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J–1: The Forgotten Cardiovascular Force

In the April 2 and May 21 issues of the *JACC* (1,2), Drs. Pepine and Hurst, following the editorial written by the immediate past President of the American College of Cardiology (ACC), Dr. Bruce Fye, addressed with clarity and in worrisome terms the prevailing crisis of the cardiology workforce shortage. As proposed by Dr. Hurst, we concur with the importance of restructuring the current training of cardiovascular specialists, and to increase the participation of women in the field of cardiovascular sciences, as important steps toward confronting the current deficit of specialists. However, and although noticed by many but addressed seriously by very few, today we are losing a great number of American-trained cardiologists whose knowledge, dedication, training expenses, and academic and professional expectations are ravished by the current immigration policies covering foreign physicians.

At the present, about 40% of the cardiologists in training are International Medical Graduates (IMGs), and the vast majority of these are nonimmigrants (3,4). Their circumstances are different from nonimmigrants who come to the U.S. to work in nonhumanitarian fields such as finance, business, and technology; most of the IMGs are obliged to return to their country of origin for at least two years after expending a minimum of seven years of training in the U.S., while positions are left vacant in hundreds of locations across the country, in various fields or subspecialties of cardiology and particularly affecting academic centers.

Most of the IMGs come to the U.S. seeking the best possible medical training, which undoubtedly is offered in this country. We leave our homes for a profession that we love and expend the most precious years of our lives pursuing the best possible training. Many of us return happily to our countries of origin to practice, teach, and lead the future of cardiology in different parts of the world. However, a good proportion of the IMGs after seven years of living away from home build families as well as social, professional, academic, and personal ties in the U.S.; or they simply are unable to return to their home countries owing to political, economic, or social turmoil. These physicians are faced with an absurd policy that obligates us to leave the U.S. or go through a bureaucratic and lengthy endeavor that many of us have no other option but to endure in order to obtain a waiver that strictly narrows our professional opportunities. We go to underserved communities in most of the cases to practice primary care or to work for Veteran Administration hospitals for periods ranging from three to five years. For those who once held strong academic interests, it becomes a lost cause. For others with family and social ties in this country, it becomes a true ordeal. Policies should not accommodate times, but times should shape policies. We are not a minority in cardiology, but instead represent a large group of very productive people with a tremendous potential to aid in the current American cardiovascular crisis. We believe that this problem is well known by all, and that the ACC should be able to recognize its importance beyond merely being sympathetic; it should advocate a vigorous change in the current immigration policies.

Although we agree with the solutions proposed by Dr. Hurst in the recent Viewpoint section of the *Journal,* we believe that regardless of what changes will be instituted to solve the current workforce shortage, there will be no faster change than to retain in this country close to half of all American-trained cardiologists rather than force them to return to their home countries.

To Drs. Hurst and Pepine I offer these observations: In these critical times, it is pertinent to include in your remedy list a plan three, namely having the ACC adopt a position on our behalf and expanding the opportunities and sites in which we can flourish and deliver our best care. Our needs are mutual, and your strongest institutional support is a must. This is in the best interests of our profession, the medical schools who have adopted and trained us in the U.S., and above all for the patients we have diligently served for many years and who are now in the need of the best care possible.

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doi:10.1016/j.jacc.2003.07.001

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