

## **Exploding tuition fees a disaster for medical education**

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**By Dr. Gordon Guyatt**

"The financial burden on students is enormous," Sheila Harms was telling me. "The fees are high enough to keep talented students from lower income families, or mature students, from applying to medical school".

This conversation occurred almost two years ago when Ms. Harms, a McMaster University medical student, was reflecting on the explosion in medical tuition fees across Ontario. In 1994, for example, medical students at McMaster paid \$3,800 yearly tuition. By 2000, Ms. Harms' class was paying \$14,000 per year.

The explosion in costs resulted from a 1997 Ontario government decision to deregulate medical tuition fees. Before 1997, the government strictly controlled medical tuitions. Ontario's schools took full advantage of the opportunity to increase their revenues. By 2001, the average tuition in Ontario's five medical schools was \$11,546. The University of Toronto, the University of Western Ontario, and McMaster led the way: all had raised yearly tuition fees to over \$14,000.

In April 2002, research published in the Canadian Medical Association Journal provided support for Sheila Harms' impression of the impact of rising tuition fees. The research team, led by four U of T medical students, found a decreasing proportion of medical students from low-income families. Between 1997 and 2000, the percentage of Ontario students who reported a family income of less than \$40 000 fell from about 23% to 15%.

Rising tuition fees have made a bad situation worse. The medical students' survey reported that, in contrast to the 15% of medical students who now come from families with incomes less than \$40,000, almost 40% of Canadian families fall in this low income range. Less than 3% of Canadian families have incomes of over \$150,000; the survey found that 17% of the students reported these very high family incomes.

Should we care that children from affluent families have a better chance of going to medical school, and that the opportunity for the poor is so

limited? One obvious reason to care is a belief that all Canadians should have similar access to higher education. Low income Canadian children face significant barriers long before they might consider a medical education. Since applying to medical school requires that students already have a university education, potential applicants who cannot afford any education beyond high school are automatically eliminated. A recent survey reported that lower-income parents of 7th- and 8th-grade children in the Maritimes considered university beyond their reach. With tuition fees rising for all university programs, low income parents across the country are increasingly likely to feel the same way.

Issues of equity and fairness are not the only reasons for preferring more diversity among our doctors. The ideal physician understands not only the patient's medical issues, but also the life experience from which medical issues arise. Indeed, particularly in primary care, social and personal issues often have as big an impact on health problems as physical complaints. Students from low income families will have a deeper understanding of the social problems of poverty. This understanding benefits not only their future patients, but also the medical students and doctors with whom they train and practice.

Another consideration is ensuring care for underserved populations. Doctors, in general, like to practice in urban areas, and serve affluent populations. Canada faces chronic problems ensuring there are enough doctors serving rural areas, and delivering care to poorer populations in urban centres. Evidence suggests that if you are a doctor who grew up in a rural environment, you are more likely to return there to practice. If you come from a low income background, you are more likely to practice in a low income area.

A final issue has to do not with who enters medical school, but who emerges at the other end. The medical students' survey took advantage of the fact that, while Ontario fees have doubled since 1997, medical school tuitions in other provinces have held more or less constant. The average medical student in Ontario in 1997 expected to graduate with a debt of \$50,000. By 2000, the expected debt had increased to \$87,000. In other provinces, medical students reported no change in expected debt over this time period.

Large debts have two problems. First, they drive career choices. By 2000,

over 25% of Ontario medical students reported that financial considerations would have a major effect on their choice of specialty. Clearly, we would prefer our students to choose a career based on what they found interesting and enjoyable, and where they saw the greater need, rather than what would best help them deal with their financial problems.

Second, large tuition fees, and the debts that result, are likely to effect doctors' attitudes. The last 15 years have seen a number of doctors' strikes, and even more strike threats. Canada will benefit from doctors who experience themselves as working in a privileged profession, committed to public service, and less focused on their income. Public support of medical schools, with low tuition, is likely to create the desired attitude. Doctors who, as medical students, paid very high tuition fees, and consequently graduated with a large debt, will feel differently. They are likely to resent the limitations in income that go along with government attempts to operate the health care system as efficiently as possible.

In the long run, adequate public support of medical education will reduce strife between doctors and the government, and may even prove a better bargain for the public purse.