

**“We all would win—maybe even trial lawyers, who would be liberated from making millions from other people’s suffering”**

## Will foreign grads rescue the specialty?

Although the percentage of American medical students choosing the Ob/Gyn specialty is declining, as Dr. Robert L. Barbieri pointed out in his December editorial (“EasyROAD—high road or path of least resistance?”), foreign students are filling in the gaps. Many of these students have a good deal of experience in their country of origin—they aren’t necessarily less competent physicians.

As for the economics of reimbursements and malpractice premiums, I don’t see how they can improve, given the current state of affairs. Call schedules may ease, however, and that may be an incentive for medical students to choose the specialty.

I think gender also plays a role. I am not sure I would recommend the specialty to other male medical students, since many women prefer female physicians.

**Amos Cutler, MD**  
Saratoga Springs, NY

### **Dr. Barbieri responds:**

I agree with Dr. Cutler. In obstetrics and gynecology, residency positions not filled by US medical graduates are filled by international graduates. These Ob/Gyns are very well prepared and become outstanding specialists with productive and distinguished careers. The recent focus on the percentage of US medical graduates entering the field of obstetrics and gynecology may not be a good barometer of the overall health of the specialty.

## Opening doctor files would cure many ills

In response to Dr. Barbieri’s February editorial, “3 strikes and you’re out of a job,” I think patients should have the right to see records of a physician’s adverse medical incidents, including peer review and quality assurance documents. If they did, you would not need 3 strikes—you would knock the real culprit out of a job without wasting court battles, precious time, and resources.

This would also decrease the number of frivolous lawsuits; so-called professional experts would no longer be needed; legal manipulations would become obsolete; and mediations and arbitrations would prevail. The result: lower costs for litigation, and more reasonable patient compensation. We would pay low

liability premiums, or liability insurance would be replaced by a fund to compensate patients for physician negligence. The community would benefit from better health care at lower costs.

We all would win—maybe even trial lawyers, who would be liberated from making millions from other people’s suffering.

**Hamid H. Sheikh, MD**  
Lexington, Ky

### **Dr. Barbieri responds:**

I respect Dr. Sheikh’s opinion, but I worry that open access to the peer review process would actually reduce patient safety. If the confidentiality of the process were compromised, peer review deliberations would become tepid and ineffective. In my opinion, this would lead to more litigation, not less.

