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OPINION | COMMENTARY

Med School Needs an Overhaul

Doctors should learn to fight pandemics, not injustice.

By Stanley Goldfarb

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Emergency-medicine residents load boxes of face shields in Las Vegas, April 10.

PHOTO: ETHAN MILLER/GETTY IMAGES

As the number of Covid-19 infections rises and the death toll mounts, the media is doing a good job of focusing on the safety of the health-care workforce and the capacity of hospitals to deal with a surge of desperately ill patients. What has received less attention is that many doctors haven't been adequately trained in medical school to deal with a situation like this.

Most medical schools don't require students to do coursework on pandemic response or practical preparation for a widespread and sustained emergency. American medical training as a whole doesn't include a strong grounding in public-health issues or disaster preparedness.

Instead, two of the nine specific curricular requirements decreed by the body that accredits medical schools are focused on social issues in medicine, including “the diagnosis of common societal problems and the impacts of disparities in health care on medically underserved populations,” particularly “in a multidimensional and diverse society.” None mention public health or epidemics.

Physicians are highly educated, but that doesn’t mean they know everything—even things broadly related to the practice of medicine. When doctors speak on topics they don’t understand, they can confuse the public and other physicians. While medical schools require students to study statistics, these courses are generally superficial. They wouldn’t equip most physicians to grapple with epidemic models like the ones on which Deborah Birx has been briefing the White House press.

It has been discouraging to see doctors on news programs struggle to explain the principles of drug testing, the nature of the scientific method, and the meaning (both positive and negative) of uncontrolled drug trials. Television audiences love a good story, but clinical anecdotes can’t prove a drug is useful. That job belongs to randomized controlled trials or other complex experimental approaches, the design of which is a complicated topic that many, if not most, doctors would struggle to explain.

A critical examination of undergraduate medical education will be among the many reassessments this country has to make in the wake of this crisis. Many schools don’t require students to do formal training in emergency medicine. While physicians receive valuable practical experience during their residencies in internal medicine and surgery, they should all have the benefit of rigorous classroom study in ventilator management and other aspects of critical-care medicine, preferably in the fourth year of medical school.

Above all, the medical profession should abandon the fantasy that physicians can be trained to solve the problems of poverty, food insecurity and racism. They have no clinical tools with which to address these issues. The public may not realize that well-funded organizations like the Beyond Flexner Alliance advocate for devoting a substantial part of medical-school teaching to social and organizational topics.

If curricular reform is to come, it should take into account the essential role physicians must play in a public-health crisis. It should aim to produce physicians who are prepared to help battle deadly pandemic diseases like Covid-19.

Students should enter the field of medicine with a clear understanding that they will one day face a public-health catastrophe like the one New York’s doctors and nurses are currently staring down with great courage. Health-care workers are the tip of the spear during an outbreak of disease. We need to be sure they have the tools and training to succeed in fighting the next pandemic when it comes. And it will.

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