SOUNDING BOARD

ACADEMIC STANDARDS IN MEDICAL SCHOOLS

SINCE the consumer is particularly blind in purchasing medical care, and his vital interests are often at stake, those who are in a position to screen for aptitude and competence in medicine have a grave moral responsibility. In accepting this responsibility medical faculties have always taken into account qualities of character and motivation as well as scientific ability and knowledge. In addition, in recent years we have finally begun also to take into account long ignored social needs. But no one of these sets of qualifications can compensate for a gross deficiency in another. In particular, as the practice of medicine broadens its scientific base, it increasingly requires a reasonable level of competence in science, at least as long as the M.D. degree leads to an unlimited license to make life-and-death judgments. In this connection preclinical courses serve not only to provide a scientific background for practice but also to screen students for the ability to reason scientifically.

This screening has become more difficult in recent years. A variety of considerations have led medical schools to engage in innovations in admissions, curriculum, grading and criteria for promotion. Some faculties, no longer confident of their ability to maintain adequate minimal standards, have set an external standard by requiring candidates for the diploma to have passed Parts I and II of the National Board Examinations. But for schools that have aimed at leadership this minimal national standard is an extraordinarily low one. Moreover, it has been further lowered in recent years: National Board grades are normalized for each year's population, and so the absolute norm for passing is necessarily lowered by any nationwide increase in admission of students with substandard academic qualifications.

It would be a rare person today who would question the value of stretching the criteria for admission, and of trying to make up for earlier educational disadvantages, to help disadvantaged groups. But how far faculties should also stretch the criteria for passing students is another matter. If a board licensing airline pilots allowed extraneous considerations to interfere with objectivity it would be considered criminal. The temptation to award medical diplomas on a charitable basis raises the same question, even though the consequences of fatal error in the two professions are not equally visible and dramatic.

Many faculty members have wondered whether the stretching of standards in their schools in recent years has not exceeded what is reasonable. The problem is illustrated by a distinguished school that recently waived its National Board requirement and awarded a diploma to a student who had been unable to pass Part I in five tries. The award of this degree was virtually inevitable, after five years of investment by the school and the student. But we must look at the erosion of internal standards, and the postponement of decision, that allowed this situation to develop.

Medical faculties can derive deep satisfaction from their success in recruiting and helping many able students from groups that were formerly excluded. But it has also become apparent that patience and sympathy cannot overcome the inability of some students to handle the material. It is cruel to admit students who have a very low probability of measuring up to reasonable standards. It is even crueler to abandon those standards and allow the trusting patients to pay for our irresponsibility.

Considerations of tact, and guilt over our history of enormous racial injustice, have made it difficult to face the problem. But there are dangers in a policy that fails to evaluate the results of our recent experiments objectively. If the public is given a romanticized view we can expect demands for the extension of quotas, rather than demands for strengthening the quality of the product. Thus, recent statements by Senator Edward M. Kennedy (*New York Times* letters to the Editor, March 21 and 31), calling attention to the unequal supply of medical students from different socioeconomic groups, could well be the first step toward quotas for admission from these groups.

It seems time for medical faculties to ask whether we have been properly balancing our obligation to promote social justice with our primary obligation to protect the public interest, in an area in which the public cannot protect itself.

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