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Religious Discrimination in the Selection of Medical Students: A Case Study

by

Albert E. Gunn, Esq., M.D.
George O. Zenner, Jr., M.D.

Dr. Gunn is Associate Dean for Admissions, the University of Texas-Houston Medical School; B.S. Fordham College, 1955; L.L.B., Fordham Law School, 1958; M.B., B.Ch., B.A.O., National University of Ireland, 1967; L.R.C.P. (London), M.R.C.S. (England), 1967.

Dr. Zenner is Associate Professor, Family Practice and Community Medicine, and Vice-Chairman for Rural Medicine and Community Affairs, the University of Texas-Houston Medical School; B.A., Rice University, 1956; M.D., University of Texas Medical Branch, 1960.

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In 1978 the Department of Health, Education, and Welfare, responding to congressional concerns,¹ conducted a study to determine whether schools of medicine, nursing, or osteopathy deny admission or otherwise discriminate against any applicant because of the applicant's reluctance, or willingness, to counsel, suggest, recommend, assist, or in any way participate in the performance of abortions or sterilizations contrary to his or her religious beliefs or moral convictions.² Surveys were sent to all schools of medicine, nursing, and osteopathy in the United States, asking whether they discriminated against or denied admission to any of the named groups.³ In addition, any applicant who had suffered such discrimination was asked to contact the surveyors, and any organization aware of incidents of discrimination was asked to describe details of such incidents.⁴

The questionnaire to the professional schools was organized around four areas of inquiry: (1) Does the medical school have a policy or understanding related to abortion or sterilization? (2) Are applicants ever queried about their views on abortion or sterilization? The school was asked to describe such inquiries. (3)

What impact do the views expressed by applicants regarding abortion/sterilization have on an applicant's admission? (4) Are there any complaints by applicants concerning admission because of their views on such topics?⁵

One medical school that responded to this survey answered questions 1, 3, and 4 in the negative.⁶ Regarding the second question, it was stated that one faculty member routinely queried applicants about a hypothetical situation in which a fourteen-year-old unmarried Catholic girl requested an abortion. The applicant was asked to discuss the issues presented by this request from the viewpoint of the primary physician. The medical school stated that the purpose of this inquiry was not to determine a point of view, but to evaluate a capacity to identify relevant issues.⁷ Whether the Department of Health, Education, and Welfare made any response to this positive answer or what report they made of it to Congress is not known.

This article examines the actual practice of questioning of applicants on abortion and a penumbra of controversial topics in medical school admissions in light of the Department of Health, Education, and Welfare's letter.⁸

Some time after the survey, an opportunity was presented to study the actual admissions process at the school giving the answer described above and to compare it with the information presented to the Department of Health, Education, and Welfare. This particular admissions procedure revolved around a number of factors. College grades (GPA) and the results of the standardized Medical College Admissions Test (MCAT) were considered, particularly in the selection of students to be interviewed by the faculty of the school. Other factors considered included the recommendations submitted by the student's college and the information contained on the application form: questions about the student's demographic data (race, age, birthplace), parents (birthplace, occupation), the high school of graduation, and organizations to which the applicant belonged or other nonacademic activities (church membership was often listed, and some listed anti-abortion activities). In addition, each candidate wrote an essay as part of the application, presenting an account of experience and motivations leading to the desire to become a physician. On occasion, some applicants mentioned a religious motivation as important in the decision to enter medical school. For medical school acceptance, it was essential that an applicant be selected for an interview. This decision was based largely on an applicant's MCAT and GPA, but some applicants were invited for other reasons. But however an applicant was selected for an interview, it remained a requirement for admission.⁹

The admissions committee was a decisive entity in the selection of applicants for the entering class, although not all applicants accepted necessarily had the approval of the admissions committee. Since the admissions committee made admissions decisions in most cases, it was a goal that each applicant be interviewed by an admissions committee member, who would then be in the best position to discuss an applicant's file and background. A second interviewer was chosen from faculty volunteers not on the admissions committee. At the committee meetings, each committee member had information from the applicants to be discussed, including GPA, MCAT, essay, premedical recommendations, and the written report of the admissions committee member

and other faculty interviewer.¹⁰

The admissions committee member who interviewed the applicant would make a presentation of the applicant's file and a recommendation about suitability for acceptance to medical school. Although each member of the committee had all the information related to a particular applicant, the presentation by the admissions committee member was a critical component in the applicant's consideration. The admissions committee member could, and frequently did, emphasize a particular aspect of the applicant's record or the interview and might add further details from the interview not included in the report. The admissions committee member exercised perhaps the most important function in the evaluation of applicants.¹¹

After this initial presentation, each committee member in turn assigned a score to the applicant. A secretary recorded these numbers on a worksheet, averaged them, and assigned an overall score to each applicant. The applicants were then rated by scores, the highest scores providing the best chance of acceptance.¹²

With the above background in mind, it is possible to review the comments of committee members and faculty interviewers regarding applicant's views on abortion. The cases described are a sampling of the interview reports in a particular admissions year. They should be considered in the light of the school's answer to the Department of Health, Education, and Welfare that candidates did not suffer discrimination as a result of their views on abortion. They should also be analyzed in the context of a state law governing this medical school, which provided that candidates should not be denied admission because of their views on abortion. The names of candidates have been replaced by numbers, and admission committee members are referenced by letters, which have no relation to the names of the interviewers or committee members. No official minutes were kept of discussions at admissions committee meetings related to applicants, but the chairman of the admissions committee kept a journal with summaries of some discussions. Records of the interviewers' impressions are correlated with actual admissions committee discussions where available.¹³

Medical School Applicants' Views on Abortion

Case 1: Interview

"In discussing various issues related to medicine — especially ethical and moral issues — I felt that her viewpoint was rather narrow or rigid and that she has not thought the issues through very well. She is strongly religious and calls herself a 'Christian.' When I asked her about National Health Insurance, she simply stated that socialized medicine would be a hindrance to the American people — and did not really elaborate on this. When I asked her about her stand on abortion, she simply said that she would never perform one, and would try very hard to talk a prospective patient out of having an abortion, even if this was a rape victim. Although these are sensitive areas, and people's opinions vary a lot, I felt that Ms. I's answers were preformed rather than logically sound."¹⁴

Case 2: Interview

"For someone who has had so much experience of a medical person's lifestyle, I found Mr. 2 to be immature and quite rigid in his thinking. He presents as a smiling, clean-cut, well-dressed young man, but he was somewhat at a loss for words, and I could not meaningfully discuss many issues with him. His interests seemed to be exclusively in outdoor sports and in church activities. Although he had taken a good deal of history, government, English, and French in school, I found it hard to discuss current events or controversial topics with him . . . I was somewhat concerned by Mr. 2's attitude toward religion and medicine. He is a strict Christian who believes in the literal truth of the Bible. He does not believe in the Darwinian theory of evolution, and does not feel that it should be taught in schools and colleges in the way it presently is taught. In hypothetical situations in which he as a doctor might advise a patient about contraception or abortion, Mr. 2 insisted upon taking a highly moralistic stance. For example, he said that when advising a twenty-five-year-old woman about contraception, he would first want her to convince him that her activities were 'moral.' I found this attitude very disturbing."¹⁵

Case 2: Admissions Committee Discussion

"In the Admissions Committee meeting, Dr. A presented the application of Mr. 2. He expressed reservations because of the candidate's views on evolution but noted that his views might be representative of a segment of the population of Texas. More important, however, Dr. A considered the candidate's views on prescribing birth control pills to indicate that she was following certain moral standards. The Chairman again mentioned that these matters could be the subject of court action and that he would be the one called to testify to justify such considerations, and he urged restraint. Dr. B, who also interviewed the candidate, disagreed with Dr. A, and considered him acceptable. Dr. B thought that since the candidate had not been exposed to the material that would be taught in medical school, his views might have been expressed in a way that seemed rigid and perhaps unintelligent but, after being exposed to more knowledge, especially in the biological sciences, that he might handle himself better in such situations. Dr. B saw the candidate's responses to Dr. A as the result of immaturity and thought he would do well in medical school with further seasoning."¹⁶

Case 3: Interview

Mr. 3 is very enthusiastic. He's very demonstrative and uses words well. Most of his answers reflected an intelligent understanding of medical issues. God and religion very much influence his life. He is involved with ministers from a theological seminary. In fact, his church, he says, is his major source of social education, since his university is a commuter school, where he feels there is much apathy. Mr. 3 has organized a study group at his home, where he studies 'Bible tapes on the Father, Son, and Holy Ghost and the effect of Satan on the world.' These weekly group meetings, Mr. 3 feels, saved his marriage and give him a code to live by. He feels he would be truly happy if only he could live 100% according to the Bible.

"Mr. 3 said that his religious beliefs would not affect his medical treatment of patients. He spoke of his love of humanity, including fetuses. He said he would refer patients to other doctors when a patient wanted an abortion for birth control purposes. Mr. 3 feels medicine should treat all of the person and pay more attention to the spiritual problems of the patient. Mr. 3 show potential for a medical career provided he controls his own preconceived attitudes on what will help a patient."¹⁷

Case 3: Admissions Committee Discussion

"In discussing Mr. 3, Dr. C noted the importance of religious belief in the candidate's life. He thought this had been supportive of his achievement. However, Dr. C expressed concern about the applicant's view on evolution because of his view that the Creator had created things in such a way that scientists would be deceived in determining the age of the earth. The Chairman said he thought this was a silly answer. Dr. D asked why candidates were being asked about their religious beliefs. She hadn't heard that religious people had presented a serious problem at school. Only one case (of a student presenting any problem) had been discussed at the committee. She hadn't been asked about her religion when she applied to medical school and didn't think it was important. Someone mentioned that one religious student had recently withdrawn from school to work principally in religious spheres. The Chairman noted that some pre-professional advisors from two religiously oriented schools had pointed out that the medical school was the only school asking about religious and ethical beliefs. Additionally, the university attorney, in seeking background information on his memo on these areas, had told the chairman that the medical school was the only one of the university's graduate schools asking about religion. At another medical school, some faculty members had been cautioned about holding persons' religious views against them when considering admission."¹⁸

Case 4: Interview

"What makes this interview difficult is that the student is certainly different from most applicants and is heavy on religion, as expressed numerous times in his essay. Knowing how concerned the committee is about such matters, I questioned him in some detail, but not in any way, I believe, to influence his answers. He does not proselytize and does not even mention it unless specifically asked whether he has 'found God.' He would not hesitate to recommend an abortion or birth control devices to young ladies for whom this would be appropriate. He expresses his religiosity by being patient with people and listening to them, but does not talk of religion unless they bring it up, and then he only mentions how strong his beliefs are. He prays frequently and has fasted on one occasion for three days waiting for a message from God to help him make a difficult decision. He does not hear voices. God answers him by giving him a feeling of what is the right decision. A lot of these matters are reminiscent of other applicants that the committee has turned down, fearing either a psychiatric disorder or a situation where the individual as a medical student or physician will 'moralize' or force religion on a patient when not indicated. While superficially

he resembles other applicants who have been objectionable to the committee, on looking more closely, I am sure that he should not be regarded as such. One of the other interviewers may have a different impression."¹⁹

In the above cases, as full an account as possible was given of the interviewer's written report and the committee discussion to give the flavor of the reports and discussion. The table below excerpts comments from other reports and discussions:

TABLE 1: Excerpts of Interviewer and Committee Comments on Abortion

<i>Case #</i>	<i>Interviewer Comment</i>	<i>Committee Comment</i>
5	Vague discussing abortion.	Negative view of candidate, who said unlimited abortion could cause things to get out of hand.
6	He has found God but does not hear voices.	
7		Negative view of candidate who said she was Catholic and this influenced her view on abortion.
8	Thoughts on euthanasia and abortion were downright naive.	
9	Applicant would counsel against abortion and would not refer patient for abortion.	Applicant would dissuade and not refer for abortion.
10	Do not recommend acceptance due to indecisiveness on abortion and pulling the plug.	
11	Displayed rigidity in comparing future of fetus to future of pregnant sixteen-year-old girl.	
12	Rigid, born-again Christian. Has not resolved how abortion will affect medical practice.	
13		Candidate shifted his view on abortion when stressed.

From the above sample cases, it appears that the scope of questioning of applicants concerning abortion was wider than portrayed to the Department of Health, Education, and Welfare previously. Several committee members and

faculty members sought applicants' views on abortion. Applicants who appeared to be opposed in any way to abortion had their views characterized as "preformed," "downright naive," "vague," "displaying . . . considerable rigidity," or "narrow or rigid." The adjectives chosen are more like judgments on the applicants' views than attempts to characterize their ability to express themselves or evaluate a capacity to identify relevant issues.

Several of the applicants appeared reluctant to discuss their views, possibly fearing that their opposition to abortion might jeopardize their selection. The students' concern about this was recorded by the dean of admissions after some students approached him on an interview day:

During the interviews this morning, several students expressed concern that they had been asked questions about abortion. Ms. 4 indicated she had been asked such questions at another school. Mr. 5 told me that Dr. E asked him how he, as a Catholic, would react to a penniless pregnant teenager who was pregnant. Ms. 6 indicated that her interviewer had asked her how she would react if she were the president of the right-to-life and a pregnant teenager came to her for an abortion. She responded that she supposed that if she was the president of the right-to-life, she would advise against the abortion.²⁰

No extant records contain a case in which an applicant who favored abortion was described in negative terms. If inquiries of this nature were made to evaluate a capacity to identify relevant issues, then a few people favoring abortion might be expected to have problems with their ability to assess complicated problems or identify relevant issues.

Another interesting facet of the cases reported is that evaluation writers and speakers at the committee meetings felt the need to defend against any idea that an applicant opposed to abortion might act in some way on his beliefs. Some stated that, "knowing how concerned the committee is about such matters . . .," the applicant ". . . would not hesitate to recommend an abortion or birth control devices to young ladies for whom this would be appropriate." These reassurances support the view of an admissions committee with many members viewing opposition to abortion as an unfavorable factor in medical school acceptance. Additionally, some discussions at admissions committee meetings showed that some members sympathetic to an anti-abortion position recognized the predominant view and opposed it with statements like ". . . as a Catholic I would agree with the applicant's answer." [The applicant had responded he would not refer a patient who came to him for an abortion to another physician but would attempt to dissuade her from it.]

Medical School Applicants' Views on Religion

In the cases described here, it is apparent that there is an intermingling in committee members' and interviewers' minds of religion and abortion. The Department of Health, Education, and Welfare made no mention of religion in its letter. The school, in its answer, made no mention of its policy on questions about religion. Still religion and abortion seemed to be interrelated, and it is interesting to examine, in the same way abortion views were examined above,

how religious issues were discussed in the interview and admissions process.

Case 14: Interview

"He is a very conservative, and perhaps religious, type of fellow. He is a 'country' type rather than a 'sharp' type."²¹

Case 14: Admissions Committee Discussion

"At the admissions committee meeting of September 18 Dr. F summarized the background of Mr. 14 as a 'religious boy from a small town' and added he would be satisfactory if you liked that type. Dr. G, voting near the end, indicated he liked religious boys from small towns and gave a score of 4, substantially above the other votes."²²

Case 15: Interview

"He has been involved in some extracurricular activities during college — primarily student government. However, even when in a major role of leadership, the applicant readily admits that he sought not to take a position or argue a stand that disagreed with the administration of his small, very conservative, denominational college. While I am not necessarily in favor of 'rabble-rousers' being admitted to medical school, I would have been more impressed if he had indicated a strong stand for what he and the rest of his student body felt was right rather than passive submission to the administration of his college. This individual has attended a denominational high school and followed suit with a denominational college. My general impression is that he is somewhat parochial and that his ability to cope with the larger issues of our society is limited at best. When asked for his opinion of the Bahke case or Karen Ann Quinlan, he could offer no opinion at all! Summary: A very high MCAT score and an acceptable grade-point average at a small private college indicate that this individual has a good intellectual capacity. However, in most other respects, I found him wanting."²³

Case 15: Admissions Committee Discussion

"Today's admissions committee was attended by a guest from an undergraduate college. The application of Mr. 15 was presented by Dr. H. He thought the applicant had a limited background and gave a poor interview. He hadn't heard of the Quinlan case, nor had he opposed the administration of his conservative school even though he was active in student leadership. In his written opinion Dr. H had commented on Mr. 15's attending denominational schools and his viewpoints being 'parochial.' The chairman asked if we weren't being hard on those who attended denominational schools. On the one hand, we faulted the candidate for attending such schools, but at the same time we considered refusing him entrance to a public university where he might broaden his educational experience. Additionally, his selection of this college might be due to the fact that he is the seventh of ten children, and the fact he was offered a scholarship at the college may have been the determinant. Dr. H indicated that his opinion was primarily based on the interview. Some committee members expressed the view that Mr. 15's reluctance to discuss the Quinlan case may have been due to a fear his views might be held against him. Dr. I provided favorable

information on the Jesuit school the applicant had attended.”²⁴

Case 16: Interview

“His religious commitment came through rather strongly on his written part of the application, so this was pursued in some depth. It was pursued in sufficient depth that I am personally satisfied that he is not a born-again Christian, to the extent that he takes a passive predestination attitude toward life with external controls. It does not preclude him from thinking about specific issues.”²⁵

Case 17: Interview

“... Since he is a very religious person and is the son of a minister, he feels that God wants him to become a doctor. I spent much time questioning him about this because I was unclear how much he wanted to be a physician as opposed to his feeling that he should be or was destined to become a physician. I did get a sense that he wanted it for himself but had it sanctioned by a higher authority.

“I did get a sense of some rigidity of thinking on his part and a tendency to be somewhat judgmental about others who are not ‘saved,’ although his work history indicates that he can and does get along with all types of people from many different backgrounds.

“Although he was mild-mannered and pleasant, I did get the sense of superiority and some arrogance about him.

“My main concern, although not severe enough to completely reject him from a medical education, centered around the possibility of his losing or questioning his faith. I could see an identity crisis and a great deal of personal turmoil being precipitated by a possible loss of his faith, which, at present, seems to be a very firm and unshakable. However, under the extraordinary pressures of medical school, would it sustain him? I do not know for sure.”²⁶

Case 17: Admissions Committee Discussion

“At the admissions committee meeting the application of Mr. 17 was discussed. Ms. J presented his application. She expressed concern about his indication that God had led him in some way to decide to be a physician. She questioned him on this but thought there was no abnormal ideation and that he could perform as a physician. She rated him at 3 (out of 5). Dr. K stated that Dr. L had called him and expressed strong reservations about the candidate. Dr. M noted that fundamentalist types had caused problems in the human sexuality part of the psychiatry course. One person of a fundamentalist outlook (a student at this medical school) had suggested to a Jewish patient that she accept Christ, and this caused a problem. Dr. N [former dean of admissions, chairman of the admissions committee, and supervisor of the present dean of admissions/chairman of the admissions committee] thought religion should be considered if it interfered with a person’s ability to function as a physician. The chairman thought that charismatic formulations were popular among the young in this part of the country. It was not customary in the area he came from (New York), but he thought religious views should not be held against a candidate, nor should the way they are expressed be a bar. Several times at the committee persons had been referred to as ‘rigid Baptists,’ and the chairman didn’t agree with these

characterizations. Dr. O strongly defended the candidate and saw his views as quite exemplary.”²⁷

TABLE 2: Excerpts of Interviewer and Committee Comments on Religion

<i>Case #</i>	<i>Interviewer Comment</i>	<i>Committee Comment</i>
18		Reservations because motivation based on personal relationships to God.
19	Very religious and moralistic but not evangelistic	
20	Intense religious life, coy about religion, reminiscent of skilled proselytizers.	Wants to be a missionary.
21	Mexican-American Catholic, observant, not fanatical.	

Like the cases of applicants who were opposed to abortion, cases in which an applicant held a religious commitment displayed several trends. There appeared to be almost a presumption that religious applicants had to be carefully questioned because their religious commitment might make them unsuitable for the practice of medicine. If an applicant revealed a religious facet, he might be asked about “hearing voices.” A number of the evaluations cited previously represent defenses of religious candidates, trying to show that even though they were religious or appeared to be “born-again Christians,” they were not eccentric. In referring to one religious applicant’s views, an admissions committee member stated: “A lot of these matters are reminiscent of other applicants that the committee has turned down” (Case 4, Abortion Cases). He sent the applicant for a psychiatric appraisal to show that the applicant was not mentally unbalanced. He concluded his apologetic comment thus: “While superficially he resembles other applicants who have been objectionable to the committee, on looking more closely, I am sure he should not be regarded as such.” This conclusion came after he reassured the committee that “[h]e would not hesitate to recommend an abortion or birth control devices to young ladies for whom this would be appropriate.”

Dr. D (Case 3, Abortion Cases) objected to asking applicants questions about religion, and other discussions at the committee showed that some committee members were concerned about religious discrimination and objected to it. Pejorative phrases like “rigid Baptist” and “parochial” were used to describe candidates. There was a climate at the admissions committee conducive to subjecting religious applicants to a comprehensive discussion of their views on a variety of topics with an underlying suspicion that they hear voices, want to bring patients to Christ, or believe that psychiatric illness is due to sin. But there was no

analogous inquiry of non-religious applicants. All the above factors support a judgment that the admissions process was hostile to students with a religious commitment. The inquiry by the Department of Health, Education, and Welfare did not focus on religious discrimination, yet, as seen above, abortion and religion seemed connected in many faculty members' minds. There was an assumption that a religious applicant would oppose abortion. The committee was assured by interviewers and members that, even though an applicant was religious, he would recommend abortions to "young ladies . . ." It is fairly clear from the written evaluations, notes from admissions committee meetings, and reaction of the newly appointed dean of admissions and chairman of the admissions committee, who had not been privy to prior admissions process records, that applicants who were opposed to abortion or were religious underwent a heightened scrutiny and were scored lower than other applicants because of their views.

The justifications given by committee members and faculty interviewers and by the former dean of admissions and chairman of the admissions committee showed that what was occurring was not new but sustained a pattern from prior years.

The new dean of admissions and chairman of the committee was clearly uncomfortable with the system as he found it. He protested to his immediate superior, as well as the dean, and sought an opinion from the university attorney. The university attorney replied stating that questioning applicants about abortion or religion would place the university in an untenable position if an applicant were to sue, claiming discrimination because of his views on either matter.

And so abortion and religion were removed as topics for consideration by the admissions committee. Thereafter, no records were kept of applicants' religious views, nor was discussion permitted of them at committee meetings. Of course, bad habits die hard, and even with the new policy there were recrudescences of the prior practices in the following years. Candidates were referred to as a "New York Jew" (the candidate was not from New York), another as displaying "ultra-Christian religiosity." The difference was that the committee, based on the policy adopted, directed that such interviewers stop being used. This was probably an improvement, but no external mandate of this nature can change the way people feel about certain topics. An old saying is that one should never discuss politics or religion. The fact that they are not polite social topics of discussion does not mean people do not have strong feelings about them. The hope is that the remedy that emerged here did not just drive biases underground. Perhaps the ultimate answer is to try to match interviewer and interviewee of similar sympathies, so that the interview can center on the applicant's suitability to practice medicine and not his or her personal beliefs. The lesson is that eternal vigilance is the price of fairness as well as liberty.

Conclusions

Based on the report of actual admissions procedures in a subsequent year, some of the answers (submitted in response to the Department of Health, Education, and Welfare's earlier survey of professional schools) would have to

be different, and some would remain the same.

1. There was no official or written policy or understanding related to abortion or sterilization. There was, however, what appears to be a consensus among interviewers and committee members that those who opposed either required special questioning about their views. No such questioning was needed of those who supported such views.

2. Applicants were queried about their views on abortion and sterilization, but not just to evaluate a capacity to identify relevant issues. Applicants' viewpoints were described as "downright naive," or they were found unable to balance properly the value of a fetus against a sixteen-year-old pregnant girl's future. It is pretty clear from the framework of the question that the interviewer held the view that the future of the sixteen-year-old girl was more important than that of the fetus, and the failure of the applicant to so conclude was not a favorable factor.

3. The views of an applicant on abortion or sterilization could have an impact on admission. Since the only time such views were discussed was when the applicant opposed abortion or sterilization, it seems that this point of view had a negative impact.

4. There were complaints in this admissions year by applicants because of their views on such topics. It would be interesting to send a questionnaire to applicants to see how they were treated rather than to canvass medical or other professional schools as to complaints against them. Applicants hoping for medical school acceptance are often reluctant to complain for fear of dashing their chances for acceptance.

Finally, based on the findings here, it can be seen that the survey was too limited. Interviewers and committee members saw abortion in a constellation of related beliefs that often centered on religious commitment. There seemed to be an overall apprehension about any candidate with strong religious belief. The perception was that such candidates likely would oppose abortion, and when they were critically examined about their beliefs, this amounted to a surrogate interrogation about abortion.

Additionally, the survey did not touch on matters related to euthanasia, what is now termed "futile care," and similar matters. There were interview questions about "the Quinlan case," "euthanasia," "pulling the plug," and the like. And, again, candidates who had reservations about some of these practices underwent further questioning. Often these opinions seemed coupled in interviewers' and committee members' minds with a religious outlook and an opposition to abortion. Any future survey should look into whether or not candidates are expected to hold specific views on these topics and whether one viewpoint is regarded more favorably in admissions decisions.

The 1978 Health, Education, and Welfare survey did not go far enough in the questions it posed, nor did it include the opinions of applicants, who would be better placed to answer its questions. Now another, more comprehensive, governmental survey would be appropriate with a wider scope to respond to the questions left unanswered by the 1978 survey.

REFERENCES

1. Section 7 of the Health Professions Education Amendments of 1977, Pub. L. No. 95-215, Dec. 19, 1977.
 2. To the author's knowledge, the results of this study were not published.
 3. A letter was sent to the dean or nursing director of each school of medicine, nursing, and osteopathy by Daniel F. Whiteside, D.D. S., Director of Bureau of Health Manpower, Department of Health, Education, and Welfare, Public Health Service, Health Resources Administration, Hyattsville, Maryland, dated March 28, 1978. The letter is reproduced in the Verbatim section of this edition of *Issues in Law & Medicine* [hereinafter Letter].
 4. A notice was published in the Federal Register inviting both successful and unsuccessful applicants (including graduates) to send comments describing their experiences in the admissions process regarding the subject of abortion/sterilization and opinions as to their probable impact on selection.
 5. See Letter, *supra* note 3.
 6. This information is derived from documents provided to the authors and retained in their personal files.
 7. Id.
 8. Letter, *supra* note 3.
 9. This is the customary procedure with respect to all medical schools in the United States.
 10. This is by and large the method employed by all U.S. medical schools.
 11. This is true because, when the admissions committee member presented the application, he could summarize and emphasize certain parts of the information available on the application in ways he thought appropriate. This summary could be challenged, but committee dynamics what they are, it was an important factor, challenged or unchallenged, in evaluating applicants.
 12. Some medical schools have an acceptance/nonacceptance vote and leave it to the dean of admissions to decide on who is offered acceptance. At the school being described in this article, the committee voted a "rank/order" list. Students were then accepted in this rank/order.
 13. The reports of the admissions committee members and faculty interviewers were provided to the authors and are quoted below. Also provided were informal notes of admissions committee discussions, and these are quoted to indicate discussions by the committee. These notes were reportedly prepared shortly after the committee meetings ended. For purposes of readability, the quotations below have been edited, but the meaning has been preserved.
 14. These quotations are from admissions committee or faculty members' interview reports, as provided to the authors.
 15. Id.
 16. These quotations are from the notes of admissions committee discussions, as provided to the authors.
 17. *Supra* note 14.
 18. *Supra* note 16.
 19. *Supra* note 14.
 20. These quotations are from notes made after the conversations with the students summarizing their remarks, as provided to the authors.
 21. *Supra* note 14.
 22. *Supra* note 16.
 23. *Supra* note 14.
 24. *Supra* note 16.
 25. *Supra* note 14.
 26. Id.
 27. *Supra* note 16.
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