

The Senate of Maryland is much concerned over the shortage of general practitioners and other types of physicians in the State of Maryland and particularly in rural areas. For this reason, the Senate gives its enthusiastic support to current efforts of the University of Maryland School of Medicine to expand its capacities and facilities.

The present shortage of medical manpower probably will increase during future years unless strenuous efforts are made to combat the trend. There is a wide variety of interacting factors responsible for the current shortage. These factors have been described as follows:

(a) Increase in population without proportionate increase of physicians.

(b) Maldistribution of physicians due to forces producing urbanization of the whole population. These forces include industrialization, low economic base in some rural areas, lack of educational and cultural advantages for physician's family, and the whole social complex producing the "megalopolis." Physicians are like other people; they are affected by this too.

(c) Marked specialization to adapt to enormous increase in bio-medical scientific knowledge. Physicians after graduation from medical school are currently dispersed into no less than twenty-four specialties approved by the AMA. Obviously this leaves fewer in general practice, internal medicine and pediatrics which are the major three which approach "the whole patient."

(d) Enormous national emphasis and glamor on research especially basic research. This is well documented in the budgets of the space agency, the National Institutes of Health, the Defense Department and also private industry. All of this is of course reflected back to the medical school where the young impressionable student during his first two years is well grounded in the basic bio-medical sciences. This is correct, good and necessary, but somehow in the process he also absorbs the notion that herein (rather than in routine patient care) lies the importance, glamor, status and future of his career in medicine. The summer training program in public health for young medical students which our department has operated for the past fifteen years is, among other things, intended to partially counterbalance this.

(e) Enormous increases in expectations by a better informed public for health services. Average number of visits to a physician per year have more than doubled recently.

(f) Great increases in public buying power for medical services, e.g. Blue Shield, Maryland Medical Care Programs, Medicare, other insurance and generally increased prosperity.

(g) Dramatic change in the nature of disease. Illnesses are less frequently "episodic." For example pneumonia was once a very common illness and killer. One had a few visits from a physician and either died or recovered. Then the individual did not call the physician until the next episode. Now chronic illness and disability have taken over. This means years or a lifetime of illness—requiring "maintenance medicine." Examples are heart disease, cancer, stroke, paraplegias, mental retardation, rheumatism and arthritis, mental illness and so on. In my view this is by far the most important factor. It absolutely necessitates organization of the various needed