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The essay by Robert Ebert and Eli Ginzberg is significant, not so much because the ideas advanced are new or revolutionary, but because it represents an important crystallization of the thoughts, analyses, and suggestions that these leading contributors have made over the years. That changes in medical education are necessary seems no longer disputed. For medical education to maintain the position it has earned and to which it yet aspires, it must both be responsive to the concerns and pressures from external sources and at the same time adopt leadership postures that will allow progress to be made.

It is in this setting of both leadership and responsiveness that the university has a continually important role. The dramatic changes and improvements in American medical education that occurred during the era ushered in by Abraham Flexner and his landmark 1910 report are broadly appreciated. The partnership of our medical schools with their parent or associated universities has been vital to the advances that have occurred in medical education in the United States throughout this century. While closure of the proprietary “diploma mill” medical schools that existed at the beginning of this century was clearly important, the close and mutually supportive relationship with the university has been vital in developing the quality of our present medical schools and academic health centers.

The partnerships occasionally have been difficult, frustrating, and complicated. Issues of financing, promotion and tenure, administrative management, and intellectual coordination are the specific indices of loose or tight integration and vary widely among institutions. But regardless of degree, integration in general has promoted the incorporation of scientific rigor, the appreciation of research, and the incorporation of the
important values of free and open academic inquiry. This association has added immeasurably to the milieu of our medical schools and has contributed immensely to the quality of the physicians produced.

The Role Of The University In Medical Education

What specifically have our universities brought to medical education that is so valuable? In many cases it has not been financial stability. Evidence suggests that, at least at some of our most research-intensive institutions, the opposite notion has credibility. Is it simplification or “streamlining” of administrative policies, procedures, or practices? Probably not, because most medical schools, whether they be state-supported, state-assisted, or private, have needed to devote considerable time and energy to the difficulties of dealing with the governing boards and regulatory agencies found in and controlling their parent universities. Have the status, prestige, and reputations of the finest universities enhanced the stature of their affiliated medical schools? The answer probably is yes, but again, a converse argument might be made in other situations as well. With all of the problems, frustrations, and complications attendant to university and medical school relationships, what do these associations really bring to the medical education process, and what future promise do they offer as we discuss and plan for improvements and reformation of medical education?

The university does not provide a clear or specific algorithm for solving the problems of medical education as much as it does a framework within which to work and advance or model new ideas and knowledge. One of the major shortcomings in medical education that Flexner identified early in this century was that the system then provided for neither the development of new knowledge generally nor the ability for the physicians trained under that system to identify, incorporate, and practice the new ideas or facts that should be forthcoming. This orientation to continuous learning, research, and better understanding, which has had some place in American medical education for the past sixty or seventy years, now more than ever needs to be developed, advanced, and cherished. As John Gardner said in his essay Self Renewal, “If we indoctrinate the young person in an elaborate set of fixed beliefs, we are insuring his early obsolescence. The alternative is to develop skills, attitudes, habits of mind, and the kinds of knowledge and understanding that will be the instruments of continuous change and growth on the part of the young person. Then we will have fashioned a system that provides for its own continuous self renewal.”

This is a large part of the business of the university and the process of medical education: the ability to adapt,
grow, “reform,” or be renewed.

While much has been made over the years about the Flexnerian push to make medical education and medical practice more scientific, it seems clear that Flexner believed that medicine must be inextricably woven with both the humanities and the sciences. Furthermore, he accepted that for the humanities, medicine, and sciences to interact and influence each other appropriately, this melding must take place in a modern university. Because so much of medicine was unscientific at the turn of the century, it is understandable that a majority of Flexner’s pronouncements or concerns might be found under the rubric of scientific emphasis. But he clearly cautioned against “… the ethical limitations of a scientific education untempered by dialogue with the humanities.”

Institutional Review Boards (IRBs) have incorporated just this point, and appear to use university resources appropriately. Thus, for the purpose of the integration of science and humanities, medicine as a discipline must be found in a university.

In today’s changing world, the forces bringing American medical education to the university are even more cogent and compelling. With the proliferation of information and the narrowing of technical specialty skills, the university provides the only setting where educational experience is linked to the liberal arts, humanities, and behavioral and social sciences, that is, to the disciplines that are dedicated to broad learning rather than just to vocational training. For medical progress to continue, it is obvious that the role of research, or the creation of new knowledge, cannot become less important than it currently is. It is the province of the modern research university to foster the values and facilitate the process of research. At our own university, experiments as well as ongoing programs are under way to combine faculty skills in pharmacy and pharmacology, biochemistry, molecular biology, lasers, bioeconomics, bioengineering, artificial organs, bioethics, and the like. These programs use faculty from traditionally widely separated parts of the campus—separated in the past by academic cultures as much as by physical location.

It might be asked fairly whether or not the United States government might have established its great biomedical research enterprise, organized the National Institutes of Health, and developed its important mechanisms of funding biomedical research differently than it did. It could have centralized all of the resources and conducted all of the research, and its related enterprises, intramurally. It also could have supported the development of a larger number of independent research institutes throughout the country and funneled extramural research dollars and opportunities in these directions. The fact is that the decision was made...
to fund the extramural biomedical research agenda of our nation through the universities and their affiliated schools and colleges. While this system has some imperfections, most would agree that it has been overwhelmingly successful.

While the reasons for these decisions are multiple and complicated, it seems apparent that the universities have been recognized for and charged with the responsibilities of maintaining quality; protecting and encouraging free, honest, and open inquiry; and attracting the best investigators and teachers to their campuses. That the relationships generally have been helpful to the universities, at least financially, is undeniable. In like manner, these partnerships have been overwhelmingly positive for medical schools.

Economic Issues

The economic issues attendant to the relationship of university hospitals and the university require and deserve considerable thought and discussion. While Ebert and Ginzberg’s suggestions to divest the university of its teaching hospital may make ultimate economic sense in many settings, its possible impact on the medical school and medical education deserves very careful attention. Given the dependence of most medical schools on their primary, university-owned teaching hospitals, any reorganization that might make the university hospital less responsive to the needs of medical education and research should be viewed with concern. Alternatively, should a reorganization of the university hospital allow it better to serve and relate to its medical school missions either financially or through more functional teaching settings, such as ambulatory clinics, then a reorganization of the hospital in terms of its relationship with the parent university might be desirable for all. In most cases, the data are not yet clear enough to support strongly a particular theoretical position over the merits of local pragmatism.3

One of the most thorny dilemmas, which Ebert and Ginzberg did not specifically address, is who eventually will pay for medical education. It already is apparent that many students and potential students, particularly those of ethnic minority and disadvantaged backgrounds, have now exceeded their abilities to pay even for their highly subsidized medical education. Fiscal matters cannot be ignored in responsible dialogue and effort toward educational reform.

While perhaps the least practical, probably the most important reason for keeping medical education formally embedded in the fabric of the university is that medicine, more than ever, needs to be taught and learned in an intellectually mature way. As Flexner correctly observed
nearly sixty years ago, students who “sacrifice broad and deep university experience. . . in the long run find themselves intellectually and vocationally disadvantaged.” It is the university experience, together with its exposures and traditions, that best provides the student with the likelihood that she or he will be a critical, but flexible, lifelong learner. Even with the weaknesses of many of our universities and their partial failures in providing all of their students with the benefits and experiences of a broad liberal education, the environment of critical thought and open inquiry brings to medicine that which is vital and ever sustaining.

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