Physician Shortage Looms in United States

BY BRUCE JANCIN
Denver Bureau

Colorado Springs — America’s physician shortage—still barely noticeable in many parts of the country—is here to stay and will grow much worse, panelists agreed at the annual meeting of the American Surgical Association.

“Because of our failure in the 1990s to recognize the needs of a new century, our health care system will have a continued shortage of physicians throughout the careers of today’s medical students. We’ll have to invent ways to deal with it, because none of us has ever experienced within our lifetimes in medicine a shortage of the sort we’re building into the future,” warned Dr. Richard A. Cooper, professor of medicine and a senior fellow at the University of Pennsylvania’s Leonard Davis Institute of Health Economics, Philadelphia.

On the basis of economic and population projections, he estimated the nation will need 10,000 additional first-year residency slots and 60 new medical or osteopathic schools by 2020 to control the crisis. By Dr. Cooper’s estimate, there are now 5%-8% too few physicians nationally. “We’re not feeling it everywhere because the shortage is early on, and it’s not homogeneous nationally,” he said, adding that the shortfall will grow to about 20% within 20 years.

Medical assistants and nurse practitioners aren’t being trained in sufficient numbers to be the solution.

Dr. Darell G. Kirch, president and chief executive officer of the American Association of Medical Colleges, Washington, praised Dr. Cooper for conducting the pioneering research that is spurring this action, Ms. Autor said. “We’re not feeling it everywhere in our lifetimes in medicine a shortage of physicians—we’re going to lose 5,000 this calendar year,” he said.

“Some medical students would benefit from having the fourth year count as their first year of residency training,” Dr. Kirch said. “Others enter medical school too highly qualified that much of the first 2 years are of little value. And there are too many obstacles placed in the way of physicians interested in making a midcareer change in specialty, he added.

All papers presented at the 127th annual meeting of the ASA are subsequently submitted to the Annals of Surgery for consideration.

Coalition Releases 53 Disaster Planning Recommendations

BY MARY ELLEN SCHNEIDER
New York Bureau

Public health systems need more federal funding to respond to both day-to-day emergencies and mass-casualty events, according to disaster preparedness recommendations released by a coalition of 18 health organizations.

The coalition, which was led by the American Medical Association and the American Public Health Association, issued a report with 53 recommendations aimed at leaders in medicine and government. Other coalition members include the Association of American Medical Colleges, the American College of Emergency Physicians, and the American College of Surgeons.

The project was funded under a cooperative agreement from the Centers for Disease Control and Prevention.

“The only thing we can probably predict with certainty are terrorism attacks and other mass casualty events is this—we’re not going to know the time, location, and magnitude in advance,” Dr. Ronald M. Davis, AMA president, said at a press conference. “But we can have the tools to prevent as much as we can.”

The report identifies nine critical areas needing immediate action, including:

• Increasing the number of available federal funds for homeland security
• Developing plans for emergency medical evacuations
• Acquiring basic medical equipment
• Compiling lists of hospitals and emergency centers
• Developing an emergency response plan for all facilities
• Creating a system for tracking supplies and equipment
• Developing a system for tracking new patients
• Developing a system for tracking medical personnel
• Developing a system for tracking medical supplies

The full report is available online at www.ama-assn.org/go/disasterpreparedness.

Sales of Most Timed-Release Guaifenesin Products to Stop

BY ELIZABETH MECHCATIE
Senior Writer

With one exception, timed-release guaifenesin products available in the United States that contain the expectorant guaifenesin have not been approved by the Food and Drug Administration and should be taken off the market, according to an agency announcement.

About 20 companies manufacture these products, most of which are available only by prescription. The products include Guaifenesin (manufactured by Ethex Corp.), Crandex and Guaifin (Breckenridge Pharmaceutical Inc.), Ambid and Amitek (Actavis Group), Duraphen (Protheric Pharmaceuticals Inc.), Wellbid (Prasco), Ambi (Ambi Pharmaceuticals Inc.), and Maxifed (MCR American Pharmaceuticals Inc.).

Many of the products include other active ingredients, the FDA announcement noted.

The FDA ordered manufacturers of these unapproved products to stop marketing them by Aug. 27 and to obtain interstate shipment by Nov. 25, although some inventory will remain in pharmacies after that time.

The action does not affect immediate-release formulations of guaifenesin, only timed-release formulations, which are also described as extended release, long acting, or sustained release.

The only timed-release products containing guaifenesin that have been formally approved by the FDA are those marketed over the counter as Mucinex or Humibid, by Adams Respiratory Therapeutics. Besides Mucinex and Humibid, which contain guaifenesin, the company makes Mucinex-D, which also contains pseudoephedrine, and Mucinex DM, which also contains dextromethorphan.

Timed-release products need to be approved because the FDA needs to ensure that “the product releases its active ingredients safely and effectively, sustaining the intended effect over the entire time in which the product is intended to work,” according to the FDA statement.

Dose dumping is a major concern with these products, said Deborah M. Autor, an attorney and director of the office of compliance in the FDA’s Center for Drug Evaluation and Research (CDER), during a telebriefing.

The FDA did not look into whether there were reports of adverse events linked to the unapproved guaifenesin products; adverse event reports did not spur this action, Ms. Autor said.

The FDA’s Web site on unapproved drugs is available at www.fda.gov/cder/drug/unapproved_drugs/default.htm

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