



EDITORIAL

By Robert L. Barbieri, MD
Editor-in-Chief

EASYROAD—high road or path of least resistance?

In the “old” days, there was no easy road. Medicine took priority over all other commitments, including family. Beeper and night call were fellow travelers.

Many medical students today, however, view medicine as a career path in which personal lifestyle and family commitments take precedence.

This value change has popularized a new career destination, where work hours are well controlled and reimbursement relatively high. To get there, many choose the “EASYROAD”—Emergency medicine, Radiology (diagnostic and radiation), Ophthalmology, Anesthesiology, and Dermatology. As these specialties surge ahead, those that are compensated less and that require more beeper and night call time,

such as family practice and internal medicine, are falling behind.

Many authorities believe the percentage of American medical school graduates competing for specific specialties reflects the attractiveness of the specialty. For example, of the major specialties participating in the National Resident Matching Program, family practice and internal medicine are the least popular choices for US graduates (TABLE). In contrast, many of the EASY ROAD specialties have the greatest percentage of applicants.

Obstetrics and gynecology falls somewhere in the middle. The bad news is that the trend in our specialty is negative, with 89% of positions filled by US graduates in 1997, declining to 75% in 2000 and 65% in 2004.

The most popular specialties are characterized by relatively high compensation and a well-defined weekly work schedule with little night call.¹

TABLE

Positions available and % filled, by specialty, in the 2004 Residency Matching Program

SPECIALTY	% POSITIONS FILLED BY US GRADUATES	# PGY 1 AND PGY 2 POSITIONS AVAILABLE
Plastic surgery	94	79
Orthopedic surgery	92	594
Neurosurgery	86	65
General surgery	85	1,044
Diagnostic radiology	83	981
Dermatology	81	294
Emergency medicine	78	1,295
OB/GYN	65	1,142
Psychiatry	63	1,020
Internal medicine	55	4,751
Family practice	41	2,864

PGY = postgraduate year

Obstacles in our path

How can we improve compensation and work hours in obstetrics and gynecology? Policies that reduce the cost of practice—especially liability costs—would help considerably. One especially desirable solution is to reform the professional liability system by adopting California’s Medical Injury Compensation Reform Act, better known as MICRA, throughout the United States. This would likely stabilize and lower professional liability expenses.

CONTINUED