The Failure Of JAMA

A recent editorial, "The Measure of a Man" (Detroit Medical News, October 18, 1976) was sent to the editor of JAMA before being submitted for publication here. Its concerns with the human quality of physicians and the need to change the emphasis in admission requirements into medical schools were considered to be issues obviously not limited to Wayne County and, therefore, likely subjects for serious discussion in

a journal sent to physicians nationally. The physician as a "Mensch" and not simply as a technician was highlighted and his virtues described. The following letter, dated October 8, 1976, and signed

by one of its senior editors, arrived in reply:



Dr. Bar-Levav

"Dear Doctor Bar-Levav:

Your well done Commentary on 'The Measure of a Man' has been referred to me for evaluation. In trying to be objective, I sent it out to a few scientific consultants, who are not members of our editorial staff."

"I regret to inform you, however, that in the opinion of all of us your article, even though stressing an interesting personal opinion on a matter of current interest, does not fall into the category of articles that we could accept for JAMA. One . . . consultant, an authority on medical educa-

tion, assured me that the point you raise does not escape the attention of the medical school admission committees. He thought it would be naive to assume that the medical educators pay little attention to the character and motivation of the applicants."

JAMA's masthead proclaims proudly that its "mission is education: To inform its readers of progress in clinical medicine, pertinent research, and landmark evolutions in other areas as they form an interface with medicine. It is a forum for open discussion." It is, in fact, the only general forum of physicians on the national level that accepts articles dealing with the important issues of the profession. Its almost complete disinterest in practical ethical problems, even in the face of the Medicare scandals, is probably an advanced sign of generalized insensitivity. It is not only regrettable but perhaps also scandalous that so little understanding is displayed by individuals who carry such a heavy responsibility for shaping the attitudes of physicians. It is especially troubling that a consultant with a reputation as "an authority on medical education" so grossly fails to comprehend the real situation.

Not only are things as bad as described, but they are getting worse. The Medical College Admission Test (MCAT) has recently been changed so that physicians of the future will be even less well prepared. As if all that is required is technical expertise, the thirty-year-old MCAT which is taken by approximately 60,000 students per year has been revised, and so-called "non-essential" subjects have been down-graded in it. This test, which plays an important role in determining which of the applicants will be admitted to the 15,700 places in the nation's 150 medical schools, is the prime instrument of physician selection. Personal interviews in which the human quality of potentially successful applicants may be evaluated are reserved only for those whose scores are sufficiently high. The message as to what is really important may only be implied, but it is clear enough. The test has been doubled in length to a full-day and broadened to include problem-solving skills that doctors need in ordinary office practice, but a general information portion that was designed to assess a student's knowledge of non-scientific data has been deleted.

Dr. John A. Cooper, president of the Association of American Medical Colleges. in announcing the changes, claimed that the old test had parts "little used" by admissions officers. The questions that were eliminated were said to be discriminatory against the 6% of applicants from minority groups, especially blacks. This type of blanket branding of blacks and other minorities as being necessarily and forever culturally and intellectually inferior, even if couched in terms of equal rights and fairness, is in reality an insult to any sane member of such groups. To justify the lowering of standards on these grounds is ludicrous, as it is unjustified on any grounds. Dr. Cooper is quoted as saying, "It may not be necessary to know what a Haydn Symphony is to be a good doctor." In the narrowest sense this may be true. Nevertheless, when music, philosophy and values are to be considered to be frivolous luxuries, it should come as no surprise that blindness to ethical standards and stealing from Medicare are associated with at least some physicians. Medical educators, students and residents were consulted during the five years of planning that preceded the introduction of these changes. It is obvious that medical visionaries or simply wise men were not among them. The results are tragically myopic. The capacity for empathy and the presence of compassion may not be easily testable, but their omission altogether is a chilling reminder of what happened in other societies where these were de-emphasized. The German physicians who served the Nazis in brutalizing and destroying lives were also well trained and technically competent.

The editors of JAMA and their learned consultants seem to have lost touch with what is really important to American Medicine. They have not yet awakened to the sad reality that physicians fail all too often as healers and as human beings. Isolated in their Chicago ivory tower, they seem unaware of the happenings around them. The November 5 report that announced the CAT changes followed by less than a month the reassuring letter that all is well in medical student selection.

Either the leaders of AMA or the editors of its official journal are lost in the wilderness of confusion and ineffectiveness. No leadership can endure for long once its voice fails to speak responsibly. The future of the medical profession and its proud past should not be entrusted to the judgment of individuals who are insensitive to the very dangers that threaten the continued existence of humane Medicine.

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