental household income in the last 12 months to be over \$100K.
- With respect to their choice of medical schools, 39% of all students said their ability to afford to live in the city where the medical school was located was an important factor.
- 17% of medical students held a paying job during their academic year, the same percentage as in 2004.
- 83% of medical students anticipated

- having debt directly related to being in medical school when they graduated.
- 36% of students estimated that their debt load related directly to medical school education would exceed \$80K when they finish. Another 20% estimated their debt load would be \$40K–\$80K.
- 40% of all medical students indicated that the amount of financial assistance available to them through grants and loans from either the government or university institutions only partially meets their financial need, and an additional 30% of medical students said this assistance does not meet their financial need.

**DEBT LOAD:  
PGY-2 residents**

- 25% reported entering their residency programs with debt related directly to medical school in excess of \$80K.
- 29% estimated that upon completion of their residencies, their debt load related directly to their medical education and training would exceed \$80K (an increase from 21% of PGY-2s in 2004).

Source: National Physician Survey 2007