

## Concerning A Service Commitment to Fund Your Medical Education



To the Editor:

We were pleased to see the commentary, “A Service Commitment to Fund Your Medical Education”<sup>1</sup> by Doroghazi and Bergin in the January 2018 issue on the cost of medical education in the United States, which mentioned our institution, the F. Edward Hébert School of Medicine of the Uniformed Services University of the Health Sciences (USU). We strongly endorse the recognition that financing medical education through public service is feasible, honorable, and financially advantageous.

We would like to call attention to a recently published analysis of the costs and financial benefits of medical education over a lifetime of practice using net present value methodology.<sup>2</sup> This study compares alternatives for funding one’s medical education through personal loans, and through service-related public financing, such as the Health Professions Scholarship Program and the USU.

This detailed economic analysis by Marcu et al<sup>2</sup> projects income over decades of a medical career in general internal medicine, general surgery, orthopedics, and in ophthalmology; it confirms that professional earnings may eventually offset the cost of medical school tuition. Their analysis assumes certain salaries and interest rates, but also confirms that national service scholarships, such as at our institution, are an attractive career option for those who cannot afford high tuitions, and for those who aspire to national service. They are especially attractive for those interested in primary care.

While the focus of the Marcu commentary<sup>2</sup> pertained to a service commitment to fund medical school, and to a lesser extent, graduate medical education, it should be noted that there are numerous other professional advantages that may be difficult to quantify. These include, but are not limited to, practicing in an environment free of overhead and malpractice insurance, generous retirement options, comprehensive health benefits, and 30 days of paid vacation annually.

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We agree with Doroghazi and Bergin<sup>1</sup> that the pride of those who have served the country, and who currently serve, increases with time. We have observed thousands of medical officers, many of whom signed on only for 4-year scholarships, who ultimately spent 20 or more years in uniform. They remained because of pride in the military mission and in the people beside whom they served, and because of their career satisfaction; each of these is difficult to quantify in a mathematical model.

Doroghazi and Bergin<sup>1</sup> are to be congratulated for their thoughtful evaluation of the issue and for furthering the discussion of military medical service.

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