

Re: Canadian doctors coming to the US

Source: <http://sci.tech-archive.net/Archive/sci.med.cardiology/2004-08/1997.html>

From: George Conklin (*nilknoc_at_earthlink.net*)

Date: 08/23/04

Date: Mon, 23 Aug 2004 12:18:31 GMT

"dahmd" <dahmd@cfl.rr.com> wrote in message
news:t5dWc.44123\$4s6.17771@tornado.tampabay.rr.com...
>
> "George Conklin" <nilknoc@earthlink.net> wrote in message
> news:h49Wc.8336\$2L3.2236@newsread3.news.atl.earthlink.net...
> >
> > "dahmd" <dahmd@cfl.rr.com> wrote in message
> > news:Iu7Wc.38093\$PG2.4088446@twister.tampabay.rr.com...
> > >
> > > "George Conklin" <nilknoc@earthlink.net> wrote in message
> > > news:JkdVc.3559\$2L3.2637@newsread3.news.atl.earthlink.net...
> > > >
> > > > "Steven Bornfeld" <dentalwinospam@earthlink.net> wrote in message
> > > > news:412530B4.7080106@earthlink.net...
> > > > >
> > > > >
> > > > > Howard McCollister wrote:
> > > > > "fresh~horses" <fresh~horses@despammed.com> wrote in message
> > > > > news:abf8de5b.0408190942.3459afc9@posting.google.com...
> > > > > >
> > > > > >
> > > > > >>Physicians do not pay the whole cost of their educations. The
tax
> > > > > >>payer picks up the heft of the tab.
> > > > > >
> > > > > >
> > > > > >
> > > > > > The typical medical student will graduate from medical school
with
> > > about
> > > > > \$120,000 in debt for tuition and fees.
> > > >
> > > > True, but this does not count the \$1 million the public has
invested
> > in
> > > > each medical student.
> > > >

> > >
> > > *I gotta have a reference on this one. When I was in med school the*
> *state*
> > > *legislature spent less than 100K on each student. Considering the*
> *free*
> > *care*
> > > *we provided during residency, it probably was a wash, although,*
> *sincerely,*
> > *I*
> > > *appreciate the expenditure.*
> > >
> > > *Ashley*
> > >
> > >
> >
> > *The calculations were done by Eastman Kodak when they stated that*
> *medical*
> > *training added 17% to the hospital bills upfront, plus much less*
> *efficiency*
> > *because training costs money well beyond free care. Then there is the*
> > *Medicare subsidy to hospitals which is a direct cost.*
> >
> > *As for Canada, they have to invest a lot of students who leave the*
> > *country. They call it the brain drain. It is especially acute for*
> *nations*
> > *like India where there are few doctors and a lot of people and not much*
> > *cash. We should at least train the physicians we need and not give the*
> *cost*
> > *to someone else.*
> >
> > *As for medical education, it ought to be free to the student and that*
> > *should reflect itself in the fees charged to patients. No med student*
> > *should graduate with huge debts.*
> >
>
> *I haven't seen these data, although it might be that the Kodak people are*
> *analyzing resident expenditures. Medical students don't cost much for*
> *hospitals (because students pay tuition and don't receive a salary),*
> *although at many hospitals they do a lot of work that would require paid*
> *employees otherwise. For example, during my internship they couldn't have*
> *had more than 2 transport staff for the entire hospital, because students*
> *and interns transported patients everywhere. We did all the IV's, blood*
> *cultures, and "after hours" lab draws and paperwork. I would agree that*
> *at*
> *some hospitals residents may cost the institution, although they rarely*
> *analyze the cost of hiring hospitalists to be "in house" to run codes or*
> *the*
> *cost of private physicians leaving the medical staff because they would*
> *have*
> *to take much more ER call if there were no residency to absorb the*
> *non-paying patients.*

>

> *Ashley*

>

>

>

Ashley, what Eastman Kodak stated was that the training process added 17% to the overall hospital costs as a direct expense, BEYOND the Medicare subsidy. Training lowers efficiency. The rest of it is a nice excuse for residents to tell each other, but the fact is that training is an expensive process. Kodak objected to paying for the training process and switched to hospitals without such training.