Could the Obstetrically Underserved Areas Disappear After the Increase in the Admission Number of Medical Students?

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Accessibility to maternity hospitals is important for maternal neonatal health (World Health Organization, 2016). An obstetrical hospital must be located near the local area lived pregnant women for good maternity accessibility. If this maternity care system cannot be established, there will have to be various delivery systems to assist emergent pregnant women, including an emergent medical team to go to emergent pregnant women them or a transport team for them to the maternity hospital quickly.

Korea entered the low fertility era in 1983 with a total fertility rate of 2.06 and became an ultra-low fertility country in 2001 with a total fertility rate of 1.297.

The low fertility rate in Korea has led to the collapse of various social infrastructures, including the maternity healthcare system. The maternity healthcare system consists of obstetricians, nurses, maternity healthcare providers, maternity facilities and equipment, and a transport system, but the most important thing to maintain the maternity healthcare system is to have excellent obstetricians and nurses.

However, obstetricians and nurses have not preferred to work in obstetrically underserved areas (OUAs) for a number of reasons.

Recently, the Yoon Suk Yeol administration decided to increase the admission number of medical students to improve the ability of essential medical fields and resolve healthcare underserved areas, including OUA. The government announced that an increase in medical students could lead to an increase in the number of doctors working in essential medical fields and in underserved areas. The lack of preparation and hasty policies without scientific evidence to increase the number of medical students has made it impossible to provide high-quality education to medical students. Eventually, that false policy will have led to the fundamental problem of graduating low-quality doctors who learned inadequately.

While this deteriorating educational environment is a major problem, it is highly questionable whether the Yoon administration’s policy goals of securing essential medical doctors and resolving healthcare vulnerabilities can be achieved.

I hope to suggest my opinion here on whether the increase in medical students can lead to an increase in the number of obstetricians in OUAs.

Are the Obstetricians Insufficient? Otherwise Unbalanced?

Even though the shortage of obstetricians is debated recently, there has been a controversy about whether the total number of obstetricians is insufficient or whether maldistribution of obstetricians is a problem.

Accordingly, study of 2021, the number of practicing obstetrician–gynecologists (OB/GYNs) was 5,800 and the total number of obstetricians in obstetric hospitals was 2,659 (of 45.8%) in 2019 (Lee et al, 2021).

There were 4,537 women of childbearing age aged 15–49.
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per obstetrician. However, if all 5,800 OB/GYNs working in clinical practice will participate in the management of labor and deliveries, the number of women of reproductive age to be responsible for one OB/GYN would be halved to 2,080.

There was a greater discrepancy between the size of the regions. There were 6,367 women of childbearing age per obstetrician in Jeju-do and 6,225 in Gyeongsangnam-do, respectively. However, metropolitan cities, i.e., Daejeon, Busan, and Seoul had 3,516, 3,688, and 3,788, respectively, which was about half the number of rural areas. This demonstrated that there is a regional imbalance in obstetricians.

Calculate the number of women of childbearing age to be responsible by expanding to all OB/GYNs, not limited to obstetricians. The number of women of childbearing age per obstetrician in Jeju and Gyeongnam was 2,315 and 2,447, respectively. These numbers are much lower than the number of women of childbearing age who are responsible for one obstetrician working in metropolitan areas shown above.

Even though it may be impossible to have all OB/GYNs involved in labor and deliveries, if some OB/GYNs will participate in the labor and delivery, it will help secure obstetricians and resolve the shortage of obstetricians in OUAs.

Why Don’t OB/GYNs Work in Rural Areas?

During the baby boom era after the Korean War, there were many babies and young pregnant women. Because the young pregnant women did not have any risk factors, labor and delivery management was a relatively low-risk, high-reward area of medicine. As a result, excellent medical talent joined and operated maternity hospitals.

However, in recent years, elderly pregnancies have increased due to late marriage and pregnancy, and accordingly, high-risk pregnant women with underlying diseases have increased. As a result, the field of maternity medicine has changed to a high-risk, low-reward area.

In addition, the aftermath of social distrust has led to an increase in medical disputes.

Because the process of labor and childbirth has not been identified completely, the cause of all medical disputes cannot be clarified, but rulings are in favor of pregnant women, and the total amount of compensation awarded has been growing rapidly. In a recent conviction, 1.2 billion won in compensation was awarded, and the doctor who delivered the baby is facing foreclosure.

In another maternity-related medical dispute, an obstetrician was sentenced to criminal penalties that could be fatal to his medical license.

The risk of medical disputes is particularly high in rural areas, where the proportion of high-risk pregnant women is higher than in metropolitan cities.

Lastly, it is linked to the depopulation except metropolitan and concentration into the metropolitan areas that Korea is facing. Korea has entered depopulation and the number of women of childbearing age in rural areas is decreasing, and those that remain are migrating to metropolitan areas in search of a good settlement environment.

This decline in the population, especially in women of childbearing age, will lead to a decrease in the birth number in rural areas in the future, which will reduce the economic income of obstetricians.

In addition, the bad settlement environment, including the lack of education and cultural facilities, is causing obstetricians to be reluctant to work in the local area.

Will Increase of Medical Students Lead to Increase of Obstetricians in OUAs?

In a survey of 2,050 interns in the Korean Society of Obstetricians and Gynecologists in 2021, only 20.7% wanted to apply for residency in obstetrics and gynecology. Many interns who did not choose said that 76.7% were at high risk of medical litigation, and 57.7% attributed the lack of prospects in obstetrics and gynecology due to a drop in fertility rates.

Their demands to the government included no-fault medical malpractice compensation for medical lawsuits and an increase medical payment fee from national health insurance service in obstetrics and gynecology.

Twenty point seven percent of interns thought that they could apply for a residency in obstetrics and gynecology de-
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pending on the government’s policy, but in other words, it is difficult without government support.

In conclusion, obstetrics is a part of essential medicine for the maintenance of the medical system and society. However, the management of labor and childbirth is labor intention and time-consuming for obstetricians. After a pregnant woman is hospitalized due to labor, the obstetricians should focus on the safety of pregnant women and fetuses for at least 1~2 to 12 hours until giving birth, staying in the labor and delivery room, and immediately responding when their condition worsens.

Because young doctors value quality of life, but the management of labor and childbirth delivery has not been, obstetricians should be paid higher compensation than other doctors. In particular, obstetricians working in rural areas should be paid much higher.

Obstetricians have been demanding fair compensation for their difficult and hard work and the policy to resolve medical disputes, but the government has turned a blind eye.

The shortage of obstetricians results from accumulated problems, that the government has ignored for the opinion of maternity healthcare experts. The shortage of obstetricians initially affected rural areas but has now spread to near metropolitan areas due to the government’s lack of attention.

The government has insisted that the shortage of doctors in vulnerable areas could be addressed by increasing the number of medical students, but many experts think that the government’s insistence is naive and simple without what is the cause.

The most important thing to secure obstetricians in OUAs is that the government provides fair economic compensation to them who will work in OUAs and makes policies to resolve medical disputes

Conflict of Interest

The author has nothing to disclose.

REFERENCES
