Letter from . . . Chicago

Reverse discrimination

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Despite reports of a 10% decrease in applicants to medical schools the competition for becoming a doctor remains intense, and an arduous obstacle race leads the multitudes into pitfalls and trapdoors ready to precipitate the unwary into the Tide of Rejection and the Vale of Misery. Last year 42 000 Americans entered the race, but only 15 000 reached the finish line. At one prestigious Chicago school 7400 people applied but only 110 were chosen, a ratio of 67 to 1. And although most candidates apply to several schools, there is clearly not enough room for all qualified applicants—resulting in periodic criticism of the American Medical Association, the medical schools, and their admissions procedures.

One traditional method of circumventing the system has been to select one's parents carefully and buy one's way into medical school by gifts or "under the table" contributions, an approach that is periodically characterised as scandalous but, to judge from recent reports, continues to prevail in several schools. Another approach is to study abroad; and an estimated 6000 Americans are presently studying in some 35 foreign medical schools (2000 alone are studying at Guadalajara in Mexico). Every year about 250 students receive US medical licences after qualifying through one of the various accepted "pathways." In 1976 almost 500 US students from foreign medical schools transferred to American schools with advanced standing at various levels. The standard of training in the various foreign schools is variable, with theoretical aspects said to be generally high, classes rather large, but with most schools providing students with far less clinical experience than in America. Yet, at a time when the entry of foreign-born doctors into the US was being severely curtailed, these Americans appeared to the government as a ready means of easing the alleged doctor shortage. Hence the so-called Guadalajara Clause in the 1976 Health Manpower Act requiring medical schools to accept a quota of third- and fourth-year students transferring from abroad to qualify for Federal capitation aid. The quota was to be set by the Secretary of Health, Education, and Welfare, and students could not be turned away on academic grounds once they passed the first part of the National Boards.

The schools, many of which already had excellent voluntary transfer programmes, thought that this law undermined professional standards and violated essential academic freedoms. The deans protested, the Association of American Medical Colleges asked for the repeal of the unpopular clause, and 14 medical schools decided to forfeit a total of $11 million in capitation fees (about $1500 a student a year) rather than accept students at the discretion of the government. But by late 1977 Congress saw the light and repealed the requirements of the clause for 1979 and 1980. For 1978, schools qualifying for aid would have to accept foreign students, but with admissions based on their own academic standards and by expanding enrolments by 5%. The Association of American Medical Colleges called the compromise a good bill, but not all schools may be willing or able to comply with its requirements.

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Racial quotas

Also centring on the medical schools was the issue whether racial quotas were justified as affirmative action for helping minorities. The issue centred on Mr Allan Bakke, the blonde, blue-eyed ex-Vietnam marine, who decided that medicine was a higher calling than engineering, but who in 1973 was foiled in his fourteenth attempt to enrol in a medical school. Mr Bakke contended that his application to the University of California at Davis was turned down because the school had reserved 16% of places for minority applicants, some less well qualified than he. The California Supreme Court upheld the grievance of the injured 37-year-old Viking on the grounds that discrimination on the basis of race violated the constitutional guarantee of equal protection under the law, and that merit, not race, should decide admission to medical school. But the regents of the university appealed the decision, and in February 1977 the US Supreme Court accepted the case for argument, thereby unleashing one of the most widely publicised controversies of the year.

Thousands were drawn into the argument, with nearly 60 amicus curiae briefs being filed with the court, mostly supporting the university. Anti-Bakke proponents argued that affirmative action was necessary to right past injuries, that minorities had too long suffered from discrimination and could not wait for another 50 years, that the struggle for access to the system must go on, that equal education must become a right instead of a dream, that overturning the Bakke decision would be a victory against racism, and that "whites only" signs must forever be eliminated from educational institutions. Others pointed out that criteria for admission to medical schools were notoriously arbitrary, that social and academic standards were prone to change, that the case could be made for admitting minority students to provide doctors for depressed areas, and that in fact medical schools regularly gave preference to the sons and daughters of alumni, as well as routinely considering geography, culture, age, and other factors.

Certain medical school officials feared that a ruling for Bakke would force schools to base admissions on strict academic qualifications, thus leading to unduly strict Federal controls. The American Medical Student Association, the American Association of University Professors, and several universities submitted briefs supporting affirmative action. The Carter Administration also came out against Bakke, asking the court not to make a sweeping ruling on racial quotas, but to permit a State university to take race into account in an effort to redress the effects of "societal discrimination." Some observers pointed out that the furore over reverse discrimination overlooked the basic problem that only about 1·6% of all physicians were black, and that after a temporary surge in the early '70s the number of

black first-year medical students had declined while the number of white students was rising.

The supporters of Bakke, however, deplored that everything in America needed the blessing of the Supreme Court. They thought that a ruling in favour of quotas would permanently poison American politics and society with an endless struggle for preference. They emphasised that such a ruling would mean that for the next few decades America would be using racial standards in picking school locations, defining voting districts, locating housing sites, filling jobs, and admitting students to schools. They feared that successful blacks would be tainted by the stigma of paternalism, having been officially declared wards of the State, unable to compete on equal terms. And they thought that the clamour of the minorities' leaders for patronising, paternalistic policies was profoundly disappointing and sad.

The Anti-Defamation League of B'nai Brith declared it had fought racial quotas for 35 years and felt that the government's brief was confusing affirmative action with racial preference and that the only question was whether race could be used as a determining factor in admitting or excluding candidates from medical school. Since the university had reserved 16 places out of 100 for racial minority students, Allan Bakke, by being excluded because of a quota system, was the victim of racial discrimination. The answer to the problem then would be not a "quick fix" quota system but genuine affirmative action, with a massive effort to improve education, seek out and promote talented minority members, and offer them adequate educational and career opportunities. And, with the Polish American Congress and the Order of the Sons of Italy in America also coming out against quotas, the Supreme Court began its hearings in October. Hundreds of people queued outside the building, some waiting all night in a drizzling rain. And amid widespread speculations about the outcome of the case, prosecutors for the University of California and for the Government argued that programmes aiding minorities were not incompatible with equal protection under the law, that a "racially blind" admissions system would draw no "more than a trickle" of minority applicants into medical schools, and that "to be blind to race was to be blind to reality." But Mr Bakke's lawyer argued that the heart of the case was that his client had been excluded because the school had adopted a racial quota.

The verdict came in June, with the Supreme Court treading a middle course by ruling five to four to affirm the lower court decision ordering the university to admit Mr Bakke, while at the same time agreeing, also by five to four, that race *could* be a factor in admission decisions, so long as medical schools considered applicants on an individual basis and did not set up rigid quotas in which whites were excluded from competing. The legality of affirmative action programmes was also established for cases where there was a finding of past discrimination against minorities.

Reaction to the decision was mixed, with some observers commenting that everybody had won, that it will not make any difference, that the case had been blown out of proportion, and that the best approach was to work hard at educating minorities so as to make race irrelevant. Some civil rights leaders proclaimed the decision a victory for affirmative action; but others thought it was a psychological catastrophe and a devastating blow to minority employment, legitimising the concept of reverse discrimination, being out of tune with the needs of the country, and proving that "white makes right." Some black leaders urged protests and boycotts, others said this was a time of crisis for civil rights in America and predicted there would be further attacks on affirmative action. Many other people, however, thought that the court had ruled right and had presented a balanced decision, which should not interfere with carefully balanced affirmative action programmes, while at the same time eliminating those hateful quotas and restoring academic freedom to university admissions committees. Perhaps the only consensus was that the courts had left much undecided in the issue of how far one may go in giving preference to minorities, that Bakke was a bad case on which to determine the future of affirmative action programmes, and that the court's divided ruling had settled little and would provide many highly paid lawyers with subsistence and much food for thought for decades to come. Meanwhile Mr Bakke was reported to be very pleased, very grateful, and very relieved that the thing was over.

"Ugly medical student"

Finally, shades of Gertrude Stein, and to complete the Supreme Court judges' education in medical school affairs, there was the case of the "ugly medical student," Miss Charlotte Horowitz, the lady with the brilliant undergraduate academic record who was dismissed from the University of Missouri Medical School a few months before her scheduled graduation because of complaints about her appearance, her disposition, and her bedside manner. Miss Horowitz, who claimed she had a constitutional right to a hearing before she could be dismissed, alleged prejudice on the basis of sex, religion, geographical origin, physical appearance, and personality. The Court, however, ruled that schools could dismiss students for academic rather than disciplinary reasons without holding a hearing.

The decision was hailed by the Association of American Medical Colleges as a reiteration of the rights of academic institutions to judge students fairly and impartially, without the threat of judicial interference. But the national students and house-staff association thought the decision was "scary," leaving students subject to the fear of being peremptorily dismissed regardless of cause simply by labelling the reason for the dismissal as "academic."

Is there a slow-acting sleeping pill for a patient who regularly wakes at 0400?

A patient waking regularly at 0400 hours is unlikely to respond satisfactorily to a long-acting hypnotic. If this pattern of sleeping is a new development the patient is probably suffering from an affective disorder. This may be depression or hypomania, and in mild cases mood change is not necessarily obvious. In the case of depression it is advisable to confirm the diagnosis by reference to changes in appetite, weight, libido, diurnal accentuation of symptoms, tiredness, disinterestedness, and difficulty in concentrating with a negative change in outlook on self and the world. The hypomanic patient will have a tendency to overactivity and be full of ideas; tirelessness, increased self-confidence, and outspokenness are additional clues. The possible treatment covers too wide a canvas to be attempted here, but the most common cause of regular waking at 0400 hours is depressive illness, which usually responds well to amitriptyline or trimipramine.

When immunisation is given against diphtheria, tetanus, and poliomyelitis, should a family or personal history of allergy (hay fever, asthma, eczema, food allergies, etc) or of convulsions be considered?

There is no reason why a family history of allergy should be a contraindication for diphtheria, tetanus, and poliomyelitis vaccination. A previous history of convulsions in the child similarly should not constitute a contraindication to poliomyelitis oral vaccine. But when there is a history of convulsions the diphtheria/tetanus injection should be administered with caution. An intradermal test dose of 0·1 may be advisable to determine if the child is unusually sensitive to this combined vaccine. Whooping cough vaccination is certainly contraindicated when there is a history of convulsions.

Correction

Better prescribing

In the article by Dr Flemming Frølund (9 September, p 741) his address at the foot of the first column should have read "Roskilde, Denmark."