



Jeff Susman, MD
Editor-in-Chief

Who should be admitted to medical school?

I can't understand why you didn't even give my son an interview. After all we've done . . ."

So begins another call from a disgruntled donor. I patiently explain that I'm purposefully removed from the admissions process and that many factors go into decisions about medical school admission. Often, I tactfully suggest that the caller talk to his son (or daughter) about that "little incident" in college, or his grade point average (GPA). (What I'm tempted to say is, "You can't buy a seat in medical school.")

Some acceptance decisions, of course, are easy. So many others are not. We get thousands of candidates each year who are accomplished, articulate, and affable. The simplest approach would be to skim the top of the applicant pool. But great grades (and test scores) don't guarantee great graduates. Doctors don't take multiple-choice exams for a living, and there's little evidence linking National Board of Medical Examiners scores to performance in practice.

Medical schools (particularly public institutions) have a stewardship role: to guarantee student diversity and train doctors who will diligently serve the public—all the public. The nation needs physicians who will care for prisoners, the chronically mentally ill, the homeless, our rural and urban underserved populations, and the transgendered. I, for one, am willing to risk a few more student failures in the quest to fulfill our mission.

You can't buy a seat in medical school.

I'm reminded of one of our students who, until a few years ago, thought a career in sports was his only way out of the inner city. "I never thought of medical school," he says. "I didn't even know how to create a resume or apply." With encouragement from advisors and time spent in a post-baccalaureate program to improve his GPA and complete medical school requirements, he gained admission. I am delighted that this thoughtful and articulate student will soon be a physician, one who plans to practice in an inner city like the one he grew up in.

To attract more minority students and build the diverse physician workforce our country needs, we must create an educational system that offers opportunities to all children, and serves as a pipeline from elementary school to medical practice.

Then, students from all walks of life can earn—not buy—a seat in medical school.

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