

Define the Problem: Collaboration, Mission, or Funding?

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To the Editor:

I concur with the concerns raised about the inadequacy of Dr Snellings' proposal for renewed collaboration between family medicine and internal medicine to address the primary care workforce shortage.¹ While the spirit of collegiality is appreciated, the letter fails to address the core underlying issues driving students away from choosing careers in primary care fields.

Dr Heidelbaugh rightly points out that factors such as debt, lack of prestige, and poor reputation deter students from pursuing primary care careers.² However, the root cause can be more explicitly stated as the lack of financial compensation and the authority that comes with it. The stark reality is that both family medicine and general internal medicine suffer from comparatively low salaries and diminishing prestige and reputations within the medical field hierarchy.

Hospitals and subspecialties receive a disproportionate share of both reimbursement and research dollars. The relative value units system, meant to equitably value medical services, ironically overvalues low-value care. Our medical schools and residency funding are filtered through and redirected by hospital interests. Unless we address this fundamental cause of the problem, we should not expect to see an improvement in the primary care workforce shortage.

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