

The adverse publicity which the medical profession is receiving regarding its cost of care is very unfortunate. Doctors are not the enemy or are they solely responsible for the high cost of medical care. Doctors are the victims of inflation and rising cost, just like every one else.

How much do doctor's make? Too much for some. However, the reality per *Medical Economics* magazine is that in 1980 the average doctor made slightly under \$65,000 per year for a sixty to eighty hour work week. If one applied the usual standard of time and a half for overtime, this means doctors would make \$20.83 per hour on straight time for forty hours which would give them approximately \$45,000 per year. Add in four years of medical school, now with tuitions of up to \$10,000 per year; a minimum of one to three years of a residency during which residents are underpaid and grossly overworked; and then realize that the average doctor starting in private practice may bring with him/her over \$20,000 in educational debts. In the first year of practice a doctor can make \$30,000-\$40,000 per year from which educational, debts, liability insurance, professional dues (which can run over

Spectacles: A Closer Look The High Cost of Medical Care — Part I - Do Doctors Make Too Much Money?

By Ada M. Fisher

\$2,000 per year), and other expenses must be borne. Looking at what it takes financially to become a doctor and to survive in this malpractice oriented society, one must seriously question whether the medical profession is as guilty as it has sometimes been painted for its concern over fees.

Now that you know what doctors make, look at what others in society make. Cabinet officers, federal judges, and high government officials start at \$65,000 and are asking for a raise to \$90,000 per year despite the new tax loopholes voted in.

Lawyers with ten years of experience average upwards of \$50,000. Professional ball players, who are anticipating another strike, make astronomical salaries for playing games — basketball players, minimum \$32,500/year and average \$170,000; football players, minimum \$17,000/year and average \$80,000; basketball players minimum \$40,000 and average \$186,000; hockey players average \$108,000 and soccer players average \$30,000. Many fans who think nothing of buying \$15 tickets balk at a \$20 visit for the doctor as being too much. A cab ride for two miles, where charged by 1/10th of a mile, will run \$10. Real leather shoes cost more than \$60/pair. Auto repair shops for charge \$23/hour. Groceries are out of sight. Primary and secondary teachers may reach their maximum which runs \$18,000-\$25,000 per year after a master's degree and five years of experience. So as you can see, at \$15-\$20, a routine office visit with a family doctor is still a bargain.

Why do doctor's charge so much? Equipment for exam rooms, labs, etc., can cost as much as \$55,000. One little examining table runs as much as \$450. Specialist equipment costs even more with depreciation value realized long after the equipment is out-dated and not the state of the art. The scissors one can buy at Sears for \$2.50 when purchased from a medical supply house for operating use will be tagged \$25. One secretary/receptionist, nurse and lab person can easily cost \$25,000 per year in salaries meaning some will be underpaid. These people do not want to be paid in chickens or eggs, they want cash money at the end of the month — not credit or to be paid when you (the patient) can get the money. Buildings or office space including

maintenance run at a minimum approximately \$500. per month. The federal government's formula for calculating office expenses with the M.D. making \$35,000 per year shows that \$88,000 must be generated to meet the expenses for office space, equipment, salaries, and supplies. On the basis of time allotted for service delivery (subtracting time for vacations, continuing education, professional meetings, etc.) \$84/hour must be produced. If four patients are to be seen, the average visit should cost \$21 to break even and pay the physician that \$35,000. To decrease the cost of a visit, one must either see more patients per hour or cut back on expenses with supplies being the first to experience cuts. At teaching hospitals or out-patient departments, the cost of care is even more expensive since your visit may underwrite the staff serving you, the hospital's expenses, and any losses which the hospital incurs.

Ideally your physician should post his/her fees so that you may see what he/she charges before you engage his/her services. If your bill is not in line with your expectations and services, feel free to discuss it. If you have to wait too long to see a doctor, feel you were rudely or impersonally handled, didn't get your questions answered, or feel your care was less than optimal, your complaints are legitimate and understandable. Discuss it with the doctor first; if not satisfied, write letters to the hospitals and medical societies involved to express your dissatisfaction. The medical profession will hear you, so speak up.

By 1985 it is predicted that there will be sufficient numbers of doctors to meet the needs of all, though this figure flagrantly ignores the fact that the number of black physicians will still be less than 3% of the total number of doctors in the U.S.A. Black physicians need the middle and higher income black patients if they are to remain financially viable in the profession. If black physicians do not meet your expectations, let them know or tell the National Medical Association or Old North State Medical Society how you think your care can be improved. Tell the black physicians how they can serve you better. Please realize that as with all things costs will escalate and the black health professionals are as much a victim as you the people we hope to serve.

A View From Capitol Hill: Confronting the Undersupply of Black Physicians

By Gus Savage
Member of Congress

The onslaught of Reaganomics in the health care area has compounded an already critical problem facing black communities all across the nation: an undersupply of black physicians and little hope that more will be trained.

Back in 1970 a number of prestigious medical schools promised to strive to increase minority enrollment to twelve per cent, a level reflective of the nation's minority population. Since then, however, they have managed to take giant steps — backwards.

Consider: by 1980, of the 375,000 plus doctors in the U.S., only two per cent were black and more recently the Association of American Medical Colleges reported that new black enrollment in the nation's 126 medical schools has slipped from 6.6 per cent in 1981 to 6.2 per cent this year. Out of the 2,000 new seats in medical colleges, blacks secured eight. And moves are being made to reduce the number of medical school chairs from 17,000 to 14,000 because the Graduate Medical Education National Advisory Committee feels there will be a glut of doctors by 1990 so fewer professionals need to be trained.

This will have an adverse impact on blacks who had more black doctors per black citizen in 1935 than today. While the black community is reeling from an array of chronic health problems such as an abnormal infant mortality rate, it would seem that the best direction to take would be to beef up the supply of black doctors who have normally practiced in inner cities. Instead, the Reagan Administration marches in the other direction. Not only is affirmative action being assaulted at every level, but fewer student loans are being made available. Dr. C.H. Ruhe, senior vice president for medical education for the American Medical Association, predicts that government cutbacks will shut down one out of every thirteen medical schools.

What is also disheartening is the fact that the pool of eager young blacks ready to enter medical school with higher entrance exam scores is growing by leaps and bounds. Yet, the level of admissions is either stagnant or depressed for blacks. We must be involved in a process that determines whether we live or die.

Remedies have varied along with perceptions of the problem. One particularly encouraging sign deserves attention and praise. The governor of New York, Hugh Carey, plans to ask the legislature to withdraw a portion of state aid to medical schools that fail to adopt a workable plan to attract and retain more black and Hispanic students. Black officials in New York were stunned by a recent report that said black and Hispanic enrollment in the state's medical schools has fallen by more than a third in the last five years.

Our black medical schools are doing more than their share to eradicate the undersupply of black doctors. (Out of the nation's 126 medical schools, thirty per cent of all black students are enrolled at three institutions — Howard University, Meharry, and Morehouse — and these schools are hurting for money.)

We have waited too long for solutions. Direct action is needed. Blacks must act to insure their own survival. We can no longer wait to cash in on hollow promises and meek assurances. We should support health care activists who are trying to direct more scholarships to black medical school students and monitor the enrollments of white medical schools (such as the University of Chicago which only managed to enroll one black medical student last year despite the fact the university abuts the largest concentration of middle class blacks in the world).

If these schools remain callous toward the health care needs of the black community and hide under the cloak of political conservatism now being woven by the Reagan Administration, then we should seek to establish medical schools where the need is the greatest: in our inner cities. As a first

step toward giving the problem the attention it warrants, blacks in Chicago this month will be meeting with Dr. T. Fulop, director of the division of health manpower development for the UN World Health Organization. At last, the correct comparison is being made. Blacks here are no better off than their brothers and sisters in many underdeveloped countries who are also lacking proper care and facilities. Hopefully, an international spotlight on the issue will bring results.

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The Carolina Times

L.E. AUSTIN

Editor-Publisher 1927-1971
(USPS 091-380)

Published every Thursday (dated Saturday) (except the week following Christmas) in Durham, N.C., by United Publishers, Incorporated. Mailing address: P.O. Box 3825, Durham, N.C. 27702-3825. Office located at 923 Old Fayetteville Street, Durham, N.C. 27701. Second Class Postage paid at Durham, North Carolina 27702.

Volume 80, Number 11.

POSTMASTER: Send address changes to THE CAROLINA TIMES, P.O. Box 3825, Durham, N.C. 27702-3825.

SUBSCRIPTION RATES: One year, \$12.00 (plus 4% sales tax for North Carolina residents). Single copy 30¢. Postal regulations REQUIRE advance payment on subscriptions. Address all communications and make all checks payable to: THE CAROLINA TIMES.

NATIONAL ADVERTISING REPRESENTATIVE: Amalgamated Publishers, Inc., 45 West 49th Street, New York, New York 10036. Member: United Press International Photo Service, National Newspaper Publishers Association, North Carolina Black Publishers Association.

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