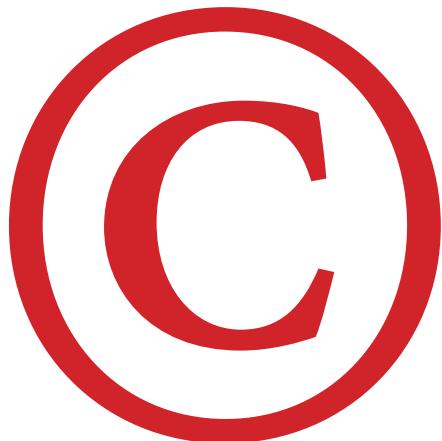


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Machen's bane: Just who gets into medical school at the U?

By Richard H. Keller and David R. Keller

In his State of the University speech of Aug. 25, outgoing University of Utah President Bernie Machen lamented the deplorable lack of support from education leaders and elected officials regarding the Legislative Auditor General's report critical of admissions policy at the School of Medicine.

This controversy, which isn't nearly over and done, stems from accusations by some state legislators of "reverse discrimination" at the medical school against "white, Mormon males" as well as concerns about the higher acceptance rate of females and minorities in the auditor's report.

However, close scrutiny of the critics' claims and the admissions process makes it clear that the accusations are absolutely without foundation, exhibit a fundamental misunderstanding of health care professions, and are injurious to the school's ability to serve the intermountain community.

A generation ago, admission was based on two cognitive criteria: MCAT (Medical College Admission Test) and GPA (grade point average). Over time, however, it has become recognized that excellent doctors also must be humanistically inclined. So admission now involves six additional non-cognitive criteria, including leadership skills, multi-tasking ability, research expertise in the sciences and humanities, and community service.

These are evaluated in a detailed application that includes, amongst other things, essays, letters of recommendation, and interviews.

As evidence of discrimination against white males, legislators and auditors point to higher rates of acceptance of women and minorities than white males. According to the auditors, "The rate of acceptance among female and minority applicants continues to exceed the rate of acceptance of white male applicants. The school's continued emphasis on diversity appears to be the primary cause."

The auditors claim that in interviews, "some" admissions committee members acknowledged considering sex and race, which is misconstrued by the auditors as "focusing" on sex and race. In any case, to use a small sample to generalize about the entire process is disingenuous and logically flawed.

The assertion that the ratios of acceptances to applicants should be the same across demographic categories is seriously misguided, because it assumes that different groups have the same ratios of outstanding versus average and poor applicants.

In fact, according to researchers who have studied medical school applicants for over 20 years, there are typically fewer mediocre women and minorities than white male applicants. Hence, selection is based upon merit, not quotas.

Disturbingly, real discrimination would result with the legislative critics' own quota system. If the rates of acceptance to applicants are forced to be the same across all demographic categories, then less qualified white males might be admitted over more qualified women and minorities.

Another issue that critics have exaggerated is the use of demographic information endorsed by the Board of Regents, illustrated in the hyperbolic claim by one legislator that its inclusion "validate[s] the discriminatory habits of the U." Along these lines, the auditors suggest that some demographic information should not be used.

For example, if a candidate describes experience as organizer of a minority outreach program in his/her essay, the experience would be prohibited because it might "sneak in" grounds for preferential treatment.

However, this recommendation is preposterous, because one admission criterion is creative leadership. In order to address this criterion, the activity might have to include a racial reference. To prohibit mention of the experience because of membership in a minority race is itself overtly discriminatory.

Therefore, the inclusion of demographic information is essential. If there are two applicants, one from an upper-middle class background and one with a lower socio-economic status who have the exact same MCAT score and GPA, it is probable that the latter candidate has traveled a longer, harder, steeper path, might have higher aspirations, and consequently become the better physician.

In the final analysis, there is no evidence of favoritism of women and minorities or bias against white males. The admissions process has one singular goal -- to select the brightest students, regardless of sex or ethnicity, who will be sympathetic to the broad spectrum of their patients' experiences. The "diversity" sought by the medical school is diversity of experience.

The critics of the medical school have distorted the issues in order to promote their own discriminatory quota system. Thus Machen's frustrations are understandable, for the school admissions process is vitally important to both aspiring doctors and the rest of us who depend on quality health care.

Let's hope that the new university leadership will resist these politically motivated ploys and support the school's mission of attracting and training doctors with a wide variety of experience. The School of Medicine must be trusted to implement admissions procedures that will select academically strong humanitarians in order to best serve society.

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