CAREERS FOR MEDICAL MEN

Some Opinions about Medical Practice in Government Services, with Special Reference to the Medical Services of the Armed Forces

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INTRODUCTION

This report is based upon a nation-wide survey of medical personnel, conducted in August, 1948. Three groups of medical men -- each limited to white, male citizens under forty years of age and in good physical condition, who were attending or had graduated from approved medical schools -- were included. Personal interviews were made with 455 junior and senior medical students attending summer session at the eleven medical schools which were holding summer sessions; with 654 internes and residents in 42 hospitals throughout the country; and with a national sample of 1,162 physicians in private practice.*

The immediate purpose of the survey was to determine how young medical men would be likely to react to a proposal to establish an Air Force Medical Service independent of that of the Army's. But in order to understand these reactions, the central question was investigated in the context of their professional aspirations and their attitudes toward professional service in governmental agencies, generally, and in the Armed Forces and the Army more particularly.

The main sections of this report document in some detail a situation which may be summarized about as follows:

For most men training to become doctors or already in practice, there simply are not any desirable alternatives to private practice. Most students, internes and residents are preparing to enter private practice and are expecting to find there relatively high financial rewards, together with the satisfactions deriving from professional independence, responsibility and freedom to pursue the work they are interested in as they see fit, and from their sense of social usefulness and the prestige bestowed upon them by the community. Most young doctors have found private practice highly gratifying; as satisfying, we may presume, as these trainees expect it to be.

Under these circumstances, there would be little enough reason why doctors should actively seek professional careers outside private practice. There is, in addition, however, a positive distaste for one of the major alternative career lines -- namely, careers in government medicine. Their views of the government services studied -- the United States Public Health Service, the Veterans Administration and the Armed Forces -- are, in good part, a depiction of all such agencies as inefficient and bureaucratic services which tend to get only incompetent men and which tend to misuse such men as they get, involving them in administrative duties or not using them in the specialties they are qualified in, all to the detriment of the practice of medicine and, especially, of personalized and adequate treatment of patients. Put more succinctly, doctors' criticisms of government services are, in the last analysis, simply a conclusion that the professional atmosphere of private practice is not to be found in them.

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*For a more detailed discussion of the sampling, see Appendix.

The Armed Forces, particularly, encounter these negative views. This hostility extends to all three military services,* though Navy and Air Force are somewhat less disapproved of than Army. It is for this reason, primarily, that a separate Air Force Medical Service would have somewhat greater appeal to doctors than the Army Medical Corps now does.

The basic difficulty of a separate Air Force Medical Service, or of any of the other agencies, civilian or military, for that matter, is that it can appeal primarily only to men not yet established in private practice. It is, typically, the men seeking further training before entering private practice, on the one hand, and the young practitioners who are dissatisfied, unsuccessful or not well established, on the other, who are likely to consider government service.

Medical students and internes can be appealed to by training programs of interneships and residencies that are comparable to the best they can obtain through more traditional civilian channels, although they do not wish to remain with these agencies for careers. All these agencies now offer some form of training program to medical personnel and further steps in this direction would surely help recruitment--as is evident from the overwhelming approval given the training features of the hypothetical Air Force Medical Service program. Of course, no agency can meet its staff requirements solely from this sort of transient group for whom expensive training must be provided. They may, perhaps, speculate that the men brought in by these means will revise their views of the agency, discard their negative stereotypes and find the atmosphere congenial enough to remain in the service permanently. It is a speculation, however, and certainly the men who had first-hand experience with the Armed Forces in the last war seem to be even more unfavorable toward them than men who did not have this experience. On the other hand, A. S. T. P. trainees are an exception, and their greater willingness to consider Army or Air Force duty, while it may to a certain extent indicate a recognition of a moral debt, more probably indicates a willingness to seek further training from an agency which proved, on first-hand acquaintance, to give medical training of high quality.

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*For example, many men, asked about the Air Force, simply exclaimed, "It's still the Army, isn't it!" In part, this may be their unfamiliarity with the recent reorganization of the Armed Forces, but, to a greater extent, it represents their disbelief that there are any important distinctions among the three services.

The other group of potential personnel -- the dissatisfied, unsuccessful or poorly established doctors -- seem of doubtful value. In the first place, it would be difficult to locate these men and concentrate recruitment efforts on them. In the second place, though perhaps more important, efforts to recruit such men can only boomerang by reinforcing the already common impression that service personnel are of this kind and thus still further reducing general interest in service.

In the short run, at least, any major diminution in doctors' distaste for such careers -- and, perhaps, even success in holding permanently men obtained as trainees -- would seem to depend on re-creating within these agencies the professional conditions and atmosphere of private practice, or as much of these as is possible. Since doctors, at present, appear to want exactly what they find in private practice, any modifications of public medicine in the direction of private practice should have a favorable reception in medical circles.

* * *

Much of the foregoing is in no sense new to those who have thought about the problems of the government medical services. A good deal of it, in fact, was at least foreshadowed by an earlier N. O. R. C. report*. But in the sections which follow there will perhaps be some new ideas and, certainly, a more systematic documentation than the problem has heretofore received.

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*"The Interne Looks at the Army", August, 1947.

I

THE GOALS OF YOUNG DOCTORS

Private Practice

Private practice, either individually or in small groups of complementary specialists, is the goal of most young medical men today. When asked: "Ideally, what sort of medical practice would you like to go into?", medical students, internes and residents replied:

	Medical Students	Internes & Residents
Private practice	54%	51%
Group or cooperative practice	36	39
Teaching, research, private institutional work	12	22
Armed Forces	*	*
Other government services	*	*
Miscellaneous	1	1
Don't know	2	1
Some gave more than one answer	105%	114%

However, many of them are not planning to enter practice immediately after qualifying to practice. About a third of each group are planning to pursue their training beyond their internships.

"After you have completed your interneship (residency), what do you plan to do?"

	Medical Students	Internes & Residents
Residency or post-graduate training	34%	32%
Private practice	41	48
Group or cooperative practice	6	4
Teaching, research, private institutional work	5	7
Armed Forces	2	2
Other government services	1	*
Miscellaneous	1	1
Don't know	10	6
	100%	100%

*Less than 0.5%.

Specialization

The desire for further training increases as men more nearly approach completion of the formal requirements: among junior medical students, 28% intended to take residencies or other training after completing their internships; among senior students, 39% planned to get further training; and among internes, 63% planned to. Even among the residents, all of whom had training beyond the interneship, 13% were planning further residencies or other training.

These data compare closely with those of a National Opinion Research Center study of internes made a year earlier*: At that time 66% were planning further training after their internships. This interest in further training was largely explained in terms of need: 86% of the internes planning more training reported that they "needed" more training. To some extent, this was a natural reaction to their first experiences as internes; treating their first patients might well lead them to feel unprepared as yet for full medical responsibility. To a larger extent, however, it represented the current trend toward specialization: over half the internes planning further training in the August, 1947, study explained that they needed the additional training in order to specialize.

This interest in specialization is, in part, reflected in the large number of men who indicated fields of special interest. Although the question asked was one which encouraged even men planning general practice to indicate their special interests, still it is noteworthy that only 8% of the students and 3% of the internes and residents replied that their interest in medicine was general. Internal medicine led the list of fields of interest with surgery, pediatrics, obstetrics and gynecology and psychiatry and neurology following in that order.

"What fields of medicine are you most interested in?"

	Medical Students	Internes & Residents
Internal medicine	46%	32%
Surgery	23	30
Pediatrics	20	11
Obstetrics & gynecology	19	12
Psychiatry & neurology	15	8
Miscellaneous**	17	22
No particular field, general practice...	8	3
Some gave more than one answer	148%	118%

*See National Opinion Research Center Report: "The Interne Looks at the Army", August, 1947, pages 1-3.

**Most frequently mentioned in this group, though named by no more than 4% of the men, were, in order of frequency: orthopedics, radiology, urology, dermatology and syphilology, opthalmology, otolaryngology and anesthesiology.

Among the younger practicing physicians surveyed, over half specialized to some degree: 46% limited their practice to a specialty, while 9% gave it special attention without fully limiting their practice. Two-fifths of the specialists were certified as diplomates of specialty boards; among the remainder, many were in process of certification, but had not been in practice long enough to complete the requirements. The specialties practiced were*:

	Percent of Specialists
Internal medicine	24%
Surgery	20
Obstetrics and gynecology	13
Pediatrics	9
Opthalmology	6
Otolaryngology	6
Psychiatry and Neurology	6
Urology	3
Dermatology and Syphilology	3
Orthopedics	3
Radiology	2
Miscellaneous	5
Total specializing	100%

Financial Rewards

Most students, internes and residents are expecting high financial returns from their profession. Only three students in a hundred and one interne in a hundred expect that their yearly earnings will be less than $5,000 after five years of private practice. Twenty-five percent of the students and 42% of the internes and residents estimate that their incomes will be $15,000 or above:

> "If you go into private practice, about how much a year do you think you will be making at the end of five years?"

	Medical Students	Internes & Residents
Under $5,000	3%	1%
$5,000 - $7,499	13	6
$7,500 - $9,999	16	8
$10,000 - $14,999	33	35
$15,000 - $19,999	16	29
$20,000 - $24,999	6	9
$25,000 and over	3	11
Don't know	10	7
	100%	100%

*The questions asked were: "Are you in general practice or do you specialize? (If 'Specialize'): What is your specialty? Do you limit your practice to that specialty or give it special attention? Are you a diplomate of the American Board of that specialty?"

The median estimate of expected earnings in private practice is $12,081 for students and $14,754 for internes and residents; that is to say, half the group giving estimates of future income expect to earn at least this amount. And financial expectations increase as men progress through the stages of a medical career:

	Median Expectations
Junior Medical Students	$11,059
Senior Medical Students	12,665
Internes	13,407*
Residents	15,377

In part, the growing financial expectations are attributable to the increase in the number deciding to continue training beyond the interneship, for those who expect to get further training have somewhat higher financial expectations. Nevertheless, internes planning to enter private practice immediately after interneship are expecting to earn more than are students whose plans call for beginning practice at that point:

	Median Expectations Among Those Who Plan to Enter Private Practice:	
	Immediately After Interneship	After Further Training
Junior Medical Students	$11,250	$11,618
Senior Medical Students	12,330	13,100
Internes	13,158	13,646
Residents	------	15,462

It is true that the earnings of young doctors are relatively high at present. In our sample of practicing physicians under forty, only 13% had net incomes under $5,000, while 14% reported net incomes of $15,000 and over. More than a third were earning at least $10,000. Median net earnings were $8,863:

> "May I ask you to tell me, in confidence, in which of these general groups your own income falls -- that is, after deducting professional expenses, of course?"

Under $5,000	13%
$5,000 - $7,499	21
$7,500 - $9,999	24
$10,000 - $14,999	22
$15,000 - $24,999	11
$25,000 and over	3
Don't know, won't say	6
	100%

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* A year earlier, the median income expectation of internes was somewhat above $11,000. See "The Interne Looks at the Army", pages 5-6.

Specialists, of course, reported higher incomes than general practitioners, the medians being $8,140 as compared with $9,497. The earnings of doctors increased with years of professional experience: specialists with ten years or more active professional work earning, on the average: $11,121:

Median Earnings of Doctors under 40:	General Practitioners	Specialists
With less than 5 years of experience	$6,620	$6,842
With 5 to 10 years of experience	$8,483	$8,891
With 10 years or more of experience	$9,514	$11,121

"Years of active professional service" is used here to include residencies, graduate training and service as medical officers, etc., as well as private practice, so it cannot be directly equated with years of private practice. However, if we assume that the group of doctors with over ten years of professional experience would have, on the average, five years of private practice, then it would appear that, though prospects for a young doctor are bright, the groups not yet in practice are overestimating, somewhat, their financial potential. At least two reservations must be made, however. First, it is possible that students and internes were thinking in terms of gross income rather than net; if this is the case, the item of professional expenses alone would account for the differential between their expectations and young doctors' actual net incomes. Second, while the doctors may have had five years of private practice, it is unlikely that they have been in continuous private practice for the last five years, since many of them served in the Medical Corps. Insofar as they have had interruptions in building their own practices, their incomes may be lower than a doctor starting today would receive after five continuous years. Certainly, we cannot ignore the fact that the greatest excess of income expectations over the earnings of doctors occurs in the groups closest to practice and, so, most likely to have a realistic outlook.

Non-Material Rewards

Doctors, as a group, are known to derive a great deal of gratification from their work. Among the young private practitioners studied, this was especially noteworthy, for 86% of them reported that private practice had turned out to be just as satisfying as they had thought it would be. (Twelve percent said that it hadn't turned out that way, 2% were undecided.) To a certain extent, this is merely saying again that the financial rewards of medicine are high, for the proportion satisfied with their practices increases as income increases:

"Have you found your practice as satisfying as you thought it would be when you first planned it?"

Among those whose income is:	Percent in each income group answering "Yes"
Under $5,000	71%
$5,000 - $7,499	83%
$7,500 - $9,999	90%
$10,000 - $14,999	89%
$15,000 and over	94%

The role of material rewards should not, however, be exaggerated, for even among doctors whose earnings fell among the lowest 13%, over two-thirds were satisfied with their practices.

When asked to explain their satisfaction, doctors frequently referred directly to the financial returns. A good many also discussed the satisfaction deriving from the fact that they were succeeding in practice -- that their practices were growing or large, that they were kept busy. Indirectly, these ideas may also imply satisfying financial returns, but they are also gratifying in themselves to doctors, whatever their implications.

Certainly, the idea most stressed by these doctors was their interest in and enjoyment of the work they are doing. Their comments clearly revealed the challenge and stimulation they find in putting their skills to use:

> I have an intense love for medicine; it has never become boring.
>
> --A general practitioner.

> I see more interesting cases than a specialist would.
>
> --A general practitioner.

> In the first place, you always are more interested as you learn more about your particular specialty. Besides there's never a dull moment.
>
> --A pediatrician.

> The branch I specialize in has two phases: peripheral vascular disorders and metabolic disorders. The first phase is my specialty -- it's new, and there's so much to learn.
>
> --An internist.

> It's work that I'm interested in and that I have been prepared for and feel qualified to carry out.
>
> --A cardiologist

> I find that it is as interesting as work can be.
>
> --A dermatologist.

> It just appeals to me; I like it better than any other specialty.
>
> --An obstetrician.

> I enjoy solving the problems in this specific specialty.
>
> --A neurosurgeon.

Also important, though less frequently mentioned, were their pleasant relations with patients and the appreciation, respect and prestige which accrues to the doctor. Closely related to this, is the satisfaction derived from a sense of doing socially useful work and helping people.*

Among the small group who were disappointed in private practice, the explanations given were about the reverse of the foregoing ideas: Feelings that their practices were not successful or not developing successfully led the list; a lack of interest in the work, usually attributed to an inability to pursue the specialties which held their interest, and dissatisfaction with the financial returns were also frequently mentioned. There was also a substantial group who found the practice of medicine more demanding than they had expected: complaints about the hours and the volume of work were frequent. A source of dissatisfaction, which was mentioned only infrequently as a source of satisfaction, was the matter of relationships with colleagues: the dissatisfied group rather often mentioned the difficulties put in the way of a young man, especially where hospital connections were concerned.

Only infrequently referred to as sources of dissatisfaction were fundamental criticisms of the medical profession itself: small minorities found private practice too competitive, with doctors too interested in making money, or felt that the system of private medical practice stood in the way of good medical care.

The detailed results of these questions were:

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* It is interesting in this connection that pediatricians and obstetricians, many of whom spoke of their love for children or the pleasure of bringing children into the world, showed the highest degree of satisfaction, 95% of them reporting that they were satisfied with their practices. Least satisfied were specialists in internal medicine, 81% of whom were as satisfied as they had expected.

"Why is that? (Why have or haven't you found your practice as satisfying as you thought it would be?)"

	Proportion of Satisfied Group
Likes, enjoys, or is interested in the work: doing work in field he wanted or is trained or qualified for; getting opportunities to use or develop skills	44%
Financially satisfactory: earning as much or more than expected	23
Pleasant personal relations with patients: is known and appreciated; receives respect, gratitude	14
Variety and/or volume of work: never a dull moment, always busy, active practice	13
Doing useful work: helping or enjoy helping people	11
Practice is successful (not specifically financial success): Progress more rapid than expected; practice growing, improving; getting new patients all the time	10
Independence: enjoys being own boss	5
Pleasant associations with colleagues: enjoys contacts with other doctors, hospitals, etc.	3
Miscellaneous	5
Reason not stated: It turned out to be as expected; knew what to expect, etc.	15
Don't know why	3
Some gave more than one answer	146%

	Proportion of Disappointed Group
Practice is not successful (not specifically financial success): not developing as rapidly as hoped; not kept busy, etc.	23%
Variety and volume of work: practice is too confining, too demanding; not enough time off	20
Doesn't like the work: not type of practice wanted, can't practice desired speciality; can't get desired training	19
Financial returns: not up to expectations	18
Unpleasant associations with colleagues: professional jealousies; older men don't help young men to get started; difficulties getting hospital staff appointments, etc.	16
Patients unappreciative: ungrateful, demanding, take doctor's time for trivia	8
Private practice too competitive: doctors too interested in making money	7
Not doing useful work: can't help all needing care because of costs of private medical care	6
Miscellaneous	12
Don't know why	3
Some gave more than one answer	132%

I N S U M M A R Y: Private practice, often with some degree of specialization, is the aim of most would-be doctors. Doctors today expect -- and usually find in private practice -- relatively high financial returns together with the less tangible though important gratifications of independence, enjoyment of their work, prestige in the community, and a sense of social usefulness.

II

MEDICAL CAREERS IN GOVERNMENT SERVICE

Opinions of Three Government Services

Sizable minorities of these young medical students, internes, residents and practicing physicians had unfavorable impressions of medical practice in the major government services employing physicians. They were most favorably disposed toward the U. S. Public Health Service, with from 54% to 64% reporting favorable impressions. Least favorably looked upon were the Armed Forces, whose medical practice was disapproved of by half of the students and physicians who expressed an opinion and by two-thirds of the interne and resident group. Opinions about the Veterans Administration were somewhere in between.

> "In general, do you have a favorable or unfavorable impression of medical practice in the United States Public Health Service? (the Veterans Administration?) (...the Armed Forces?)"

	U. S. P. H.	V. A.	Armed Forces
Medical Students			
Favorable	64%	48%	44%
Unfavorable	10	22	44
Don't know	26	30	12
	100%	100%	100%
Internes & Residents			
Favorable	61%	56%	31%
Unfavorable	19	26	62
Don't know	20	18	7
	100%	100%	100%
Practicing Physicians			
Favorable	54%	46%	45%
Unfavorable	18	34	45
Don't know	28	20	10
	100%	100%	100%

The proportions who criticised any one of these three agencies cannot be obtained directly from the data just shown. About two-thirds of the practicing physicians and the internes and residents and just over half of the medical students had unfavorable impressions of at least one of them. About a fifth of each group (20% of the medical students, 18% of the internes and residents and 19% of the practicing physicians) had favorable impressions of all three agencies. The remaining proportions -- 26% of the students, 11% of the internes and residents and 20% of the practicing physicians -- were not unfavorable toward any of the agencies but were undecided or had no opinion about at least one of them. The interrelation of unfavorable opinions is shown in the next table:

	Proportions with given opinions about three government agencies:		
	Medical Students	Internes & Residents	Practicing Physicians
Unfavorable Impression of:			
All Three Agencies	5%	7%	8%
Two Agencies			
Armed Forces & V. A.	9	14	12
Armed Forces & U. S. P. H.	3	8	3
V. A. & U. S. P. H.	*	1	4
One Agency			
Armed Forces	27	33	22
V. A.	8	4	10
U. S. P. H.	2	3	3
No Agency	46	30	38
	100%	100%	100%

A General Attitude toward Public Medicine

It is apparent that only a very small minority -- from 5 to 8% -- were unfavorably impressed by all three of these government services. Nevertheless, there is reason to believe that the criticism stemmed, in part at least, from a general attitude toward government service rather than from opinions of the specific agencies themselves.** For, if we look only at the group who had an unfavorable impression of the United States Public Health Service, we find that a plurality was critical of all the agencies and the vast majority of them -- over 80% in each instance -- was critical of at least one of the other agencies as well. In other words, less than a fifth limited their criticism to this one agency. Similarly with critics of the Veterans Administration: the majority did not limit their criticism to their agency. It is only in the case of the Armed Forces that there are sizable groups whose hostility was specifically directed at that agency.*** It is clear that there is something like a "halo effect", with the lesser known agencies, especially, being judged unfavorably by those who are rather generally unfavorable toward other agencies. These data are shown in the following table.

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*Less than 0.5%.

**From the technical standpoint, the Guttman Technique for scaling opinion data is a test of whether a series of opinion questions may be regarded as all relating to a single general attitude. Though the three questions we have are too few to offer a rigid check, it is significant that they scale with an average reproducibility of 94%, which strongly suggests the existence of a general attitude toward the public medical services. (See Louis Guttman, "A Basis for Scaling Qualitative Data", American Sociological Review, Vol. 9 (1944) pps. 139-50.)

***Because of this greater specificity, attitudes toward the Army and toward the Air Force are fully discussed in the next two major sections.

	Proportion among Those with Unfavorable Impression of								
	U. S. P. H.			V. A.			Armed Forces		
	Med. Studs.	Ints. & Res.	Prac. Phys.	Med. Studs.	Ints. & Res.	Prac. Phys.	Med. Studs.	Ints. & Res.	Prac. Phys.
Unfavorable Impression of									
Both of other agencies	45%	32%	41%	21%	25%	21%	10%	10%	16%
One Other Agency Only									
Armed Forces	34	44	19	43	55	37	-	-	-
V A	2	6	24	-	-	-	21	22	28
U S P H	-	-	-	1	4	12	8	14	7
No other agency	19	18	16	35	16	30	61	54	49
Total with unfavorable impression ...	100%	100%	100%	100%	100%	100%	100%	100%	100%

The General Critique

The specific criticisms leveled against these agencies from a medical standpoint differed somewhat from agency to agency and from one medical group to another, but four major points were among the five most frequently mentioned by each group with reference to each agency. These "blanket" criticisms were:

1. There is too much inefficiency, red tape and bureaucracy in government agencies. Doctors spend their time on paper work or on administrative duties and get little chance to practice medicine. Oftentimes, there is overstaffing and inefficient use of personnel, especially with regard to the misuse of specialists outside the field of their specialties.

2. Doctors in these agencies get too little opportunity for professional independence and initiative. They are supervised and regimented and required to follow orders in the treatment of their patients rather than having the responsibility for the patient themselves.

3. By and large, the medical personnel in these agencies is of poor quality. Only doctors who are too poorly trained to make a success of private practice or too lazy to accept the hard work that goes with it enter these services. In any case, the inefficiency and regimentation leads to deterioration of standards.

4. Patients receive impersonal and inadequate care in these agencies. This follows from any or all of the previous criticisms. Either the emphasis on administrative records or the insistence on set procedures or the low calibre of physicians in the services results in neglect of the patient, delays in treatment or less than the best of care. In any case, the mass methods make for impersonality; doctors cannot come to know their patients personally when they handle so many, and this alone makes for insufficient interest in the patient's welfare.

These four indictments, then, may be taken as the general impression of medical practice in government agencies held by all levels of medical personnel -- students, internes, residents and practicing physicians -- insofar as they are critical to them. In addition, however, certain criticisms are more peculiar to the particular agency.

Critiques of Specific Agencies

The United States Public Health Service was rather frequently criticized as an example of "socialized" or "public" medicine, which was opposed as being an invasion of the proper sphere of private practice.

More frequently than the other agencies, it received the related criticism that in employing physicians on a salaried basis, it tended to destroy their professional attitudes by depriving them of initiative and of incentive to improve or succeed. The Armed Forces and the Veterans Administration, perhaps because they cater to special segments of the population whose care by the government has been historically accepted, were less often criticized on these two grounds.

The Veterans Administration was more often criticized for its impersonal, inadequate handling of patients than were the other two government services. None of the agencies was frequently criticized for having inadequate facilities, being understaffed or rendering too limited services, but when this criticism was made it was most often applied to the Veterans Administration.

The Armed Forces were most often indicted for being inefficient and bureaucratic. The rather infrequent criticism that the kind of medical practice in the agency was so limited in scope that the individual doctor had little variety in his work and poor opportunities to learn anything new was most often mentioned in connection with the military services. And the charge of politics in the agency, leading to unmerited promotions and incompetent superiors, was rather frequently referred to the Armed Forces.

Among the levels of medical personnel studied, practicing physicians were more likely than the other groups to refer critically to these agencies as being "socialized" medicine, unfairly competing with private practitioners; internes and residents were the group most likely to take exception to salaried positions and to comment unfavorably on the quality of personnel in each of the agencies; students were somewhat more likely than others to criticize the training opportunities within the agency.

Full details of these criticisms are shown in the following table:

"Why do you have an unfavorable impression of medical practice in the United States Public Health Service? (...the Veterans Administration?) (...the Armed Forces?)"

	Proportion of Group Unfavorable with Reference to: U. S. PUBLIC HEALTH SERVICE			VETERANS ADMINISTRATION			THE ARMED FORCES		
	Med. Studs.	Ints. & Res.	Prac. Phys.	Med. Studs.	Ints. & Res.	Prac. Phys.	Med. Studs.	Ints. & Res.	Prac. Phys.
Inefficiency, red tape, bureaucracy, misuse of professional skills	13%	20%	19%	22%	28%	36%	40%	53%	61%
Little opportunity for professional independence and initiative	28	14	19	13	14	13	22	30	25
Poor quality of medical personnel	17	32	17	23	29	19	18	22	13
Impersonal and/or inadequate treatment of patients	13	13	14	25	17	32	24	15	13
Too much politics or political interference in practice and in promotions	7	7	10	4	19	6	9	16	16
Too little variety in practice; no opportunity to learn or advance in professional knowledge	9	6	4	8	4	2	14	15	7
Inadequate or insufficient facilities, staff or services	4	3	2	6	9	8	1	2	2
Disapproval of any government, organized or "socialized" medicine *per se*	11	20	28	3	8	13	1	2	2
Disapproval of salaried positions for physicians as destroying professional attitudes, lessening initiative and drive	7	13	8	5	7	6	4	6	3
Miscellaneous	11	12	10	12	8	7	7	9	7
Don't know why; just an impression	4	4	7	12	10	3	4	4	4
Some gave more than one answer	124%	144%	138%	133%	153%	145%	144%	174%	153%

Preferences among the Services

Although each of these groups -- students, internes and residents, and practicing physicians -- was more favorably impressed by the Public Health Service than by the Veterans Administration or the Armed Forces, when it came to choosing an agency for their own medical practice, only the students chose the United States Public Health Service. And, although the Armed Forces were consistently most criticized, they were the first choice of practicing physicians:

> "If you were going to practice medicine in a Federal Government Agency, would you prefer to practice in the U. S. Public Health Service, Veterans Administration or the Armed Forces?"

	Medical Students	Internes & Residents	Practicing Physicians
U. S. P. H.	36%	31%	24%
V. A.	28	39	23
Armed Forces	26	21	31
None of them, would refuse to practice, no preference, don't know..	10	9	22
	100%	100%	100%

As might be expected, men who had a favorable impression of a given agency were more likely to select it for their own practice than were men who were unfavorably impressed by or uncertain about that agency. Nevertheless, about a quarter of the men chose agencies of which their general impression was not favorable. Even among men who thought favorably of only one of the three agencies, close to a third chose agencies other than the one they approved of. The choices of this group of men are shown in the next table.

Proportion choosing each agency among men who have favorable impression of only one of them

	All men favorable toward only one agency			Men favorable only toward U. S. P. H.			Men favorable only toward V. A.			Men favorable only toward Armed Forces		
	Med. Studs.	Ints. & Res.	Prac. Phys.	Med. Studs.	Ints. & Res.	Prac. Phys.	Med. Studs.	Ints. & Res.	Prac. Phys.	Med. Studs.	Ints. & Res.	Prac. Phys.
Chose agency by which favorably impressed	59%	60%	49%	57%	59%	52%	73%	64%	44%	41%	52%	51%
Chose other agency:												
U. S. P. H.	7	6	7	-	-	-	3	13	14	30	9	10
V. A.	10	12	10	14	19	12	-	-	-	11	17	17
Armed Forces	16	12	14	21	13	17	21	14	23	-	-	-
No choice	8	10	20	8	9	19	3	9	19	18	22	22
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

These apparent inconsistencies suggest that these men thought not solely in terms of their over-all impressions of the agency but in terms of their own specific functioning within the agency as well. In point of fact, men most frequently explained their choices in terms of the medical opportunities available to them within the particular agency; they said that here they would get more opportunity to practice medicine at all or to put their specialties to use or, for the professionally younger groups, to get desirable training. After this important point was settled, they were interested in picking an agency which was efficient, relatively free of the bureaucracy and regimentation they deplored, one coming as close as possible to private practice in the matter of professional freedom. Thirdly, their choices sprang from experience: they had once had pleasant service with that agency or knew enough about it to be able to ensure themselves the choicer opportunities. It was only after these factors were out of the way that men got around to the general questions of the agency's program and its standards and personnel. The last things considered were pay and advancement and the facilities available.

The exact percentages given these various reasons for their choice were*:

	Proportion of those with preference		
	Medical Students	Internes & Residents	Practicing Physicians
Better opportunities to practice medicine or specialty or to learn or get training	41%	41%	36%
More efficiency, less red-tape, less regimentation, more freedom, closer to private practice	23	24	20
Experience or familiarity with agency and its procedures	16	13	24
Good program, good record, better reputation	8	10	5
Better medical standards or personnel	3	9	6
Better pay or opportunities for advancement	5	4	5
Better facilities or equipment	4	6	2
Miscellaneous	17	16	15
No particular reason, just like it better, don't know why	7	6	9
Some gave more than one answer ...	124%	129%	122%

* The question, "Why would you prefer that one?", was asked immediately following the question about preference cited in the table on page 16.

Men who chose a given agency even though they did not have a favorable impression of it were more likely to cite familiarity with the agency and medical opportunities within the agency as reasons for their choice.

Naturally enough, the Armed Forces, as the only one of the services in which large numbers of these medical men had served*, was most often chosen for reasons of familiarity. As might be suspected from our previous discussion, it was the service least often chosen for reasons of its efficiency, absence of bureaucracy and lack of regimentation. Beyond these variations, men tended to choose different services for the same reasons. That is to say, they appeared to desire the same things, but differed in their ideas of which agency would best afford them. Detailed tables for each of the agencies follow:

Reasons for Preferring the United States Public Health Service:	Proportion of those who prefer U. S. P. H.		
	Medical Students	Internes & Residents	Practicing Physicians
Better opportunities to practice medicine or specialty or to learn or get training	43%	42%	36%
More efficiency, less red-tape, less regimentation, more freedom, closer to private practice	30	27	31
Experience or familiarity with agency and its procedures	6	5	9
Good program, good record, better reputation	10	17	9
Better medical standards or personnel	3	9	7
Better pay or opportunities for advancement	6	1	2
Better facilities or equipment ...	2	3	2
Miscellaneous	16	13	12
No particular reason, just like it better, don't know why	10	10	12
Some gave more than one answer .	126%	127%	120%

*Details of men's military service are discussed in the next section.

Reasons for Preferring the Veterans Administration:	Proportions of those who prefer V. A.		
	Medical Students	Internes & Residents	Practicing Physicians
Better opportunities to practice medicine or specialty or to learn or get training	44%	46%	46%
More efficiency, less red-tape, less regimentation, more freedom, closer to private practice	27	32	22
Experience or familiarity with agency and its procedures	6	5	7
Good program, good record, better reputation	11	8	3
Better medical standards or personnel.	5	11	6
Better pay or opportunities for advancement	2	6	8
Better facilities or equipment	3	7	6
Miscellaneous	21	20	22
No particular reason, just like it better, don't know why	6	4	5
Some gave more than one answer	125%	139%	125%

Reasons for Preferring the Armed Forces:	Proportion of those who prefer Armed Forces		
	Medical Students	Internes & Residents	Practicing Physicians
Better opportunities to practice medicine or specialty or to learn or get training	35%	26%	26%
More efficiency, less red-tape, less regimentation, more freedom, closer to private practice	7	7	8
Experience or familiarity with agency and its procedures	42	41	47
Good program, good record, better reputation	3	5	3
Better medical standards or personnel	-	5	4
Better pay or opportunities for advancement	8	7	6
Better facilities or equipment	8	6	1
Miscellaneous	16	18	13
No particular reason, just like it better, don't know why	5	5	9
Some gave more than one answer	124%	120%	117%

Interest in Serving in Government Agencies

The distaste for working in these three agencies has been foreshadowed by the fact that over a fifth of the practicing physicians refused to consider practice in a government agency even in a hypothetical question. Lack of interest in, if not outright opposition to, careers in government services is widespread: in the case of each of the agencies, only a minority reported that they had ever as much as considered applying for a position. These figures varied from agency to agency and from medical group to medical group: the Veterans Administration had been considered by from a quarter to a third of each group; the United States Public Health Service, by about a tenth to a quarter; and the Army Medical Corps, by a fifth or less. About half had never considered any of these agencies; almost no one had considered all three. In detail:

> "Have you ever considered applying for a position with the U. S. Public Health Service? (...a position with the Veterans Administration?) (...a commission in the regular Army* Medical Corps?)"

	Proportions who have considered** indicated agencies among:		
	Medical Students	Internes & Residents	Practicing Physicians
U. S. P. H.	24%	18%	12%
V. A.	26%	33%	24%
Army Medical Corps	20%	17%	16%

	Proportions who have considered given number of agencies among:		
	Medical Students	Internes & Residents	Practicing Physicians
All three	1%	3%	1%
Two	15	12	9
One	37	35	32
None	47	50	58
Total	100%	100%	100%

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* This question was asked in terms of Army while the previous evaluation of agency question dealt with the entire Armed Forces. In omitting Navy, these figures do not reflect interest in the entire Armed Forces.

** These are the proportions who answered "yes" to the given question. The proportions who answered "no" are, of course, the difference between 100% and these figures.

These figures, however, decidedly overstate the current interest in these agencies, since they include among the interested those whose consideration is a thing of the past. There are many men who once considered an agency, decided against it and would not consider it again who, nevertheless, fairly reported themselves as having considered the agency.* Even among those who reported that they had actually applied for positions,** there would be some who had finally refused them and were no longer interested.

An analysis of the reasons given by way of explanation by those who had considered an agency but had not actually applied indicated that, except in the case of students, the large majority of this group had decided against the agency they had considered. Outside estimates*** of the proportions who might be regarded as currently interested are:

For U. S. P. H.:	13% of the medical students
	7% of the internes and residents
	6% of the practicing physicians
For V. A.:	16% of the medical students
	18% of the internes and residents
	16% of the practicing physicians
For Army Medical Corps:	13% of the medical students
	7% of the internes and residents
	1% of the practicing physicians

Full data for these estimates are shown on the next page.

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* The reasoning is especially applicable in the case of Army commissions. Many men gave some thought to the question shortly before their separation from service, but, having decided in favor of private practice, would not consider it now.

** In each instance, those who had considered the agency were asked: "Have you ever applied?" The proportions who had applied are shown in a later table.

*** For U. S. P. H. and V. A., these estimates were arrived at by adding together those who had applied and those who gave reasons indicating they might still apply. In the case of the Army, data reported earlier on the plans of students and internes and residents permitted the deduction of those who were not planning to enter service from those who had applied. For practicing physicians, it is assumed that their applications for commissions were primarily during the war and did not affect their current intentions, so none of these are included among the currently interested. In all cases these figures must be regarded as high estimates, since they include men who merely gave "polite" answers. Especially for U. S. P. H. and V. A., these are high estimates, since there was no way of removing those who had reconsidered their applications.

	Med. Studs.	Ints. & Res.	Prac.. Phys.
U. S. PUBLIC HEALTH SERVICE			
Have applied	4%	4%	5%
Have not applied, but reasons given indicate that person may still be considering it	9	3	1
Have not applied, and reasons given indicate that person has decided against it	11	11	6
Total who have considered U. S. P. H..	24%	18%	12%
VETERANS ADMINISTRATION			
Have applied	1%	9%	14%
Have not applied, but reasons given indicate that person may still be considering it	15	9	2
Have not applied, and reasons given indicate that person has decided against it	10	15	8
Total who have considered V. A.	26%	33%	24%
ARMY MEDICAL CORPS			
Have applied	1%	3%	6%
Have not applied, but reasons given indicate that person may still be considering it	12	5	1
Have not applied, and reasons given indicate that person has decided against it	7	9	9
Total who have considered Army	20%	17%	16%

It is not to be expected that all, or even most, men preparing to be doctors or actually in practice should be interested in the public services for a career, when the bulk of medical care is a matter of private practice. But the size of the interested groups is so small that, especially when we consider that not all the currently interested will actually enter these services, it is apparent that the present staffing problems of these agencies can be expected to continue.

Some Factors in the Lack of Interest

One factor in this lack of interest is, of course, the unfavorable impressions that so many medical men had of these agencies. That is to say, those who had favorable impressions of an agency were more likely to have considered employment in that agency than were men who were unfavorably impressed:

	Proportion who have considered agency		
	Med. Studs.	Ints. & Res.	Prac. Phys.
Among men FAVORABLE toward U. S. P. H.:	27%	21%	15%
Among men UNFAVORABLE toward U. S. P. H.:	15%	16%	11%
Among men FAVORABLE toward V. A.:	35%	43%	32%
Among men UNFAVORABLE toward V. A.:	19%	22%	20%
Among men FAVORABLE toward Armed Forces*	24%	20%	20%
Among men UNFAVORABLE toward Armed Forces*	15%	15%	11%

On the other hand, the explanations given by the men, themselves, indicated that their general impression of the standards of the agencies was not the sole consideration. Among the men who had never considered these agencies, distaste for the regimentation, bureaucracy and red-tape presumed to be involved in medical practice there was reiterated, along with an expression of preference for private practice for these or other reasons. Side by side with these judgments, however, was the matter of personal work interests again: many felt that the fields of medicine offered within an agency would not be interesting, that it would be too limited a practice, that opportunities for practicing their fields of specialization would not exist, that desirable training was not available. Less frequently mentioned personal considerations were the desire for permanence in location in order to establish a home and become part of the community and objections to the limited incomes and opportunities available within the services. Full responses are shown in the following tables.

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* The figures are the proportions who have considered Army among those who were favorable and unfavorable toward the Armed Forces.

Reasons for Lack of Interest in the U. S. Public Health Service*

	Proportions among men who have never considered it			Proportions among men who have considered it but haven't applied		
	Med. Studs.	Ints. & Res.	Prac. Phys.	Med. Studs.	Ints. & Res.	Prac. Phys.
Field of Medicine not interesting, too limited, no specialization or training opportunities	30%	38%	18%	12%	34%	16%
Want, like or prefer private practice, want personal contacts with patients	19	17	27	10	9	19
Regimentation, bureaucracy, red-tape	13	19	25	4	9	14
General dislike of government, organized or "socialized" medicine or of salaried positions	9	12	11	2	-	6
Limited salaries and/or opportunities for advancement	6	9	13	7	11	10
Lack of permanent location, desire to establish home, family considerations	2	3	5	7	2	6
Unfavorable impression of medical standards or personnel of agency	2	2	2	1	1	2
Insufficient information, just don't know enough about it	6	2	2	6	2	-
Not ready to yet; need more training, etc.	4	2	1	45	22	18
Miscellaneous	4	2	2	10	13	13
Don't know why, no particular reason, just not interested	18	14	13	3	18	11
Some gave more than one answer	113%	120%	119%	107%	121%	115%

*Based on the following questions: If have not considered, "Why haven't you ever considered it?" If have considered, but have not applied, "Why not? (Why haven't you applied?)"

Reasons for Lack of Interest in the Veterans Administration **

	Proportions among men who have never considered it			Proportions among men who have considered it, but haven't applied		
	Med. Studs.	Ints. & Res.	Prac. Phys.	Med. Studs.	Ints. & Res.	Prac. Phys.
Field of Medicine not interesting, too limited, no specialization or training opportunities	25%	32%	15%	17%	26%	15%
Want, like or prefer private practice, want personal contacts with patients	20	18	27	2	6	24
Regimentation, bureaucracy, red-tape	11	15	29	2	5	14
General dislike of government, organized or "socialized" medicine or of salaried positions	7	9	11	-	1	2
Limited salaries and/or opportunities for advancement	4	6	11	1	6	21
Lack of permanent location, desire to establish home, family considerations	1	1	3	1	1	6
Unfavorable impression of medical standards or personnel of agency	5	7	5	-	1	2
Insufficient information, just don't know enough about it	9	1	*	2	-	-
Not ready to yet; need more training, etc.	7	7	1	61	38	17
Miscellaneous	7	4	3	3	9	6
Don't know why, no particular reason, just not interested	16	15	13	12	10	9
Some gave more than one answer	112%	115%	118%	101%	103%	116%

*Less than 0.5%

** For the questions on which this table is based, see previous table.

Reasons for Lack of Interest in the Army Medical Corps**

	Proportions among men who have never considered it.			Proportions among men who have considered it, but haven't applied		
	Med. Studs.	Ints. & Res.	Prac. Phys.	Med. Studs.	Ints. & Res.	Prac. Phys.
Field of Medicine not interesting, too limited, no specialization or training opportunities	10%	14%	8%	4%	22%	10%
Want, like or prefer private practice, want personal contacts with patients	12	15	20	4	15	27
Regimentation, bureaucracy, red-tape	25	30	30	5	17	10
General dislike of government, organized or "socialized" medicine or of salaried positions	1	4	3	-	1	2
Limited salaries and/or opportunities for advancement	8	10	9	1	3	7
Lack of permanent location, desire to establish home, family considerations	6	11	8	2	8	13
Unfavorable impression of medical standards or personnel of agency	4	6	5	-	7	2
General dislike of military life	28	26	22	7	9	7
Not ready to yet; need more training, etc	4	1	*	61	13	5
Miscellaneous	17	8	7	12	18	20
Don't know why, no particular reason, just not interested	10	10	9	9	9	9
Some gave more than one answer	125%	135%	121%	105%	122%	112%

* Less than 0.5%

** For questions on which this table is based, see previous tables.

Conclusions Regarding Agency Recruitment

It is noteworthy that consideration of practice in these agencies is not at all related to the other information we have about the students, internes and residents. That is, it makes little difference whether they are younger or older, single or married, expecting to earn a modest or a high income, planning to enter private practice* with or without advanced training or planning to specialize in one field rather than another: about the same proportions have considered each of the agencies. With practicing physicians, the same observation may be made except that those who are disappointed in private practice and those whose incomes are near the bottom of the scale are somewhat more likely to have considered government service:

	Proportion of practicing physicians who have considered:		
	U. S. P. H.	V. A.	Army
Among those who find private practice as satisfying as they expect	11%	22%	15%
Among those who do not	21%	38%	24%
Among those with net incomes of:			
Under $5,000	18%	34%	20%
$5,000 - $9,999	14%	25%	18%
$10,000 and over	8%	21%	13%

The primary relationship remains one between degree of advancement in career plans and willingness to consider these agencies, as may be seen in the following chart.

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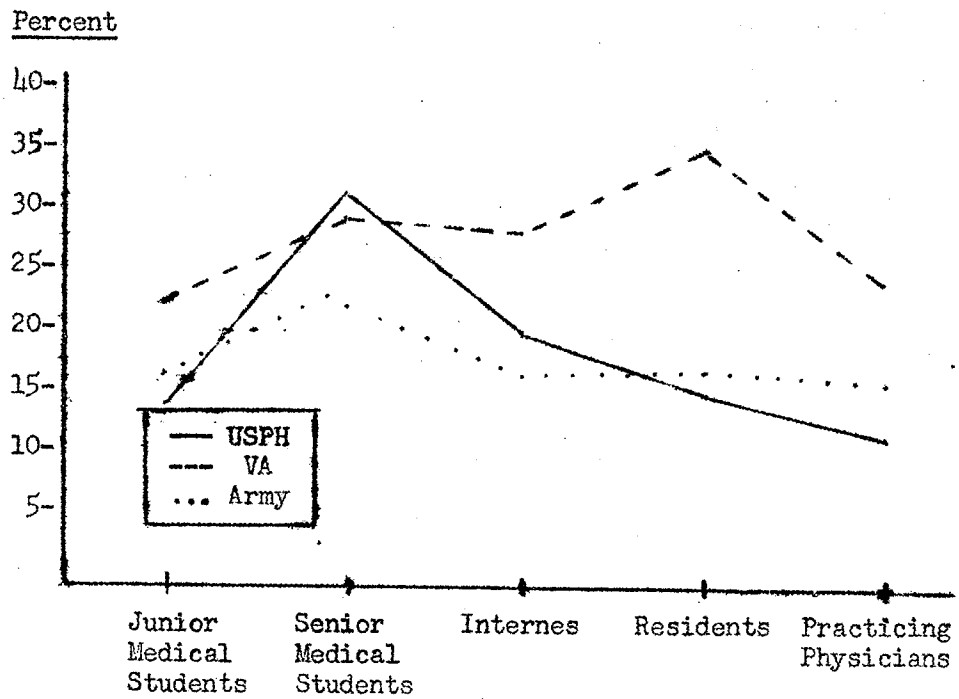
* Those who do not intend to go into private practice were, of course, more likely to have considered these agencies, since the group includes the men who have decided on these or similar careers.

Proportions Who Have Considered Each
Agency, at Given Stages of Medical Career



In general, it is the senior medical students, casting about for a desirable internship, and internes in search of residencies, who are most likely to have considered these agencies. The major exception to this is the Veterans Administration whose program has been more adapted to men interested in residencies than to those seeking internships. Moreover, their program of part-time consultancies in conjunction with private practice, has created interest on the part of practicing physicians who would not have considered the agency as an alternative to private practice.

It seems clear, then, that these agencies appeal most to men who have not yet established their careers. For the most part, these men regard the agency as a stepping-stone and will or will not consider it primarily in terms of the training it provides as a prelude to establishing private practices. If these agencies can function with this temporary sort of personnel, they can probably get them simply by constant attention to the range and quality of the training offered, as all of them are now doing to some extent. It may be that some of these men, once in the agency, will reconsider their decisions to enter private practice, though this would seem to depend largely on the extent to which these agencies can offer the values these men expect from private practice in the way of professional responsibility, initiative, independence and rewards.

While the small group of dissatisfied doctors are about as interested in agency practice as are students and internes, there would appear to be at least two reasons why seeking to recruit them is not as profitable as concentrating on men who have not yet embarked upon their careers: first, it would be almost impossible to reach these men economically, but, second, in view of men's adverse criticism of these agencies as a haven for the incompetent or unsuccessful, it is questionable whether the services should reinforce this impression by seeking them out.

S U M M A R Y: Medical men today have rather poor opinions of government medical agencies and even poorer opinions of the desirability of entering these services themselves. Whether men discussed the agencies generally, explained why they have not considered practicing in them or chose the agency they would prefer to practice in, they were concerned about the kind of work they would be doing and, if not already established in private practice, how it would move them toward that general goal. They also deplored the presumed absence of the professional atmosphere of private practice -- independence, initiative, responsibility for the patient. These agencies are most likely to attract medical personnel not yet ready for private practice insofar as the agencies can offer desirable training and use men in these temporary training capacities. The relatively small number of doctors who are disappointed in private practice may be another source of personnel.

III

MEDICAL CAREERS IN THE ARMED FORCES

Advantages of Civilian Practice

The problems of the medical services of the Armed Forces may be thought of as those of the other federal agencies only more so. As we have seen, doctors had more unfavorable impressions of medical practice in the Armed Forces than they had of either the United States Public Health Service or the Veterans Administration. They particularly stressed its bureaucracy and inefficiency, and often commented on its regimentation of medical personnel, its undue emphasis on "political" preferment in advancing medical careers, and the impersonality with which patients were treated.

These points were again underscored when medical men discussed the advantages of civilian practice over practice in the Armed Forces. Over three-fourths of each group dwelt on the professional freedom which exists in civilian practice. They felt that civilian practice gave or would give them independence in their professional careers; that they could establish the kind of practice they wanted and follow their own judgment in treating patients, or, as they so frequently put it, "just be my own boss". Some typical remarks were:

> The advantages are: one, reward is in general more genuinely based on ability and the performance of good medicine; the second point would be that you don't consider arbitrary rules, having nothing to do with good medical practices, given you by a bunch of darn fools whose primary purposes are to meet certain standards of military efficiency instead of good medical practices.
>
> --A junior medical student.

> You have a freer hand as a civilian. The Army has certain ways of doing things and the situation has already been taken care of by their regulations, so you can't do anything.
>
> --A junior medical student.

> You're not prevented from doing what you think is best, you can follow your own will and conscience, you can settle wherever you want, you're not regimented."
>
> --A senior medical student.

> No regimentation or red tape.
>
> --An interne.

More freedom and you can use your own ideas and initiative more.

--An interne

You have a feeling of independence, and you aren't limited by any special set of rules and regulations. Your activities and movements are not limited by orders; your results are not dependent on age, rank or any of that sort of thing.

--A resident in psychiatry

There's a loss of individuality in the Armed Forces -- too standardized and loss of initiative. In civilian life there's more freedom of practice; you can practice without interference and red tape.

--A resident in obstetrics & gynecology

The prime advantage is that responsibility is not passed on and this benefits both the patient and the doctor. When the patient comes to the private doctor he expects results from him.

--A general practitioner.

The freedom of personal life and practice. There is no one to tell me what to do and when to do it -- especially someone who knows nothing at all about the subject.

--A general practitioner.

There's nobody over you. You're your own boss and have your own practice. The kind of work you do doesn't depend on how many bars you have.

--An otolaryngologist

For the same reasons that I didn't care for the Army -- regimentation and lack of choice of location -- and (in private practice) I would be able to get as much work as I would like in my specialty.

--A gynecologist.

Personal freedom -- often a difficult matter to distinguish from professional freedom -- was another advantage seen in civilian practice by from a third to a half of the medical groups. These men thought in terms of coming and going as they pleased, living where they wanted to, establishing themselves permanently in some community, keeping their own hours, or having private lives aside from their careers in one sense or another.

Over a quarter of the men felt that there were greater financial returns in civilian practice, while a smaller group stressed the potential opportunities and the challenge and incentive implicit in their belief that in civilian practice a doctor's advancement and success are limited only by his ability and drive, as contrasted with the system of advancement they attributed to the Armed Forces.

The dimension of interest in the work was also mentioned by men who stressed the more varied nature of civilian practice as an advantage and by those who felt that they would learn more and have better opportunities to specialize in civilian life. Finally, men referred to better, more personalized relationships with patients and to the respect and prestige doctors receive in civilian practice.

The question asked was:

"What advantages do you see in civilian practice as compared with practice in the Armed Forces?"

	Medical Students	Internes & Residents	Practicing Physicians
Professional freedom and independence	76%	79%	76%
Personal freedom	42	49	34
Greater financial returns	25	28	30
Better opportunities to advance; more incentive to try	9	15	12
Better relationships with patients	8	11	14
Greater diversity of practice	16	8	7
Better opportunities to specialize	11	11	8
Greater respect, prestige given doctors	2	2	1
Miscellaneous	6	5	3
No advantages, don't know of any	*	-	1
Some gave more than one answer	195%	208%	186%

It is obvious that "civilian" practice meant "private" practice to almost all these doctors and doctors-in-training and that its advantages, as they saw them, corresponded almost precisely with their career-goals as presented in the first section of this report. Perhaps the greatest handicap of the military medical services is simply that they are seen as the opposite pole from private practice.

*Less than 0.5%.

Advantages of Military Practice

Despite their strong wish for private practice, their widespread disapproval of military medical practice generally, and their strong distaste for personally serving in the Medical Corps, most of these men recognized that there are certain advantages to practice in the Armed Forces. Although a decided majority of each group was able to see certain advantages, students and internes and residents, perhaps, because of their as yet uncertain futures, were more likely to perceive advantages than were practicing physicians: about four-fifths of the former groups saw advantages in Armed Forces' practice as compared with about two-thirds of the practicing physicians.

The three leading advantages, as these groups saw them were, first, the financial ones: the economic security, the certainty of income and the retirement provisions on the one hand and the immediately rather high earnings for young men just entering practice as well as their freedom from the risks and expenses of starting a private practice, on the other. The second advantage seen was the fact that practice in the Armed Forces would imply shorter and more regular hours, making for easier work and more leisure. Thirdly, men felt that in the Armed Forces there would be better or more supplies, facilities and personnel for their work.*

Somewhat less often mentioned as advantages were the feeling that medical men in the Armed Forces bore less responsibility for their patients' well-being, while having at the same time more authority to see that the patient carried out medical instructions; and the belief that, at least in certain fields or among certain population groups, the Armed Forces offered better opportunities than civilian practice for training, research or specialized practice.**

The only other advantages of the Armed Forces mentioned by as many as 2% of the men were the freedom such a practice gave doctors from concern over their patients' ability to pay for medical care, and, finally, the travel opportunities available.

The advantages men cited are shown in the following table.

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*It is noteworthy that in the course of a year the importance of this factor has declined, at least among internes. In August, 1947, 29% of the internes studied named these supply factors as an advantage of the Armed Forces, while in August, 1948, only 15% of the internes in our sample singled it out as an advantage. At the same time, the proportions seeing advantages in Armed Forces practice declined somewhat among internes -- from 90% in 1947 to 83% in 1948. See "The Interne Looks at the Army", page 14.

**It was shown in the earlier report, "The Interne Looks at the Army", that internes were well aware that the Army Medical Corps has made substantial contributions to progress in medical science. See page 16 of that report for the details.

"What advantages do you think there are in practice in the Armed Forces as compared with civilian practice?"

	Medical Students	Internes & Residents	Practicing Physicians
Financial advantages	54%	58%	42%
Shorter, more regular hours	24	33	33
Better, or more supplies, facilities, personnel	19	13	7
Less responsibility for patients, more authority over them	9	9	11
Better opportunities for practice, training, or research in certain fields or age groups	11	8	7
No convern over patient's ability to pay	4	5	7
Opportunities to travel	2	2	2
Miscellaneous	4	3	3
No advantages, don't know of any	19	21	31
Some gave more than one answer	146%	152%	143%

By way of caution, it should be pointed out that, in spite of the wording of the question, the advantages of medical practice in the Armed Forces were often discussed by doctors in terms of what they thought might be regarded as advantages rather than in terms of what they themselves would desire. This was especially true of the two most widely recognized advantages, economic security and shorter working hours. A quite common way of putting this was: "Well, there's regular pay and easy work, if that's all you want". Sometimes subtly, sometimes not, it was frequently implied that these things might seem important to some people, but a doctor, or this particular doctor, was not concerned about them and was rather contemptuous of those who were. In view of the professional tradition of seeming to deplore, but taking great pride in the demands made upon their time, this stereotype of the Armed Forces as a "lazy man's paradise" may well operate to the disadvantage rather than to the advantage of the military medical services.

The Influence of Previous Military Service

The large majority of each of these groups had seen military service in the last war:

-- Among the young doctors, four-fifths had served, almost all of them as medical officers; over half the group had, in fact, served as medical officers in the Army.

--Among the internes and residents, 87% had seen service, again, primarily in medical branches, but a quarter of them served as medical enlisted men -- primarily as A. S. T. P. or V-12 trainees.*

--Among the medical students, 81% had military experience, but had not, of course, served as medical officers. Half the group had served in medical branches, again primarily as A. S. T. P. or V-12 trainees*, while a sizable group had served in non-medical arms.

As between the three groups, medical students were most likely to have served in the Navy; practicing physicians, least likely. Very small minorities of each group had served with Air Force (then Army Air Force). Details of the men's military experience are shown in the following table.

---

*44% of the medical students, 60% of the internes and residents and 10% of the practicing physicians reported having received A. S. T. P. or V-12 medical training. For the interne and resident group, 35% of the 60% went on to become medical officers, leaving 25% of the group who never used their training as medical officers. For the practicing physicians group, 8 of the 10% practiced as medical officers.

Previous Military Experience

	Medical Students	Internes & Residents	Practicing Physicians
Served in ARMY			
In Medical Department			
As officers	-%	33%	52%
As enlisted men**	21	13	2
In non-medical branches			
As officers	8	3	1
As enlisted men	4	3	*
TOTAL SERVING IN ARMY	33%	52%	55%
Served in NAVY			
In Medical Department			
As officers	-%	16%	14%
As enlisted men**	26	12	*
In non-medical branches			
As officers	11	1	*
As enlisted men	2	1	*
TOTAL SERVING IN NAVY	39%	30%	14%
Served in AIR FORCE			
In Medical Department			
As officers	-	4	11
As enlisted men**	3	*	*
In non-medical branches			
As officers	5	1	*
As enlisted men	1	*	*
TOTAL SERVING IN AIR FORCE	9%	5%	11%
SUMMARY: Served in ARMED FORCES			
In Medical Department			
As officers	-%	53%	77%
As enlisted men**	50	25	2
In non-medical branches			
As officers	24	5	1
As enlisted men	7	4	*
TOTAL SERVING IN ARMED FORCES	81%	87%	80%
Did not serve in ARMED FORCES	19	13	20
	100%	100%	100%

*Less than 0.5%

**Includes A. S. T. P. or V-12 medical trainees.

Men with previous military experience were more likely to have an unfavorable impression of medical practice in the Armed Forces than were men who had not served, though this last group was simply more likely to have no opinion rather than to be more favorably impressed:

	Proportion of each group who are				
	Favorable	Unfavorable	Undecided or Lacking Opinion		
Medical students					
With military service	45%	49%	6%	=	100%
With no military service .	35	31	34		
Internes & Residents					
With military service	33	61	6		
With no military service .	27	57	16		
Practicing Physicians					
With military service	46	50	4		
With no military service .	42	24	34		

These opinions appear to be unrelated to the particular capacity in which the men served. That is to say, wherever the number of cases permits comparison, students who served as medical enlisted personnel, as officers or as enlisted men in non-medical branches had about the same views on medical practice in the Armed Forces, and similarly for each of the other groups. Generally, also, men who served in one department -- Army, Navy or Air Force -- rather than another did not vary particularly in opinions. What appears to be the case is that men who served as Navy medical officers had more favorable opinions than men who served as medical officers with either Army or Air Force, while Army enlisted medical personnel were more favorable than Navy medical enlisted men.

Proportion with Unfavorable Impression of Medical Practice in the Armed Forces, according to Type of Previous Military Service and Medical Standing

	Proportion with Unfavorable Impression among those serving in given capacity in:			
	All Services	Army	Navy	Air Force
Served as medical officers				
Practicing Physicians	50%	51%	42%	55%
Internes & Residents	61%	64%	51%	74%
Medical Students	*	*	*	*
Served as enlisted men in medical departments				
Practicing Physicians	*	*	*	*
Internes & Residents	62%	52%	73%	*
Medical Students	47%	43%	52%	*
Served in non-medical branches				
Practicing physicians	56%	58%	*	*
Internes & Residents	58%	57%	60%	*
Medical Students	48%	49%	47%	52%
Total with Service				
Practicing Physicians	50%	51%	42%	54%
Internes & Residents	61%	60%	59%	71%
Medical Students	49%	47%	50%	49%

Except for Navy men, few of the former medical officers had retained reserve commissions. In the Army and the Air Force, men who had received A. S. T. P. medical training were somewhat more likely to have reserve commissions:

	Proportion of medical officers in each service now holding reserve commissions:	
	Received A.S.T.P. or V-12 Training	No military medical Training
Army	39%	25%
Navy	87%	69%
Air Force	35%	24%

*Too few cases to report a percentage.

By and large, men who had previous service were less likely to be interested in commissions in the regular Army Medical Corps than were men who had never served. Men who had received A. S. T. P. medical training, however, were most likely to have considered applying for Army commissions.

	Proportions in each service who have considered applying for an Army commission:		
	Medical Students	Internes & Residents	Practicing Physicians
Served in Army or Air Force			
Received A. S. T. P. training ...	38%	23%	23%
Did not	13%	18%	15%
Served in Navy	11%	7%	7%
No military service	22%	18%	18%

Preferences among the Military Departments

If these young doctors were going to serve in the medical branches of the military services, they would choose, typically, the service in which they had previous experience:

> "If you were to serve in the Medical Corps (again)*, which branch would you prefer -- Army, Navy or Air Force?"

	Proportions answering:				
	Army	Navy	Air Force	None, no preference, don't know	
All men					
Medical Students	23%	49%	17%	11%	= 100%
Internes & Residents	34	43	14	9	
Practicing Physicians	36	30	19	15	
Men who served in ARMY					
Medical Students	46%	20%	18%	16%	
Internes & Residents	54	22	14	10	
Practicing Physicians	54	18	14	14	
Men who served in NAVY					
Medical Students	6	86	4	4	
Internes & Residents	9	80	5	6	
Practicing Physicians	10	79	5	6	
Men who served in AIR FORCE					
Medical Students	10	7	71	12	
Internes & Residents	13	8	74	5	
Practicing Physicians	15	8	70	7	
Men with NO service					
Medical Students	23	36	15	26	
Internes & Residents	21	47	11	21	
Practicing Physicians	22	32	16	30	

*parenthetical "again" was used when the question was asked of men who served in the Medical Corps previously.

Navy men were most likely to prefer their original branch of service; Air Corps men were slightly less so. There was greatest defection from the Army. These choices were independent of their previous assignments: enlisted men were as likely to choose their old branch of service as were officers, and men who had served in non-medical branches chose the medical branch of their old service about as frequently as men who had served in that medical branch.

As these results imply, familiarity was an important factor in choice. Other than this element of experience, the same sorts of reasons were given as we have seen before: men chose the branches which they thought would offer the best medical opportunities and the most efficiency and lack of regimentation. Army was often picked because of the medical opportunities it afforded, but seldom picked for its efficiency. Navy and Air Force were less often credited with affording good opportunities for training or practice but were more often acknowledged as relatively free of regimentation. The higher pay standards of Air Force were sometimes mentioned.

Details of these answers are shown in the next table.

Reasons for Service Preference

	Proportions among men preferring ARMY			Proportion among men preferring NAVY			Proportions among men preferring AIR FORCE		
	Med. Studs.	Ints. & Res.	Prac. Phys.	Med. Studs.	Ints. & Res.	Prac. Phys.	Med. Studs.	Ints. & Res.	Prac. Phys.
Experience, familiarity	48%	54%	61%	57%	44%	28%	29%	26%	32%
Better opportunities to practice medicine or specialty or to learn or get training	31	30	23	12	21	18	12	24	16
More efficiency, less red-tape, less regimentation, more freedom	4	5	2	15	12	17	14	7	15
Better facilities or equipment	7	3	2	8	8	9	1	2	4
Better medical standards or personnel	-	1	*	5	6	9	-	2	4
Better pay or opportunities for advancement	2	2	*	2	1	4	18	14	7
Good program, good record, better reputation	-	*	*	8	20	19	4	11	12
Better treatment of medical personnel	-	-	-	2	8	8	4	4	1
Features unique to the services, e. g. likes, dislikes, flying, sailing	13	8	9	4	8	8	18	15	14
Miscellaneous	9	8	4	6	8	8	20	11	12
Don't know why, no particular reason, just like it better	7	5	5	6	6	10	3	12	8
Some gave more than one answer	121%	116%	106%	125%	142%	138%	123%	128%	125%

* Less than 0.5%

** Includes such items as: "It gets a better type of enlisted man," "it has better morale," and a variety of seldom-mentioned explanations.

S U M M A R Y: The Armed Forces encountered more antagonism on the part of doctors, residents, internes and students than either of the other government services. Private civilian practice was seen as the antithesis of military practice and valued for its contrasting features. Service during the last war served to reinforce these impressions. There is, however, some evidence that men who benefited from A. S. T. P. training in their medical careers are more disposed toward Army service. Though few men wished to serve again, they would choose to serve in their old branches if they served again. Army would be least successful in holding its own men while Navy and Air Force would hold their own and gain from Army because they were viewed as somehow less military.

IV

MEDICAL CAREERS

IN A HYPOTHETICAL AIR FORCE MEDICAL SERVICE*

The Proposed Program

At the present time, the Surgeon General's Office is responsible for recruitment of medical personnel for both Army and Air Force. In view of the fact that Army has, relatively, less appeal for men than does the Air Force, it seemed desirable to explore how medical men would react to an independent Air Force Medical Service. They were, therefore, presented with the following statement:

> The National Military Establishment may set up an independent Air Force Medical Service.
>
> If the Air Force has an independent medical service of its own, it would probably be similar to that of the Army's in the following respects:
>
> (1) It will provide hospital facilities equivalent to those of the Army.
>
> (2) Medical officers in the Air Force will have opportunities for diversified medical practice in the treatment of service families, including women and children.
>
> (3) Opportunity for training and research in civilian hospitals will be provided. During the first ten years of service, approximately three years of specialized training in military or civilian hospitals and institutions will be assured. The personal preferences of the individual medical officer will be given every consideration.**
>
> (4) Medical officers will receive $100 a month more than other officers of the same grade.
>
> (5) A medical officer who enters service just after his internship is commissioned as a First Lieutenant at $4,600 a year for unmarried men and $5,000 for married men. A medical officer who enters service with three to ten years of professional experience will be commissioned as a Captain at $5,000 a year for unmarried men and $5,500 for married men.
>
> (6) Approximately one quarter of the income of a medical officer is tax free.
>
> (7) Promotions will be made on the basis of merit, seniority and age.
>
> (8) During peacetime, a normal tour of duty in one place is four years. Every effort is being made to adhere to this policy.
>
> (9) After thirty years service, a medical officer retires with an income of about $5,000 a year. An officer may retire at any time after twenty years, with an income of about $3,900 a year.

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*Parts of this section appeared earlier as a memorandum entitled "The Probable Effect of Establishment of an Independent Air Force Medical Service on Procurement of Medical Personnel".

**This provision is not exactly the same as the Army's Residency Program although the similarity is implied here. The Army has currently been offering a year of training for each year of service, a more generous arrangement than this one.

In addition, the Air Force medical program would probably provide these special features:

(10) Opportunities to train at the School of Aviation Medicine as flight surgeons will be made available on a competitive basis. Men who attend the school will receive flying pay during their nine months' course and will learn to fly. Those who qualify after completing training will become flight surgeons and receive flying pay of $1,200 to $3,000 a year in addition to their regular salaries.

(11) Opportunities for research in aviation medicine will be provided.

(12) Medical officers in the Air Force will have greater opportunity to travel.

Reactions to the Proposed Program

An independent Air Force Medical Service, following the hypothetical program just outlined*, would appeal to a large number of medical students, internes and residents and young physicians. Close to half the medical students and about a third of the other medical groups felt that this program would appeal to them:

"In general, would that program appeal to you?"

	Medical Students	Internes & Residents	Practicing Physicians
Yes	46%	33%	35%
No	54	67	65
	100%	100%	100%

The most attractive feature of the proposed program was its provision of opportunities for training and research in civilian institutions. Two-thirds of the practicing physicians and about three-quarters of the student and the interne and resident groups indicated this feature as one of the most attractive. Opportunities for diversified medical practice within Air Force and the retirement provisions were the next most appealing parts of this program, being selected by from a third to a half of each group. Practicing physicians, as a somewhat older, more established group, were relatively more attracted by the retirement features than by opportunities for diversified experience and practice, while students were more interested in this diversified experience than they were in retirement.

The group of provisions centering about earnings -- the basic income of medical officers, the provision of an extra $100 a month to officers, and the opportunity to train as flight surgeons with the attendant extra flying pay -- were the features of intermediate appeal to students and internes and residents, being chosen as attractive by from a fifth to a third of each group. Practicing physicians also put income features in fourth place, although this group tended to be more interested in the income-tax exemption than in the size of immediate earnings.

Over a third of each group found nothing to dislike in the program, and those who did disapprove of specific details were much less unanimous than they had been in selecting desired features. In no case was any feature of the program disapproved of by more than a third of the men. Most frequently mentioned as disliked were the four year tour of duty, the promotion system, basic salaries, and opportunities for travel.

*It should be kept in mind that medical men were asked to appraise the idea of an independent Air Force medical service which followed this specific program. Changes in the program would undoubtedly have affected their reactions.

"Of the things about the program listed on the card, which seem to you to be the most attractive features?"

"What particular things don't you like about it?"

	Proportion mentioning each as MOST ATTRACTIVE			Proportion mentioning each as NOT LIKED		
	Med. Studs.	Ints. & Res.	Prac. Phys.	Med. Studs.	Ints. & Res.	Prac. Phys.
Opportunities for training and research in civilian hospitals and universities (3)**	73%	74%	68%	3%	2%	4%
Retirement provisions (9)	33	40	49	7	6	7
Diversified medical practice (2)	47	35	34	3	5	5
Basic salaries (5)	33	23	18	16	19	28
Flight surgeon training and extra pay (10)	27	22	18	3	6	10
Extra $100 a month for medical officers (4)	19	22	22	4	4	8
Opportunities for research in aviation medicine (11)	19	20	19	3	5	6
Income tax exemption (6)	10	18	22	3	2	3
Promotion system (7)	13	14	22	20	22	16
Four year tour of duty (8)	10	13	17	31	32	21
Hospital facilities equivalent to Army (1)	8	11	17	5	4	6
Opportunities to travel (12)	11	11	12	10	9	13
None of them	4	6	12	38	35	36
Don't know	*	1	2	1	2	3
Some gave more than one answer	307%	310%	332%	147%	153%	166%

*Less than 0.5%

**The number in parentheses refers to the preceding statement of the plan where each of these categories is stated in full.

To sum it up, there were only from 3 to 5% who expressed unqualified disapproval of the plan -- that is, they found nothing about it attractive and disliked one or more of its features. Another 2 to 9% were indifferent: they found nothing attractive but nothing they particularly disliked either. Around half the men expressed mixed feelings: they liked some things but disliked others. The remainder -- close to two-fifths of each group -- expressed only approval: They did not dislike any of the plan's provisions and did find some of them attractive.* The exact proportions are shown below:

	Medical Students	Internes & Residents	Practicing Physicians
Disapproving	3%	4%	5%
Indifferent	2	3	9
Mixed	56	56	50
Approving	39	37	36
	100%	100%	100%

One word of caution is needed, however. To a large extent, it was the features of the plan which are common to the Army's program as well that were important in men's opinions.** For example, among those just classified as approving, 53% of the medical students, 57% of the internes and residents and 69% of the practicing physicians singled out as attractive only provisions common to the two programs, although there was not in this group, of course, any positive dislike for the unique Air Force provisions. All but 1 or 2% of the remainder selected unique Air Force provisions in combination with common features. Similarly, among the group classified as having mixed feelings about the Air Force program, close to half limited their likes and dislikes to the common provisions, and the next largest group also limited its criticisms to common provisions, while liking both types:

	Proportions among those who approve		
Type of Feature approved of	Medical Students	Internes & Residents	Practicing Physicians
Only those common to Army	53%	57%	69%
Only those unique to Air Force	2	2	1
Both types	45	41	30
Total approving	100%	100%	100%

*This approval could, of course, range from the luke-warm to the enthusiastic.

**The training program, though differing from Army's is here included among the common provisions, since there is little question that men would be even more favorably inclined toward the Army provision.

Type of Feature approved of and disliked	Proportion among those with mixed feelings: Medical Students	Internes & Residents	Practicing Physicians
Like only those common to Army, dislike only those common to Army	48%	44%	47%
Like both types, dislike only those common to Army	29	33	21
Like only those common to Army, dislike both types	7	9	13
Like both types, dislike both types	7	8	11
All other combinations	9	6	8
Total with mixed feelings	100%	100%	100%

To a large extent, then, medical men were not reacting to the Air Force plan as sharply different from other military programs, and much of their criticism and comment must be regarded as having general applicability to the Army as well as to the Air Force.

Probable Effect of an Air Force Medical Service on Procurement*

Although there was considerable approval of the possible new program, it did not, for the most part, rise to the level of willingness to consider applying for a commission. Only 7% of the practicing physicians, 9% of the internes and residents and 20% of the medical students indicated that they would at least consider applying for a commission in an Air Force Medical Service if the program were put into effect:

"Would you consider applying for a commission if that program went into effect?

	Medical Students	Internes & Residents	Practicing Physicians
Yes	20%	9%	7%
No	77	88	91
Don't know	3	3	2
	100%	100%	100%

*It is impossible to say from survey data how many medical men will actually enter the military services. We can discuss only the numbers who were "interested" or "willing to consider" the Army or Air Force. Yet it seems reasonable to assume that shifts in actual behavior will be in the same direction as shifts in opinion. That is to say, it is likely that an increase in the number of men considering service will result ultimately in an increase in the number of men entering service, even though it cannot be assumed that all or even most of the men considering military service will actually enter it.

The first conclusion which may be reached is that the establishment of an independent Air Force Medical Corps with the program proposed in the survey would result in an increase in the number of medical men willing to consider military careers. This would be the case simply because the number of men who said that they would consider applying for a commission under the Air Force plan, if it went into effect, is larger than the number who can presently be assumed to be considering a commission in the Army Medical Corps. In summary, these figures are:

	Medical Students	Internes & Residents	Practicing Physicians
Proportion who would consider applying under Air Force plan	20%	9%	7%
Estimated proportion who have considered Army Medical Corps and who would still consider it*	13%	7%	1%

It is obvious from these data that the Air Force plan appealed to men who would not otherwise be interested in military medicine. It is also true that the Air Force plan appealed to men who were still considering the Army. Yet, there were men who were presumably still considering Army medical careers but who were not interested in the Air Force plan. As a result, the size of the group who would consider either Army or Air Force medical service was larger than either of the foregoing set of figures indicates, though not as large as the sum of the two:

*See pages 25-6 for the method of determining this proportion.

	Medical Students	Internes & Residents	Practicing Physicians
Total proportion who either would consider applying under Air Force plan or were still considering Army Medical Corps	27%	14%	8%
Would consider applying under Air Force plan only ...	14	7	7
Were considering Army and would consider Air Force plan	6	2	*
Were considering Army only (would not consider Air Force plan)	7	5	1

A further question in the survey indicated that practically all of the men in the middle group -- that is, the group willing to consider either Army or Air Force -- would prefer Air Force if this plan were in effect, leaving only the last group -- somewhat over half of those considering Army -- still interested in Army**.

It is clear, then, that the Air Force plan would attract a number of men not interested in the Army program. In addition, some men, otherwise interested in Army medical service, would transfer their interest to the Air Force, if this plan were in effect. There still would remain, however, a number of men, larger than the number diverted, who would be interested only in Army service.

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*Less than 0.5%.

**Men were asked about their interest in the Army Medical Corps before they were given any information about a possible Air Force plan. For this reason, some men reversed their position on the Army Medical Corps when they were asked to compare the two in the question: "If the Air Force goes through with this hypothetical plan, would you prefer a commission in the Air Force Medical Service or the Army Medical Service?"

Higher Pay for Military Doctors?

Close to half the medical men surveyed felt that higher salaries for medical officers would make the Air Force Medical program more attractive to them:*

> "Would this Air Force medical program be more attractive to you if the salaries of medical officers were higher?"

	Medical Students	Internes & Residents	Practicing Physicians
Yes	47%	46%	49%
No	51	52	49
Don't know	2	2	2
	100%	100%	100%

These responses must, of course, be discounted, in the light of a general tendency to approve of higher earnings in principle even when these would not motivate them to enter service. But when we allow for this, there is still an indication that interest in service would increase with increased earnings, for the proportions who would consider applying for commissions if salaries were as high as they felt they should be were 15% of the practicing physicians, 17% of the internes and residents, and 22% of the medical students. Since some of the men who expressed interest in commissions under the Air Force plan did not feel that salaries should be higher, the total proportions willing to consider Air Force commissions in the event of higher remuneration would be still higher:

	Medical Students	Internes & Residents	Practicing Physicians
Willing to consider Air Force plan in any case			
Higher salaries would not make it more attractive	8%	3%	1%
Higher salaries would make it more attractive	12	6	6
Willing to consider Air Force plan only if salaries are higher**	10	11	9
	30%	20%	16%

The kind of salaries these men were thinking of is shown in the following table. As we see there, over half the men whose interest in commissions was contingent upon higher salaries felt that salaries should be in excess of $10,000. And, even among the group who had originally been willing to consider the Air Force medical commissions before the mention of higher earnings, from 26% to 42% of those who conceded that more money would increase its appeal felt that salaries should be at that level.

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*This statement can undoubtedly be extended to the other services as well.

**The exact question asked was: "If salaries were that high (as high as respondent thinks they should be) do you think you would consider applying for a commission?"

"How high do you think they should be?"

	MEDICAL STUDENTS		INTERNES & RESIDENTS		PRACTICING PHYSICIANS	
	Would consider anyway, but more attractive with higher salaries	Would consider only if salaries were higher	Would consider anyway, but more attractive with higher salaries	Would consider only if salaries were higher	Would consider anyway, but more attractive with higher salaries	Would consider only if salaries were higher
Under $5,000	3%	2%	6%	*%	3%	*%
$5,000 - $7,499	25	19	18	6	35	12
$7,500 - $9,999	22	19	22	16	22	29
$10,000 - $14,999	26	41	36	55	26	48
$15,000 and over	5	9	6	11	*	6
Should be comparable to civilian earnings, exact amount unspecified	13	4	8	11	7	3
Indefinite, but higher	6	6	4	1	7	2
	100%	100%	100%	100%	100%	100%

As might be expected, those whose interest was contingent upon higher salaries gave, on the average, higher estimates of what Air Force earnings should be. Internes and residents tended to give the highest estimates, which is consistent with the tendency of this group, noted earlier, to have the highest financial expectations, generally. Both this group and the student group gave estimates of what Air Force salaries should be which were, on the average, lower than the earnings they were expecting after five years of private practice. Practicing physicians, on the other hand, tended to feel that Air Force salaries should exceed their present earnings. To a certain extent, the data shown below suggest an element of unrealism or uncertainty in the financial outlook of men not yet in practice which is manifested in their willingness to consider less lucrative arrangements. It is possible, also, that many of these men have, through a kind of bargaining psychology, overstated what they would consider a reasonable military salary.

	Median Estimates of	
	Desired Air Force Salary	Earnings in Private Practice
Medical Students		
Who would consider any way but more attractive with higher salaries	$ 8,833	$12,109
Who would only consider if salaries were higher	$10,658	$14,583
Internes & Residents		
Who would consider any way but more attractive with higher salaries	$ 9,615	$13,796
Who would only consider if salaries were higher	$12,115	$15,526
Practicing Physicians		
Who would consider any way but more attractive with higher salaries	$ 8,167	$ 6,830
Who would only consider if salaries were higher	$10,733	$ 8,787

Some Characteristics of the Interested: Personal and Military Background:

Among doctors, internes and residents, it was the younger, single men who were most likely to be interested in the idea of a separate Air Force Medical Service. Of the youngest men in each group, about 25% would consider applying for commissions (if we include those who would consider it only if salaries were raised), while about 15% of the older men would. In the student group, however, these factors do not seem to be related. It may be that married, older students are anxious to make secure career arrangements in view of the long training period still ahead of them, and thus counteract the general tendency for the younger, more footloose men to find the Air Force appealing.*

The section of the country or the size of the place from which men come appears to be relatively unimportant. There is no consistent tendency for men from one section to be more interested in Air Force careers than men from another section. Among students, for example, men from the South are most interested, and men from the Far West, least; but among the internes and residents men from the South are least interested, and men from the Middle West, most. There is a slight tendency for men from small towns to be somewhat more interested in the Air Force than men from larger places, but this pattern does not occur in the student group.

All the relationships so far discussed appear in the next table.

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*It is also possible that this finding results from the method of sampling students. See discussion in Appendix.

Relation of Personal Characteristics to Interest in an Air Force Medical Service

	Proportion in each group who would consider Air Force Medical Service								
	Medical Students			Internes & Residents			Practicing Physicians		
	Would consider in any case	Would consider only in case of higher salaries	Total who might consider	Would consider in any case	Would consider only in case of higher salaries	Total who might consider	Would consider in any case	Would consider only in case of higher salaries	Total who might consider
Age									
Under 25	21%	8%	29%	18%	8%	26%	*	*	*
25-29	18%	14%	32%	8%	12%	20%	9%	16%	25%
30-34	22%	6%	28%	4%	10%	14%	8%	10%	18%
35 and over	*	*	*	*	*	*	6%	9%	15%
Marital Status									
Single	20%	8%	28%	12%	11%	23%	20%	11%	31%
Married	19%	12%	31%	7%	11%	18%	5%	10%	15%
Region of Residence									
North East	17%	9%	26%	10%	12%	22%	6%	10%	16%
Middle West	18%	12%	30%	11%	13%	24%	7%	9%	16%
South	26%	12%	38%	7%	7%	14%	9%	10%	19%
Far West	16%	5%	21%	7%	11%	18%	3%	15%	18%
Size of Place of Residence									
Under 2,500	23%	6%	29%	9%	18%	27%	21%	14%	35%
2,500 - 50,000	14%	11%	25%	14%	8%	23%	4%	9%	13%
50,000 - 500,000	29%	8%	37%	7%	8%	15%	4%	9%	13%
Over 500,000	17%	11%	28%	9%	13%	22%	7%	10%	17%

*Too few cases to report a percentage.

As shown in the following table, commissions in a possible Air Force Medical Corps were generally more appealing to men with previous military service in either the Army or the Air Force. Ex-Navy men were generally least interested, with men with no service experience close to them. The interne and resident group, whom it may be recalled were most critical of the Armed Forces, deviated sharply from this pattern, however, with the Air Force men least interested in the new plan, and men with no military service most interested.

Men whose military service had been in medical branches were also somewhat more likely to be willing to consider the Air Force Medical Service than were men who had seen other types of service. Rank held in the services and the matter of whether or not a reserve commission was retained did not consistently relate to interest in Air Force. Of course, all three of these relationships are obscured by pooling ex-Navy men with veterans from the Army and Air Force, but the number of cases does not permit complete comparisons.

Finally, men who received part of their medical training through the A. S. T. P. program were somewhat more interested in Air Force service. This difference is especially notable in the student group, where almost half the former A. S. T. P. trainees might consider military service. Least interested in the Air Force were men who had military service, but reported that they had received no form of government assistance in their medical careers.

Relation of Previous Military Service to Interest in an Air Force Medical Service

Proportion in each group who would consider Air Force Medical Service

	Medical Students			Internes & Residents			Practicing Physicians		
	Would consider in any case	Would consider only in case of higher salaries	Total who might consider	Would consider in any case	Would consider only in case of higher salaries	Total who might consider	Would consider in any case	Would consider only in case of higher salaries	Total who might consider
Force Served in									
Army	23%	13%	36%	8%	13%	21%	7%	10%	17%
Navy	17%	8%	25%	8%	8%	16%	2%	11%	13%
Air Force	32%	5%	37%	8%	5%	13%	7%	14%	21%
No Service	15%	11%	26%	19%	9%	28%	8%	8%	16%
Type of Service									
Medical	21%	11%	32%	8%	12%	20%	6%	11%	17%
Other	20%	9%	29%	8%	6%	14%	*	*	*
Grade of Rank									
Major or above**	*	*	*	15%	10%	25%	5%	13%	18%
Captain	14%	14%	28%	3%	12%	15%	5%	10%	15%
1st or 2nd Lt.	19%	6%	25%	4%	12%	16%	10%	11%	21%
Enlisted man	23%	10%	33%	10%	9%	19%	19%	11%	30%
Present Status									
Former officer holding reserve commission	18%	9%	27%	4%	10%	14%	7%	13%	20%
Former officer not holding reserve commission	9%	14%	23%	4%	14%	18%	5%	9%	14%
Government Assistance in medical Training									
A. S. T. P.***	32%	15%	47%	9%	12%	21%	14%	15%	29%
V-12***	17%	3%	20%	9%	10%	19%	10%	12%	22%
G. I. Bill only	15%	11%	26%	9%	11%	20%	12%	8%	20%
Military service, but no assistance	*	*	*	1%	11%	12%	5%	8%	13%

*Too few cases to report a percentage.

**Or equivalent Navy grade.

***Some of these men also had G. I. Bill aid.

Some Characteristics of the Interested: Opinions of Government Service

The resemblance of these relationships to those described in an earlier section dealing with the effect of previous military service on interest in commissions in the Army Medical Corps is striking, and serves to point up again the extent to which men viewed the Army and the Air Force as one whole to be evaluated simultaneously. Men's impression of the Armed Forces and their opinions of government service generally, both affected their willingness to consider the Air Force.

Men who had a generally favorable impression of medical practice in the Armed Forces were more willing to consider Air Force careers. Men whose opinions of the Armed Forces were favorable in the sense that they would prefer, if they had to choose, a career in them to a career in the two leading civilian government medical services were also more favorably disposed toward an Air Force Medical Service. Those whose dislike of the military services was so great that they refused to make a choice between Army, Navy, and Air Force, in a question assuming that they must choose one, were least likely to be interested in Air Force commissions. Finally, men who disliked both the military and civilian government services to the extent that they would not indicate a preference among them were also highly unlikely to be open to consideration of Air Force. Details of these relationships are shown in the next table.

Relation of Opinion of Armed Forces and Other Government Services to Interest in an Air Force Medical Service

	Proportion in each group who would consider Air Force Medical Service								
	Medical Students			Internes & Residents			Practicing Physicians		
	Would consider in any case	Would consider only in case of higher salaries	Total who might consider	Would consider in any case	Would consider only in case of higher salaries	Total who might consider	Would consider in any case	Would consider only in case of higher salaries	Total who might consider
Impression of Medical Practice in Armed Forces									
Men with favorable impression	23%	10%	33%	10%	12%	22%	10%	11%	21%
Men with unfavorable impression	16%	10%	26%	9%	10%	19%	4%	9%	13%
Agency preference									
Men who chose U. S. P. H. ..	16%	8%	24%	7%	11%	18%	6%	9%	15%
Men who chose V. A.	16%	9%	25%	9%	11%	20%	5%	12%	17%
Men who chose Armed Forces .	29%	13%	42%	15%	9%	24%	12%	13%	25%
Men who refused to make a choice among these three .	*	*	*	7%	8%	15%	3%	6%	9%
Service Preference									
Men who chose Army	25%	14%	39%	9%	11%	20%	9%	10%	19%
Men who chose Navy	18%	9%	27%	9%	10%	19%	3%	10%	13%
Men who chose Air Force	26%	8%	34%	15%	15%	30%	10%	12%	22%
Men who refused to make a choice among these three .	11%	11%	22%	6%	3%	9%	4%	7%	11%

*Too few cases to report a percentage.

Some Characteristics of the Interested: Career Plans and Goals

In the last analysis, an Air Force Medical Service, should it come into existence, will be dependent for its recruitment success on the way medical men think about their careers. At the present time at least, the interest in Air Force medical service, like the interest in government medical service generally, is primarily not a career interest. It is, rather, largely a willingness to consider any agency which appears to offer desirable preparation for a medical career. For, just as in the case of the Army Medical Corps, the Veterans Administration and the United States Public Health Service, seniors in medical schools and internes -- the two groups seeking training posts -- were those most likely to express interest in Air Force commissions, and yet almost all of them wanted and intended to enter private practice. Moreover, those with the higher expectations of earnings in private practice, among the students, were more likely to be willing to consider Air Force service than were men with lowest income expectations, a fact which suggests again that men looked upon the Air Force plan as an opportunity for further training which would lead ultimately to more specialized and more lucrative private practice.

At other stages of a medical career, beyond the training period, it was the least well established, least successful and least satisfied practitioners who were most interested in the Air Force. Thus, among men who found private practice as satisfying as they expected it to be 14% might be interested in the Air Force; among those with over ten years of professional experience 14% might be; and among those earning over $15,000 a year, the proportion was 8%. At the other extreme, 36% of those who were disappointed in private practice, 26% of those with less than three years professional experience, and 25% of those earning less than $5,000 a year might consider serving with the Air Force.

In effect, then, medical men appear willing to consider the Air Force (and the same has been said for the other government services) only as long as it appears to move them toward successful private practice and only until they are established in private practice. Thereafter, the Air Force appears to appeal primarily to the small minority who fail to find the success and satisfaction expected from private practice.

Data bearing on these relationships are shown in the following table.

Relation of Professional Status and Expectations to Interest in an Air Force Medical Service

	Proportion in each group who would consider Air Force Medical Service								
	Medical Students			Internes & Residents			Practicing Physicians		
	Would consider in any case	Would consider only in case of higher salaries	Total who might consider	Would consider in any case	Would consider only in case of higher salaries	Total who might consider	Would consider in any case	Would consider only in case of higher salaries	Total who might consider
Professional Experience									
Junior in Medical School	15%	11%	26%						
Senior in Medical School	23%	10%	33%						
Interne				16%	15%	31%			
Resident				6%	9%	15%			
In practice, less than 3 years professional experience ...							14%	12%	26%
In practice, 3-5 years professional experience ...							10%	13%	23%
In practice, 5-10 years professional experience ...							7%	10%	17%
In practice, over 10 years professional experience ...							5%	9%	14%
Earnings in Private Practice									
Under $5,000	*	*	*	*	*	*	12%	13%	25%
$5,000 - $7,499	21%	3%	24%	10%	1%	11%	11%	8%	19%
$7,500 - $9,999	20%	11%	31%	9%	3%	12%	6%	12%	18%
$10,000 - $14,999	21%	8%	29%	12%	14%	26%	3%	12%	15%
$15,000 and over	20%	16%	36%	8%	13%	21%	3%	5%	8%
Satisfaction with Private Practice									
As satisfying as expected ...							5%	9%	14%
Not as satisfying as expected							18%	18%	36%

*Too few cases to report percentage

Lack of Interest: Some Further Reasons

By now, it is apparent that the problems of an Air Force Medical Service would not be unique, but rather would be very much like those of other government medical services, whether military or civilian. It should come as no surprise, then, that the reasons medical men advanced for not desiring Air Force careers have, for the most part, a familiar sound.

Since there were three questions in the study in answer to which somewhat different groups of men could express their reasons for lack of interest in the Air Force plan*, it will perhaps be simpler to look first at the reasons given by all men giving reasons, regardless of the particular point in the questionnaire at which they were given. These answers are shown in the next table, while the answers given to specific questions are shown in the one following. In all, about four-fifths of the students and over 90% of the other groups gave some explanation of lack of interest.

Once again, objections centered around dislike of military life and of the limitations on professional individuality on the one hand and a positive preference for private practice, usually regarded as being self-evident and not further explained, on the other. Also, high on the list, each being cited by 10% or more of the men, were criticisms of earnings and promotional opportunities, of the lack of permanent stationing and of the limited nature of military medical practice.

It should be noted, however, that some new criticisms, bearing on the reception an Air Force Medical Service might receive, were voiced. Almost a quarter of the internes and residents, and about a tenth of the medical students and practicing physicians based their objection to the proposal on the grounds that, from their experiences with the military, whatever promises were made, they would not be carried out as stated. They appeared to have reservations not so much about the plan itself as about the general trustworthiness of the Armed Forces, or in this instance, the Air Force. As one physician remarked, "I just don't trust them, that's all. You get in and then these rules are changed and there you are. Once you are in, you can't get out. We were promised all this stuff before, and it turned out to be just a lot of hooey!". Other small groups failed to see any difference between this program and those of the Army or Navy. Still others felt that consolidation of the Armed Forces should imply consolidation of their medical services as well and opposed any separate Air Force Medical Service, regardless of its program, as contrary to this goal.

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*Men who said the program did not appeal to them were asked: "Why not? (Why wouldn't that program appeal to you?)" Those who said the program did appeal to them were asked if they would consider applying for a commission if that program went into effect, and if they would not, were asked: "Why not? (Why wouldn't you consider applying?)" Finally, men who answered that the program would be more attractive if salaries were higher, were asked if they would consider applying if salaries were as high as they thought they should be; if they would not consider it even in that event, they were asked: "Why not? (Why wouldn't you consider it if salaries were that high?)"

	Proportion among those giving reasons		
	Medical Students	Internes & Residents	Practicing Physicians
General dislike for military life	28%	26%	18%
Dislike of regimentation, bureaucracy, red-tape, lack of professional freedom	20	24	23
Desire, preference for private practice ..	19	17	27
Limited salaries and/or opportunities for advancement	13	13	18
Desire for permanent location, home and family considerations	10	16	16
Limited medical opportunities: not enough diversity in practice, no chance to use specialty or get desirable training	12	16	10
Dislike of government, organized or "socialized" medicine or of salaried positions	3	7	6
Unfavorable impression of medical personnel or standards	2	4	2
Distrust of Air Force intentions, disbelief that plan would be carried out as stated	10	23	9
Plan has no advantage over or is no different from programs of other services	6	8	4
Opposition to separate Air Force Medical Service, in favor of consolidating military medical services	2	3	3
Miscellaneous	15	11	9
Some gave more than one answer	140%	168%	145%

Reasons for Lack of Interest in an Air Force Medical Service

	Proportions among men who did not find program appealing			Proportions among men who would find program more attractive if salaries were higher but would not consider applying even if they were			Proportions among men who found program appealing but would not consider applying under it.		
	Med. Studs.	Ints. & Res.	Prac. Phys.	Med. Studs.	Ints. & Res.	Prac. Phys.	Med. Studs.	Ints. & Res.	Prac. Phys.
General dislike for military life	32%	22%	15%	20%	27%	17%	20%	19%	14%
Dislike of regimentation, bureaucracy, red tape, lack of professional freedom	19	21	20	19	24	24	13	18	16
Desire, preference for private practice ..	11	12	18	29	20	28	28	24	32
Limited salaries and/or opportunities for advancement	14	15	19	6	10	10	10	10	13
Desire for permanent location, home and family considerations	11	17	13	7	16	17	8	8	16
Limited medical opportunities, not enough diversity in practice, no chance to use specialty or get desirable training	13	19	11	8	7	8	7	12	6
Dislike of government, organized, or "socialized" medicine, or of salaried positions	2	8	7	2	5	6	5	2	3
Unfavorable impression of medical personnel or standards	2	4	2	3	4	4	1	2	1
Distrust of Air Force Intentions	11	22	13	-	-	-	8	11	9
Plan has no advantage over or is no different from program of other services	9	13	4	-	-	-	-	-	-
Opposition to separate Air Force Medical Service	4	4	6	-	-	-	-	-	-
Miscellaneous	4	4	5	8	5	5	18	11	9
Don't know why, just not interested	5	3	4	6	5	4	2	5	4
Some gave more than one answer	137%	164%	137%	108%	123%	123%	120%	122%	123%

What Else Can Be Done?

When medical men were asked whether there were any ways in which the Air Force could make its medical program more attractive to them, about a quarter of the physicians and a third or more of the students, internes and residents indicated that there were steps that could be taken. Some men felt that the proposed program needed no improvement, but the largest single group -- close to two-thirds of the practicing physicians and almost half of the others -- indicated that nothing the Air Force could do would change their unfavorable attitudes:

"Is there any (other)* way in which the Air Force could make its medical program more attractive to you?"

	Medical Students	Internes & Residents	Practicing Physicians
Yes	34%	42%	23%
No, attractive already	21	9	11
No, not at all interested	43	47	63
Don't know	2	2	3
	100%	100%	100%

To a certain extent, this question was used by the men as another opportunity to voice their criticisms. Thus, of the men saying "yes" and offering suggestions for improvement, about two-thirds were men who had indicated that they had no interest in an Air Force commission:

	Proportion among men who feel that the Air Force could make its program more attractive		
	Medical Students	Internes & Residents	Practicing Physicians
Would not consider applying for a commission even if salaries were higher	63%	70%	70%
Would consider only if salaries were higher	15	18	19
Would consider in any case	22	12	11
Total who feel program could be made more attractive	100%	100%	100%

*The "other" was used when the question was asked of men who had said higher salaries would make it more attractive.

It is probable, then, that many of the men who suggested improvements would not be moved to serious consideration of the Air Force, even if their recommendations were carried out. And it must also be remembered that men tended to answer in terms of the first things that occurred to them -- often, their easy stereotypes. For both these reasons, the exact proportion making any suggestion is not to be taken as an indication of either the number of men who would approve of such a change or the number who could be induced to consider the Air Force by adoption of that suggestion. Rather, the suggestions made serve to indicate the general drift in their thinking and the general direction in which the Air Force, the other Armed Forces and even the civilian government medical services must move if they wish to achieve any substantial gains in their appeal to medical men.

As might have been expected, the conclusions to be drawn from these suggestions are about the same as those which followed from the earlier-discussed criticisms. Details of men's responses are shown in the next tables, but they may be classified into three general types:

First, there was a group of suggestions -- 15% of the classifiable suggestions made by practicing phisicians, 23% of those made by internes and students, and 32% of those made by students, are of this type -- centering about proposals that the Air Force offer greater inducements to men looking for further training or experience before entering private practice. These men sometimes stressed the training program itself, and sometimes the desirability of permitting short-term enlistments,* often indicating time periods corresponding to the training period. For example:

> If they could work out a program to aid and train medical students and allow them to practice in civilian life and be placed on a reserve list.
> --A senior medical student.

> If the stipulation were made that a physician could enter the service on a voluntary basis for a period not to exceed (what he wanted). If he was stuck and wanted to try it for year.
> --A resident in general surgery

> If the Air Force could set up research schools and hospital research centers where you can work in them without being a member of the Air Force.
> --A resident in obstetrics & gynecology

> It is purely a question of the amount of time for the amount of training I would get.
> --An interne

> Subsidize men in interneship and residency. Trade a year's training for a year in service.
> --An interne

*It is uncertain whether these men were unfamiliar with the peacetime resignation provisions or whether they simply wanted a definite understanding in advance.

> Compete with university training and university program. Have the fields and facilities.
>
> --A resident in surgery.

> It would be attractive if I were looking for education.
>
> --A surgeon

Second, and the bulk of suggestions made are of this type, were proposals that working conditions within the Air Force parallel as closely as possible their idealised views of private practice. These proposals cover the range of criticisms we have seen previously; men making this type of proposal felt that doctors in the Air Force should be given more professional freedom, responsibility and authority and freed of administrative duties, that they should be permitted to select the location where they would serve and remain there, that they should be permitted to select the type of practice they are interested in and be assured of it, that financial rewards should be more in line with civilian earnings and that advancement should be related to medical merit. Some typical remarks of this kind were:

> Eliminate as much as possible the military angle of it.
>
> --A general practitioner

> Just make it resemble private practice.
>
> --An internist

> They could absolutely guarantee preference of the man for his specialized training and assure him that this was the type of work he would do in his Air Force career.
>
> --An interne.

> A choice of activity and duty with more or less permanent placement. Greater assurance of being promoted on the basis of ability and merit. A greater independence on the part of the doctor to practice as he sees fit, which assumes a clear separation on the part of the doctor from administration.
>
> --A resident in psychiatry

> I think, by assuring permanent stations to their men -- that is, in peacetime, you couldn't in time of war. Pay them well and furnish them security, assure them of a place to live with their families. Also, establish better patient relations; when a man goes to see a doctor, he should be able to say, "Doctor, I feel this way" and so on. Have the medical set-up run by medical people only -- that is, all the way down, because frequently non-medical personnel make decisions that affect medical people and the one that makes them knows nothing about medicine.
>
> --A resident in internal medicine.

> Permanent stations and stable life for family. More money and assured promotions.
>
> --A general practitioner.

> They would have to provide the opportunity for all medical officers to practice medicine, which means cutting out reveille, kitchen inspection, latrine inspection, mess hall inspection -- all the apple polishing that goes on with all government hospitals. It should be enough for a medical man to practice medicine.
>
> --An anesthesiologist

> By appointing civilians of recognized standing to pass on the rank and relative position of the various medical officers and not be graded on the basis of age and seniority.
>
> --An internist.

Finally, a small number of suggestions -- 17% of those made by practicing physicians, 13% of those offered by internes and residents and 9% of the students' suggestions--made the radical proposal that military medical services be abolished, that there should be a civilian service attending to all the Armed Forces, or that the Armed Forces should return to the Civil War practice of contract work by private practitioners. Somewhat similar was the proposal that doctors in service be permitted to retain or establish their private practices. These men said:

> All should be put under one head -- all the medical units for all the Armed Forces should be merged into one civilian unit and not have an Army Hospital and a Navy Hospital and an Air Force Hospital.
>
> --An internist

> I don't think doctors should be officers; they should have a distinct unit without rank.
>
> --A general practitioner

> The doctors should remain civilians.
>
> --A general practitioner

> By competing for efficient medical civilian men as contract physicians, as is being done by the Veterans Administration.
>
> --An interne

> If they can go back to the old contract basis where I could work in an Air Corps Hospital and still keep my independence.
>
> --An internist

> Should permit a civilian practice for more varied work.
>
> --A radiologist

> He shouldn't be just an Army officer; he should be allowed to have his own practice on the outside, if he wanted to.
>
> --A general practitioner.

It is striking that there were, in fact, few major differences in the suggestions offered by those who might consider Air Force careers and those who would not. Aside from the extreme proposal of abolishing military medical services, no proposal showed any large differences which were consistently maintained through the three groups of medical personnel. The tables which follow show men's suggestions in full:

"In what ways (could the Air Force make its medical program more attractive to you)?"

	Proportions among group making suggestions		
	Medical Students	Internes & Residents	Practicing Physicians
Permit choice of location and more permanent stationing there	22%	29%	24%
Offer better opportunities for training or research	23	25	10
Permit more professional freedom, give doctor more authority, independence	16	17	19
Permit choice of field or type of practice	13	18	18
Convert to a civilian service, abolish all rank, work on a contract basis	8	18	21
Improve promotion policy, follow merit system	9	17	14
Permit short terms of service	15	9	11
Increase financial returns	9	11	11
Reduce or eliminate amount of non-medical, administrative, paper work	7	9	8
Permit doctor to have private practice at same time	3	3	2
Miscellaneous	17	8	6
Some gave more than one answer	142%	164%	144%

Changes Suggested by Men Who Would and Would Not Consider Applying for a Commission in an Air Force Medical Service

	Proportions among men who might consider applying* and who suggested changes			Proportions among men who would not consider applying even if salaries were higher and who suggested changes		
	Med. Studs.	Ints. & Res.	Prac. Phys.	Med. Studs.	Ints. & Res.	Prac. Phys.
Permit choice of location and more permanent stationing there	17%	34%	30%	24%	27%	19%
Offer better opportunities for training or research	31	26	9	19	25	10
Permit more professional freedom, give doctor more authority, independence	20	13	10	14	20	21
Permit choice of field or type of practice	7	15	15	15	19	20
Convert to a civilian service, abolish all rank, work on a contract basis	2	7	6	10	19	27
Improve promotion policy, follow merit system	14	14	13	5	17	14
Permit short terms of service	12	9	13	19	10	9
Increase financial returns	17	13	14	5	11	10
Reduce or eliminate amount of non-medical, administrative, paper work	10	10	10	3	9	7
Permit doctor to have private practice at same time	5	4	2	3	3	2
Miscellaneous	23	12	11	15	7	6
Some gave more than one answer	158%	157%	133%	132%	167%	145%

*Because of the small number of cases, those who would consider the Air Force plan only with higher salaries have been combined with those who would consider it without that inducement.

S U M M A R Y: A proposal to establish a separate Air Force Medical Service met with some approval and would probably result in a somewhat larger group of men attracted to military service. Higher salaries might also serve to increase the size of the interested group. Nevertheless, interested medical men still tend to come from among those with previous Army or Air Force service and especially with A. S. T. P. training. Men's impressions of government service influenced their interest in Air Forces. The increased interest in Armed Forces medical service which would result from the establishment of an independent Air Force Medical Service would be largely on the part of men seeking training prior to entering private practice and men not successful in private practice. Any large increase in procurement of medical personnel for the Air Force, like other government services, would depend either on offering very advantageous training opportunities or on making the conditions of medical service as much as possible a counterpart of private practice.

APPENDIX

OUTLINE OF THE STUDY

General Design

Because the immediate purpose of this survey was to evaluate medical men's reactions to the idea of establishing an independent Air Force Medical Service, it was decided to interview only the groups likely to be eligible for military service. For this reason, the sample is limited to male citizens under forty years of age, with no major physical defects, who were attending or had graduated from approved medical schools. For further homogeneity, non-whites were also excluded from the sample. In order to study groups at various stages of their medical careers, three samples were included in the survey. The groups sampled, together with the number of interviews obtained in each group, were:

1) 455 Junior and senior medical students
2) 654 internes and residents
3) 1162 practicing physicians

In each instance, the samples were national in scope, and every effort was made to secure a truly representative sample of the group in question, within the eligibility requirements described.

Once the sample was selected, personal interviews were conducted by N. O. R. C.'s interviewing staff. The complete interview schedule appears as the first section of this appendix. Interviewing was conducted during the month of August, 1948.

Sampling Procedures

All three samples were designed to secure representativeness and to leave a minimum of discretion to the interviewers in the selection of respondents. The details of procedure, however, differed somewhat in each case, as follows:

1. The Sample of Medical Students

Since the interviewing was done during the month of August, considerations of speed and economy limited the sample to students attending summer sessions. Only eleven medical schools were holding summer sessions, and of these, some where holding no junior sessions.

According to the information obtained from the deans of these schools, a total of 781 advanced students, 69% of them seniors, were registered for the summer session. Interviewers were sent to each school with instructions to obtain complete lists of attending students, strike off from the list those known to be ineligible -- women, Negroes, etc. -- with the assistance of the dean's office, and interview within the eligible group a number equivalent to two-thirds of all students.

The sample finally obtained was 455, something less than two-thirds, and somewhat over-represented junior students; 40% of our sample were juniors, rather than the 31% expected. The primary reasons for these discrepancies are that in some schools less than two-thirds of the students met the eligibility requirements, and that some of the seniors were not attending regular sessions, but were on duty at hospitals, where it was difficult to locate them.

The schools included in the sample together with the number of interviews obtained at each were:

	Number Interviewed	
	Juniors	Seniors
Albany Medical College	-	25
Boston University School of Medicine	-	30
Bowman-Gray School of Medicine	24	25
Columbia University, College of Physicians and Surgeons	55	59
Cornell University Medical College .	-	33
Duke University School of Medicine .	41	18
Emory University School of Medicine	10	14
Northwestern University Medical School	22	30
Ohio State University College of Medicine	2	21
The School of Medicine University of Chicago	21	14
University of Vermont College of Medicine	5	6
	180	275

The important limitation of the data on medical students is that only students attending summer sessions were sampled. Of some 10,000 male clinical students, less than 800 were in summer sessions in August, 1948. Quite aside from sampling fluctuations, it is conceivable that these 800 students might have somewhat different reactions than the much larger groups of students at regular sessions. For instance, approximately two-thirds of the students in our sample were receiving GI Bill assistance. If this proportion is considerably higher than in a regular session, a survey conducted in the summer would overemphasize the veteran point of view. The fact that contrary to expectation, the Juniors in the sample are somewhat older than the Seniors and more likely to be married suggests that summer sessions attract Juniors who are old for their class, whereas some schools require Seniors to attend. But, even if summer students are, in some respects, an atypical group, still the types of attitudes that students hold are doubtless accurately indicated by the data.

2. The Sample of internes and residents

In this case, quotas of interviews were assigned to each of the major regions of the United States proportionately to the estimated number of internes and residents in the approved non-federal hospitals in the area. Within each region, hospitals inaccessible to the interviewing staff were eliminated and a random sample of the remaining hospitals was drawn. In all, 42 hospitals were selected and interviewers were instructed to interview every fourth person on each hospital's lists of internes and residents, substituting the next following name in case the person randomly chosen was not eligible. A total of 654 interviews were obtained from these 42 hospitals. These were distributed throughout the United States about as follows:

	Proportion in each region
North East	30%
Middle West	38
South	21
Far West	11
	100%

This sample tended, however, to overrepresent hospitals in large cities and large hospitals generally, in order to increase the speed and efficiency with which the study was done. About three-fourths of the internes and residents were obtained from hospitals in cities of over 500,000 population; the remainder, from hospitals in cities over 50,000. About half the group were in hospitals having over 25 internes and over 50 residents.

The effect of this is, probably, to overrepresent the more desirable internships and residencies, thereby making our sample a somewhat more select group of men.

3. The Sample of Practicing Physicians.

Interviewers in communities all over the country were each assigned a quota of physicians to interview. These quotas were based on estimates of the number of physicians under forty in various sections of the country and in various sizes of community.

Since no recent figures were available on the national distribution of younger physicians by size of community, we assumed that younger physicians would be found in larger cities to a somewhat greater extent than older physicians, and used the 1940 Census data on the geographical distribution of all doctors as an estimate of the geographic distribution of younger doctors. These assumptions resulted in a sample with the following distributions:

Proportion in each region	
North East	31%
Middle West	37
South	20
Far West	12
	100%

Proportion in each city size	
Over 500,000	50%
50,000 - 500,000	25
2,500 - 50,000	15
Under 2,500	10
	100%

In order to determine the particular physicians in his community that he was to interview, each interviewer made a random selection from the classified list of physicians in his local telephone directory of a group four times the size of his assignment. He then eliminated from this randomly selected list those who were ineligible for the study, either by reference to the American

Medical Directory or by personal inquiry. (It was known that 60% would be ineligible for age alone.) Interviews were then obtained from among the remaining names or from further lists of randomly selected substitutes.

Since no data descriptive of younger physicians exist, it has been impossible to check the representativeness of our sample. If there is any bias in this sample, it would probably be in the direction of over-representing the more available physicians -- for example, those whose practices are usually limited to regular hours.

Characteristics of the Sample

For interested readers, factual information about these samples not already presented is summarized below:

	Medical Students	Internes & Residents	Practicing Physicians
Age			
Under 20	1%	-%	-%
20-24	51	22	*
25-29	35	50	10
30-34	10	25	31
35 and over	3	3	59
	100%	100%	100%
Marital Status			
Single	52%	36%	9%
Married	48	64	91
	100%	100%	100%
Region of Permanent Residence			
North East	43%	26%	31%
Middle West	22	33	37
South	25	26	20
Far West	10	15	12
	100%	100%	100%
Size of Place of Permanent Residence			
Over 500,000	35%	42%	50%
50,000 - 500,000	26	31	25
2,500 - 50,000	31	22	15
Under 2,500	8	5	10
	100%	100%	100%

The Questionnaire:

The following is an exact reproduction of the questionnaire employed in the study:

On this survey, we are interviewing only certain kinds of medical students, internes, residents and practicing physicians. May I ask you first.....

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1. What is your age?

2. Are you a citizen of the United States?

3. Do you have any major physical defects?

4. (STUDENTS ONLY) What is your class?

5. (NON-STUDENTS ONLY) From what medical school were you graduated?

IF RESPONDENT .....is 40 or over
is not a citizen
has a major physical defect
is a student, but not a junior or senior
attended a non-approved medical school

DISCONTINUE INTERVIEW AND DON'T WRITE ANYTHING

FOR STUDENTS, INTERNES AND RESIDENTS, ASK QUESTIONS 6-10, SKIP QUESTIONS 11-13

FOR PRACTICING PHYSICIANS, SKIP QUESTIONS 6-10, ASK QUESTIONS 11-13

6. After you have completed your interneship (residency), what do you plan to do?

7. Do you think the new draft is going to affect your plans in any way?

   IF "YES"
   A. How?

8. Ideally, what sort of medical practice would you like to go into?

9. What fields of medicine are you most interested in?

10. If you go into private medical practice, about how much a year do you think you will be making at the end of five years?

11. How long have you been in active professional service--including any residencies and post-graduate training you may have had?

12. Are you in general practice or do you specialize?

IF "SPECIALIZE":
A. What is your specialty?
B. Do you limit your practice to that specialty or do you give it special attention?

C. Are you a diplomate of the American Board of that specialty?

13. Have you found your practice as satisfying as you thought it would be when you first planned it?

IF "YES" OR "NO":
A. Why is that?

14. In general, do you have a favorable or unfavorable impression of medical practice in the United States Public Health Service?

IF "UNFAVORABLE":
A. Why?

15. Do you have a favorable or unfavorable impression of medical practice in the Veterans Administration?

IF "UNFAVORABLE":
A. Why?

16. How about the Armed Forces? (Do you have a favorable or unfavorable impression of medical practice in the Armed Forces?)

IF "UNFAVORABLE":
A. Why?

17. Have you ever considered applying for a position with the U. S. Public Health Service?

IF "YES":
A. Have you ever applied?
IF "NO" TO A:
(1) Why not?

IF "NO":
B. Why haven't you ever considered it?

18. Have you ever considered applying for a position with the Veterans Administration?

IF "YES":
A. Have you ever applied?
IF "NO" TO A:
(1) Why not?

IF "NO":
B. Why haven't you ever considered it?

19. If you were going to practice medicine in a Federal Government Agency, would you prefer to practice in the U. S. Public Health Service, Veterans Administration or the Armed Forces?

UNLESS "DON'T KNOW":
A. Why would you prefer that one?

20. Have you ever served in the Armed Forces?

IF "YES":
A. Was that in the Army, the Navy or the Air Force?
B. Did you serve in the Medical Corps (Department) or not?
C. Were you an officer or an enlisted man?

IF "OFFICER":
(1) What was your grade before separation -- that is, excluding any separation promotion you may have received?
(2) Do you now hold a reserve commission?

21. Did you receive any governmental assistance in your medical training? What?

22. If you were to serve in the Medical Corps (again), which branch would you prefer -- Army, Navy or Air Force?

UNLESS "DON'T KNOW":
A. Why would you prefer that branch?

23. What advantages do you see in civilian practice as compared with practice in the Armed Forces?

24. What advantages do you think there are in practice in the Armed Forces as compared with civilian practice?

25. Have you ever considered applying for a commission in the regular Army Medical Corps?

IF "YES":
A. Have you ever applied?
IF "NO" TO A:
(1) Why not?

IF "NO":
B. Why haven't you ever considered it?

THE NATIONAL MILITARY ESTABLISHMENT MAY SET UP AN INDEPENDENT AIR FORCE MEDICAL SERVICE. I'D LIKE YOU TO LOOK OVER ITS MAIN FEATURES AND THEN I'LL ASK YOU ONE OR TWO QUESTIONS ABOUT IT. (HAND RESPONDENT LARGE CARD.)*

*Since the contents of this card were quoted in full in the text (see pages 47-8, they are not repeated here.

26. In general, would that program appeal to you?

IF "YES":

A. Would you consider applying for a commission if that program went into effect?

IF "NO" TO A:

(1) Why not?

IF "NO":

B. Why not?

27. A. Of the things about the program listed on the card, which seem to you to be the most attractive features?

B. What particular things don't you like about it?

28. Would this Air Force medical program be more attractive to you if the salaries of medical officers were higher?

IF "YES":

A. How high do you think they should be?

B. If salaries were that high do you think you would consider applying for a commission?

IF "NO" TO B:

(1) Why not?

29. Is there any (other) way in which the Air Force could make its medical program more attractive to you?

IF "YES":

A. In what ways?

*30. (ASK ONLY OF RESPONDENTS WHO HAVE SAID "YES" TO EITHER QUESTION 26A, 28B, or 29.) If the Air Force goes through with this hypothetical plan, would you prefer a commission in the Air Force Medical Service or the Army Medical Service?

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*This question was added to the study after the field work had begun, and was not, therefore, asked of all eligible respondents.

FACTUAL DATA COLLECTED

1. Marital Status

2. Type of Respondent: Whether student, interne, resident or practicing physician.

3. Place of Permanent Residence.

4. Size of Place of Permanent Residence.

5. (STUDENTS ONLY) Name of Medical School

6. (INTERNES AND RESIDENTS ONLY) Name of Hospital; Number of internes in hospital, number of residents in hospital.

7. (PRACTICING PHYSICIANS ONLY) Net income: May I ask you to tell me, in confidence, in which one of these general groups your own income falls -- that is, after deducting professional expenses, of course. (HAND RESPONDENT SMALL CARD.) (This information is simply to clarify the interpretation of the various answers we get in this nation-wide survey.)

8. Sex

9. Race

10. Place of interview.

11. Size of place of interview

12. Interviewer

13. Date of interview.