A Comparative Analysis of the Italian and American Medical School Systems and the Effects on their Respective Healthcare Systems

Introduction

The United States is one of the most powerful, influential countries in the world but fails to have an adequate healthcare system. In 2000, the World Health Organization (WHO) conducted its' very first, but last, analysis of the world healthcare systems. Despite having the overall largest per capita spending, the United States ranked 37th – the lowest of all developed industrial nations. In that same year, Italy ranked second.[1] My research aims to understand why the United States fails in healthcare, find why the Italian system is successful, and propose solutions that can be researched and considered further.

Background and Literature Review

There are 141 accredited medical schools and 31 accredited osteopathic schools located in the United States. For the 2014-15 school year, the Association of American Medical Colleges (AAMC) reported that the average cost of attendance at a public medical school was $32,889. For private medical schools, the average cost was $51,044. After four years, a student pays at least $132,000, or vise versa, about €118,700.[2] Weinstein and Wolfe suggest that high medical school costs make it impossible for low-income students to attend. In the last 20 years, 60% of medical school student come from the top quintile income bracket, 20% come from the second quintile, and the last 20% come from the bottom three quintiles.[3] Similarly, Woloschuk, Lemay, and Wright from the University of Calgary, School of Medicine along with Magnus and Mick believe that rising medical school costs deter disadvantaged students from applying.[4,5] In contrast, there are 40 medical schools located in Italy, with tuition ranging from €600-€4000 per year, depending on financial need and whether the school is private or public. Instead of four years of schooling, the Italian medical school length is six years. In the end, a student pays at most €24,000, or about $26,800.

In 2013, WHO reported Italy having 38.0 physicians per 10,000; WHO reported the United States having 24.8—Italy maintains a higher percentage of physicians. More importantly, in 2006, Italy reported having 91.6 general practitioners, or primary care physicians, per 100,000 people. In the United States, there were about 76.1 general practitioners per 100,000 people.[6] Recently, the role of primary care physicians and their importance in health care systems has been brought to the forefront. Primary care physicians, who primarily include family medicine doctors and internists, serve as the first line of defense in healthcare. Primary care physicians are able to facilitate preventive care; preventive care leads to decreased numbers of chronic illnesses; decreased number of chronic illness leads to less spending.

Research Questions

How does the Italian medical school system differ to that of the United States? How does the cost of school affect the number Italians who decide to attend medical school? Do the Italian medical school system, the teaching style, and the culture encourage general practice? What is the Italian view of general practice and how does it differ to the view in the United States? What is the sentiment of the Italian healthcare system amongst medical school students, professors, and doctors in Italy and how does it differ from the sentiment in the United States?

Methodology

Italy is the best place to conduct this research because it has a successful single payer healthcare system. Rome, specifically, is the best place to conduct this research because it is the largest city in Italy and presents the best researching opportunities. While in Italy, I will conduct in-depth interviews with students attending the Medical School at University of Rome Sapienza and the available professors who teach and work there. University of Rome Sapienza is the best place to conduct this research because it is an Italian Medical School that offers a program taught entirely in English. Here I can conduct research without the language barrier. In response to my emails to various professors and department heads, Francesco Malatesta, a Professor or Chemistry and Biochemistry and a Coordinator of the PhD Course in Biochemistry at the University, and Oliviero Riggio, Chairman of the Department of Clinical Gastroenterology, have offered to assist me with my queries during my stay. Professor Malatesta has agreed to be my person of contact. If I receive this grant, I will have seven concrete student and professor interviews in place. In addition to the interviews at the University, I will conduct research with practicing physicians in Rome. Furthermore, I am in contact with Mallory Nardin, the Director of Student Affairs of the Rome Global Gateways program. If I receive this grant, we will set up interviews with the physicians within the Notre Dame network in Rome. She has suggested three avenues in which I am most likely to receive support – Salvator Mundi International Hospital, the facility that Notre Dame works the closest with in Rome, the HTH network of doctors, and Aventino Medical Group, an English speaking group of doctors who work within the HTH network.

Credentials

My credentials for this project include my knowledge of United States Healthcare. By May, I will have completed the U.S. Healthcare Policy and Poverty seminar given through the Center for Social Concerns; I will have learned about United States Health care and gone to Washington D.C. to talk to advocacy groups, think tanks, lobbyists, researchers, and healthcare professionals about healthcare. While in the brainstorming process, I met and spoke with three professors who teach in the Global Health program here – Dr. Heidi Beidinger, Dr. Phillip Coyne, and Dr. Naomi Penney. Dr. Coyne has his MD, Dr. Beidinger and Dr. Penney have their PhDs in Educational Leadership and Evaluation and Research Design, respectively, and all have their Masters degrees in Public Health. Each professor gave me their personal experiences working in public health and healthcare and helped me focus my project design. Through this class, the guidance of the professors, and my own research, I will have the information I need to understand the United States medical school system and how that negatively or positively affects the overall healthcare system. My credentials also include my knowledge of the Italian medical school system, health care system, and culture. I know basic conversational Italian and will be comfortable conducting research in a populated Italian city. With my preliminary research completed, I have set a foundation of which topics are important and what questions need to be asked when I go to Italy and conduct interviews.

Conclusion

Through this project grant, I aim to expand my knowledge of public health and use this opportunity to gain experience in my future career path. In the end, my goal is to intermittently live and practice in Nigeria—implementing my skills as a practitioner and my knowledge on Public Health. In 2000, WHO ranked Nigeria 188th and as a first-generation child of Nigerian who visits every 3 or 4 years, I see the lack of a proper health care system.[1] Nigeria is one of the

top producers and exporters of petroleum but lacks the knowledge and personnel to establish an efficient and quality health care system. When I asked Dr. Heidi Beidinger, a professor of Global Health here at Notre Dame, of the importance of this type of research, she said, "understanding different healthcare systems is the goal of graduate school in public and global health." When I asked her of the significance of an undergraduate wanting to pursue a degree in Public Health she said that my "ability to critically think about a complex issue such as this is an education in and of itself." Whether I choose to apply for Master of Public Health programs before medical school or well after the completion medical school and residency is also dependent on my researching opportunities. Because I plan to take at least one gap year between graduation and graduate or medical school, I want to develop as many skills as possible before returning to school and continuing on with my career path. I want to build upon this research by returning to other countries with successful healthcare systems, conducting research and eventually publishing a paper proposing solutions to failing healthcare systems in other countries, beginning with Nigeria.

Contact Information of Referenced Individuals

Professor Alessia Blad – ablad@nd.edu
Mallory Nardin – mnardin@nd.edu
Dr. Heidi Beidinger – hbeinding@nd.edu
Dr. Phillip Coyne – pcoyne@nd.edu
Dr. Naomi Penney – npenney@nd.edu
Professor Francesco Malatesta – francesco.malatesta@uniroma1.it
Professor Oliviero Riggio – oliviero.riggio@uniroma1.it

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