Primary care physician training declines in U.S.

The United States is training fewer primary care physicians and other professionals in health care related fields, according to a Government Accountability Office (GAO) report delivered to the Senate Health, Education, Labor and Pensions Committee.

The number of U.S. medical school graduates enrolled in primary care residency programs, such as family medicine, internal medicine and pediatrics, fell from 25,801 in 1995 to 22,146 in 2006, according to the GAO.

"It is beyond comprehension that America is not able to graduate the kinds of health professionals we need, and it is morally wrong that we are depleting the number of health care providers from the poorer countries of the world," charges committee chairman Senator Bernie Sanders (I-Vt).

"There are simply not enough primary care providers now, and the situation will become far worse in the future unless we do something," Sanders says.

He is proposing to double funding for the National Health Service Corps to $250 million next year. "Part of the solution lies in making medical, dental and nursing education affordable for all Americans," he notes.

Insurer backs down in fight over confidential disclosures

Lobbying by the American Medical Association (AMA) has prompted Blue Cross California to withdraw its policy of asking health care professionals to report pre-existing conditions among patients.

"The foundation of the patient-physician relationship is trust, and for health insurers to implement policies forcing doctors to break this trust and police patients is wrong," Edward L. Langston, MD, board member and fourth year medical student at Duke University.

"This high debt burden can and does play a role in students’ ultimate career choices, potentially deterring them from primary care specialties or practicing in underserved areas."

Among the provisions the AMA advocated for is a federal loan forgiveness program for physicians who serve in areas of need. That allows eligible medical specialists with five or more years of graduate medical education to qualify for up to $2,000 of forgiveness annually and up to $10,000 over five years of service.

Other provisions in the bill the AMA advocated for include disclosure requirements for private lenders and certain federal lenders to make student loans more transparent, and a Government Accountability Office study to analyze the impact of debt on medical school graduates.

The College Opportunity and Affordability Act of 2007, H.R. 4157, amends the Higher Education Act of 1965 (HEA) and reauthorizes it for another five years. The Senate passed its version of the bill on July 26, 2007. The House and Senate will hold a conference to resolve differences between the bills before sending it on to the president. The HEA expires on March 31, 2008.

Source: AMA

AMA lobbies for educational bill

The American Medical Association (AMA) reports it has “successfully secured” provisions in the College Opportunity and Affordability Act of 2007 that will help medical students and residents with their debt and ensure there are enough young physicians to serve the nation.

"Most medical students enter the workforce with substantial debt, an average of $140,000 when entering residency," notes Chris DeRienzo, AMA board member and fourth year medical student at Duke University.

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The Australian Dental Association (ADA) is praising Premier Bligh for adding fluoride to Queensland’s water supplies to improve the oral health of its citizens.

The action will bring Queensland in line with Australia’s other states and territories. Fewer than 5 percent of Queenslanders currently have had access to fluoridated public water.

Within two years, 80 percent of Queenslanders will be drinking fluoridated water, and by 2012, fluoridated water will reach more than 90 percent of its population.

Dr. John Matthews, president of the ADA, notes that water fluoridation “has proven to be an efficient, effective and an equitable public health measure” for reducing dental decay in all age groups.

Children in Townsville, a town in Queensland that began water fluoridation in 1964, have 45 percent less tooth decay than their counterparts in Brisbane, a city of nearly 1.8 million people that has no fluoride in its public water.

“Dental decay has ranked as one of Queensland’s most expensive health problems and, whilst fluoride will benefit all Queenslanders immediately, children and future generations will be the real winners,” Matthews says.

“Research shows that tooth decay in children in this state is higher than the national average: 2- to 6-year-olds have 30 percent more decay in their baby teeth, with a similar result for permanent teeth in 12 year olds. Fluoridation will turn this around and deliver better oral health for Queensland.”

The ADA reiterates its endorsement of fluoride.

“Although fluoridation has been subject to debate lately, there has been no convincing or credible scientific evidence that fluoride, when supplied at the optimum level (1 part per million) in drinking water, causes any adverse health effects,” the organization says.

Source: IADMD