Neurosurgical Training for Foreign Medical Graduates*

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It is especially appropriate that the Harvey Cushing Society is now carefully reviewing its role in the training of foreign medical graduates. To consider the relevant issues in meaningful context, it will be helpful to take a brief look at the whole pattern of foreign physician training and migration, after which we can more closely examine neurosurgical training.

In the last few years there has been a rapid proliferation of published reports, news articles, conferences, and special studies related to the multiple problems created by the world-wide movement of highly talented individuals. Skilled people everywhere are moving from less attractive to more attractive sites, going progressively from villages to cities, from cities to metropolises, from less affluent to more affluent societies, and many ultimately to the United States.

There is growing concern, here and abroad, not only with the "brain drain" but also with a number of related problems. Doubts are expressed regarding the relevance of our kind of sophisticated training for foreign medical graduates returning to traditional societies. More consideration is being given to the total needs of the community rather than the isolated, personal ambitions of the individual. There is fuller realization of the hard contrasts between urgent demands for better health care and the capacity of relatively impoverished societies to supply them.

During the last 5 years alone, over 32,000 foreign medical graduates have come to the United States primarily to seek graduate medical training or to obtain licenses to practice. We have come to depend upon them more and more heavily. Today, there are over 14,000 foreign medical graduates serving as interns and residents, 80% from what the United Nations has carefully described as developing countries. There are no satisfactory data regarding the numbers who remain in the United States permanently, but it is known that there are in excess of 45,000 here today, many of them with permanent resident visas, others already naturalized citizens. In some states, they represent up to 75% of all the interns in approved hospital programs. Throughout the country, at least one house officer in four was educated abroad.

What all this means depends very much on the circumstances of the observer. For the leaders of developing countries it is a source of increasing distress. Those who are actively involved in international health programs hear many complaints. These complaints are particularly understandable if we remember that, for most developing countries, average expenditures for health care for each individual do not exceed fifty cents to one dollar per year. In such countries the loss of an expensively educated physician is the loss of a rare and precious asset. Health officials tell us, "You in the United States take the best of our physicians, train them in the best of your institutions, and keep them. You also take the worst of our physicians, train them in the least of your institutions, and send them back to us!" There may be some truth in their accusations.

We are all aware of the fact that certain U.S. hospitals actively seek foreign physicians through advertisements, travel agents, and other recruiting devices, sometimes offering a kind of indentured arrangement for paying back the costs of travel from salaries to be provided by the hospitals after the physician arrives. How many hospitals are engaged in this activity and how many of them employ foreign physicians to meet service needs with little or no direct supervision or education is, of course, uncertain, but apparently the practice is not uncommon.

Although the problems of disease and pre-
mature death in developing countries seem overwhelming, health programs often do not attract large or even reasonable budgetary support. It is agonizingly difficult to make a prudent choice in the distribution of expenditures between Ministries of Health, Agriculture, Education, Industrial Development, Defense, and the many others. It is inevitable that more for one means less for the rest. Stated explicitly and painfully, more medical education may mean less education for children, better medical supplies may mean less seeds and fertilizer with resulting increased malnutrition, and better total patient care may mean weaker preventive health measures. The realities are tragic when minimum basic human needs cannot be uniformly met.

Regardless of the burdensome dilemmas they face, the people of developing countries want access to good medical care as rapidly as possible, preferably on a par with existing world standards of quality. For the time being, they are eager to accept the leadership of countries like our own, not only in the education of skilled specialists but also in the creation and improvement of their own medical centers. The young men and women flocking to the United States anticipate training far better than anything they could obtain at home, usually with the expectation that they will bring to their own people skills which are desperately needed. Unfortunately, the results of their experiences often prove frustrating. Skills acquired in one setting may be inapplicable in another, particularly if those skills can be performed only with supporting facilities which are rarely if ever found outside affluent societies. Equally frustrating is the belated discovery by a young, well-trained specialist that he is but one of many returning to fill a need which has already been met, insofar as social and economic resources determine that need. There is ample evidence of the disappointment and subsequent bitterness expressed by highly trained physicians who have been unsuccessful in their search for adequate professional opportunities at home. The Cushing Society's Committee on Foreign Trainees has already discovered striking evidence in certain geographic areas of overly ample neurosurgical training, resulting in great wastes of talent.

From the point of view of the United States, the issues involved in training foreign medical graduates are equally confusing. There is little question about the desire of responsible medical educators to do all they can to help improve the health care in other, less fortunate countries. It has long been our national policy to provide financial and technical support to many of the governments of Asia, Africa, and Latin America, in the hope that they will become self-sufficient members of the free world. Our immigration policies were changed in 1965 to remove ethnic restrictions while encouraging the entry of highly skilled individuals in concordance with our own manpower shortages. This liberalization may encourage an even freer flow of foreign physicians to the United States with an increasing number arriving with a permanent resident visa.

Those who are soberly interested in the further education of foreign physicians have a clear understanding of the results they hope to achieve. It is their intent to provide the visiting intern or resident with an opportunity to gain knowledge and skills which he cannot obtain at home so that he may eventually play a significant role in the development of better teaching, education, and research activities in his own country.

The experience of the last decade has made increasingly clear the need for a better understanding of the circumstances which will determine the effectiveness of existing programs. Traditionally, we have managed quite successfully in our selection of U.S. residents, whether in neurosurgery or in other specialties, by giving full attention to the characteristics and qualifications of the individual applicant. We have known that any well-trained surgeon who is a graduate of one of our medical schools will ultimately have ample opportunities to practice his skills and to make a respectable living. As we have expanded our interests to become involved in other societies in other continents of which we have very limited knowledge, we have moved toward new procedures and policies which are now in the making.

There can be no question about the shortage of neurosurgeons almost everywhere in the world. There is also no question about the extremely limited number of situations in which a neurosurgeon can be effectively