

MAINE STATE LEGISLATURE

The following document is provided by the
LAW AND LEGISLATIVE DIGITAL LIBRARY
at the Maine State Law and Legislative Reference Library
<http://legislature.maine.gov/lawlib>



Reproduced from scanned originals with text recognition applied
(searchable text may contain some errors and/or omissions)

PROGRESS REPORT ON THE MEDICAL SCHOOL FEASIBILITY STUDY
November 17, 1965

The Nation needs more practicing doctors. Maine needs more practicing doctors. The needs for increase in the numbers of nurses, technicians, therapists and health personnel of all kinds are in many ways even greater.

Seven years before Medicare and the expanding health programs of the Federal Government today, a Presidential Commission stated that at least twenty-five new medical schools would be needed by 1975 if we were even to keep pace with the expanding population in the nation. Twelve new schools are now well advanced in their planning, and these include two in New England. Five or six others are authorized for establishment in the near future. Others are clearly needed.

The modern medical school is a regional center for education, patient care and research in the health fields. Professionally this means not only substantial diagnostic and health care facilities, but also planning into the future to keep pace with advancing medical knowledge. Academically it means a faculty and student body of outstanding qualifications. Financially it requires a sound fiscal base and flexibility to meet endless new challenges.

For the establishment of a new medical school, feasibility studies have to be concerned with all of the factors which can give promise to this achievement of professional and academic excellence as well as financial stability. Another basic issue is the extent to which the shortage of professional personnel in Maine is likely to be substantially relieved by a Medical School in Maine. It is interesting to note that on this point several of the major professional societies in the state have gone on record as believing it will.

The feasibility study in Maine has been underway for only six weeks. In these first weeks the major efforts have been concentrated upon collection and study of data in the fields of health, education and government, and in becoming acquainted with responsible individuals in these and related areas. The cooperation of all concerned has been generous and valuable. For members of the

Committee, I have collected a fairly complete list of people contacted to date. It is submitted to suggest the scope of the operation up to this point, and also to invite your suggestions of additional people to contact.

Several first impressions may be of interest to the committee:

A. GRADUATE EDUCATION

1. Of the elements necessary for a medical school development in Maine, one of the weakest today is the field of Graduate Education. There are very few programs anywhere in the state leading to the Masters' degree; and even fewer leading to the degree of Ph. D.

While this subject is clearly in the field of the Higher Education Study just getting underway, its importance to the prospects of establishment of a medical school deserves special emphasis in anticipation of the closest possible cooperation between these two study projects. For, strength in the Biological Sciences at the graduate level of faculty competence and versatility is essential to the basic structure of a modern medical school where the medical biological sciences include, for example: Physiology, Biochemistry, Biophysics, Biostatistics, Zoology, Genetics and Endocrinology - just to name a few.

2. Two fields of opportunity for development of graduate programs in the biological sciences in Maine are virtually knocking at our door. One is in the field of Marine Biology - potentially as important to medical science as it might be to Maine's great fisheries industry. The other is the field of Animal Biology - of essential importance to the fields of human nutrition and disease as well as to Maine's agricultural and growing poultry and live-stock industries. (Nearest schools of Veterinary Medicine are Cornell University at Ithaca, New York, and the University of Pennsylvania in Philadelphia.)

Each of these promising possibilities for development in Maine of nationally unique and universally vital programs in teaching and research will depend for their success upon the thoroughness and care of state-wide planning, as well as

regional consultation. (For example: If, as has been suggested, a Marine Biology Institute were located at the Kittery Navy Yard, or near Damariscotta on some land recently given to the University of Maine, it could be of only minimal benefit to a medical school located in the Portland, Lewiston or Bangor areas.)

I would like the committee's approval to look further into these two fields of opportunity, and to take the steps necessary to engage the interest of all parties concerned in the advantage of cooperative planning with the medical school idea.

B. REGIONAL CENTER PLANNING

1. Whether or not a medical school will be established, there is urgency in the need for immediate development of a state-wide plan in Maine in relation to The Heart-Cancer-Stroke legislation just passed by the Congress. By virtue of the wording of the legislation as enacted, a "region" must include a medical school medical center. Informal contacts with the Medical School leadership in Boston and in Burlington, Vermont, have convinced me that each is interested in the possibility of inclusion of Maine in their respective regional proposals.

2. It is of the utmost importance before we become involved in either of these regional complexes, that we have our own regional thinking clarified sufficiently to recommend a program most likely to be easily adaptable to the possibility of a Maine Medical School development in the foreseeable future.

I would like the Committee's approval to work actively in the development of such a State of Maine plan.

C. PERSONNEL SALARY SCALES AND BENEFITS

1. A major factor of ultimate feasibility may well be the matter of salaries and employment benefits for professional personnel. Dealing as we must,

in a field of professional shortages, we cannot expect to establish a Medical School complex with any of its academic, medical, paramedical and technical personnel salary scales at less than the national average. In all of these fields today, we are close to the bottom nationally - and from \$1,500 to \$10,000 (depending on the job classification) below the national average!

2. A university hospital and medical school, once it has established an appropriate and productive climate (academically and professionally) never has to compete dollar for dollar with the opportunities for these shortage skills in private life, or even in neighboring states. But establishment of this climate will require a far higher base salary scale than is now evident in state service in Maine.

D. A FEW INCIDENTAL FINDINGS OF INTEREST

1. At the New England Medical Center in Boston - 10 years ago, 12% of the patients came from Maine; this year only 5%. If these figures are obtainable and comparable from the Massachusetts General Hospital, the Massachusetts Memorial Hospital and the Lahey Clinic, they will confirm the impression that specialized medical care in Maine is steadily improving.

2. Two letters and eight other communications have come to me from former Maine residents now on faculties of medicine over the country asking me to keep in touch with them on the progress of the study. There is no doubt about their interest in returning to Maine.

3. Steady improvement in the general financial picture in Maine would appear to be suggested by recent reports indicating an 8% increase in Sales Tax receipts in 1963-64 over the previous year, and a further 15.5% increase in Sales Tax receipts in 1964-65.

4. Of 239,550 Maine residents enrolled in schools in 1960, only 4.9% were in college. In the same year, college student percentages of total school

enrollments in New Hampshire were 8.0%, Vermont 9.0%, New England 8.4%, and United States 6.7%.

5. In 1962, twenty-seven Maine residents per 1,000,000 population and twelve Maine residents per 1,000 Bachelors Degrees awarded in the state were admitted to all medical schools in the United States. This ranked Maine number 45 and 46 respectively among the states of the Union.

Please remember these five citations of incidental findings in the first few weeks of the study are merely random notes at this time. Their inclusion, however, may serve to demonstrate the broad base of feasibility consideration which may be pertinent to the final recommendations.