

Effects of Personal and Familial Economic Status in Medical Student Specialty Choice

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Key Points

Question:

How does familial and personal economic status affect medical students' specialty choice?

Findings:

Retrospective analysis of US medical students' self-reported parental income, educational debt, and specialty choice showed medical students entering surgical subspecialties had higher median parental incomes and were more likely held zero educational debt than their peers entering family practice or primary care specialties, although non-zero debt was similar.

Meaning:

The large proportion of students with zero educational debt and high parental incomes entering more lucrative subspecialties underscores a continued economic divide. Targeted programs on early introduction to these specialties and financial assistance are crucial to improve diversity within these specialties.

Importance:

The difficulties of financing healthcare education both exacerbates and mirrors the growing economic disparities in the United States. While medical student debt has rapidly expanded, the socioeconomic background of medical students remained relatively unchanged with most students reporting within the top two quintiles of household income.

Objective:

To investigate relationships between personal and familial economic status on choice of medical specialties by medical school graduates.

Design:

Retrospective analysis of self-reported demographic data, economic indicators including parental income and educational debt, and residency specialty data collected from graduating medical students from 2001- 2018.

Setting:

Students from all Liaison Committee on Medical Education (LCME)-accredited Doctor of Medicine (MD)-granting medical schools in the United States.

Participants:

A volunteer sample of 229,754 medical students was included, with 140,300 (61.1%) reporting sufficient data for analysis between 2001 and 2018. Medical students who self-reported parental income and educational debt and had available GME track data regarding residency specialty were included.

Main Outcome(s) and Measure(s):

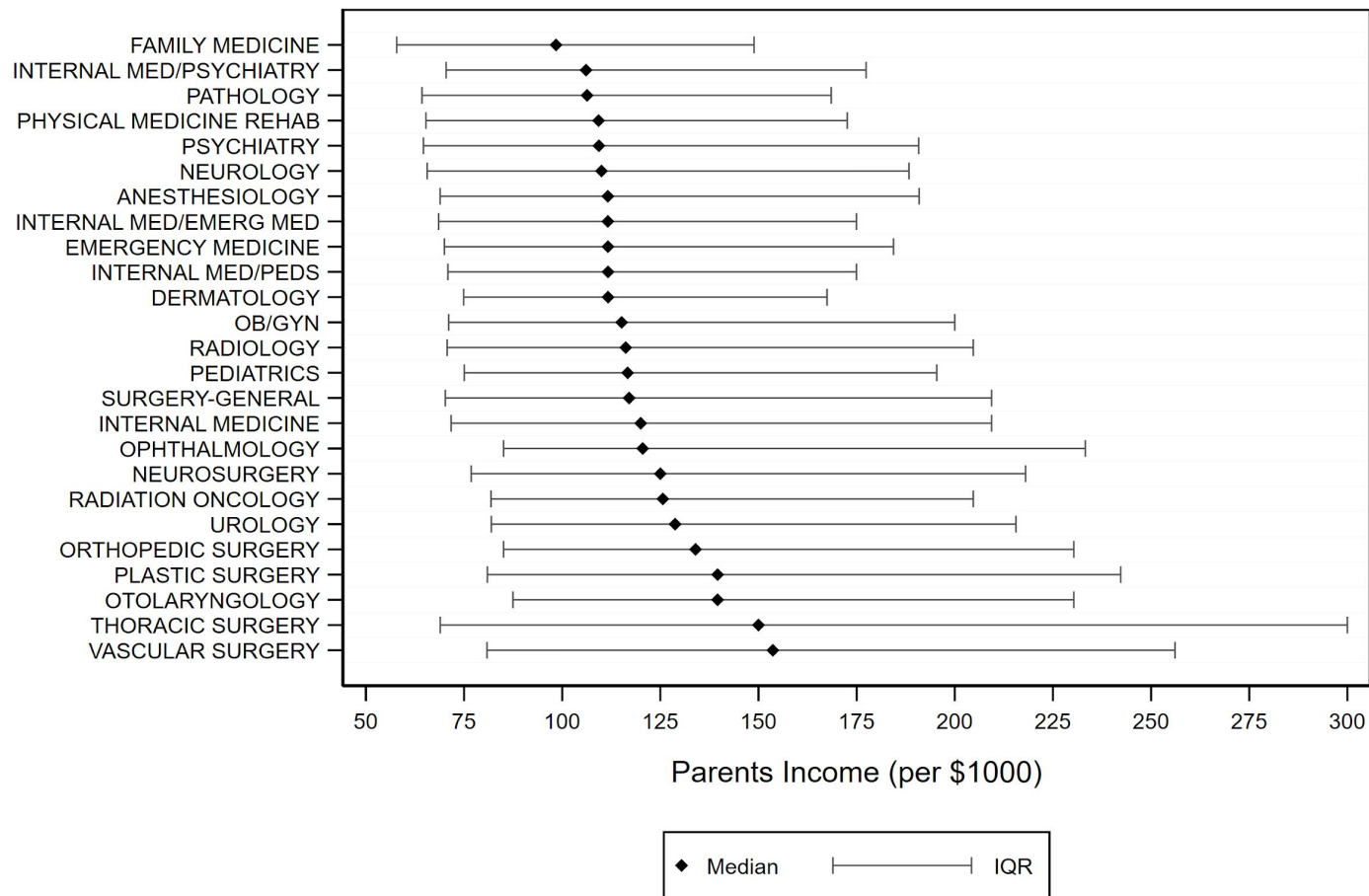
The primary outcome measure was the relationship between indicators of economic status such as parental income and educational debt with medical specialty choice. The initial hypothesis was that students who report higher indicators of economic status are more likely to pursue surgical or otherwise higher income specialties.

Results:

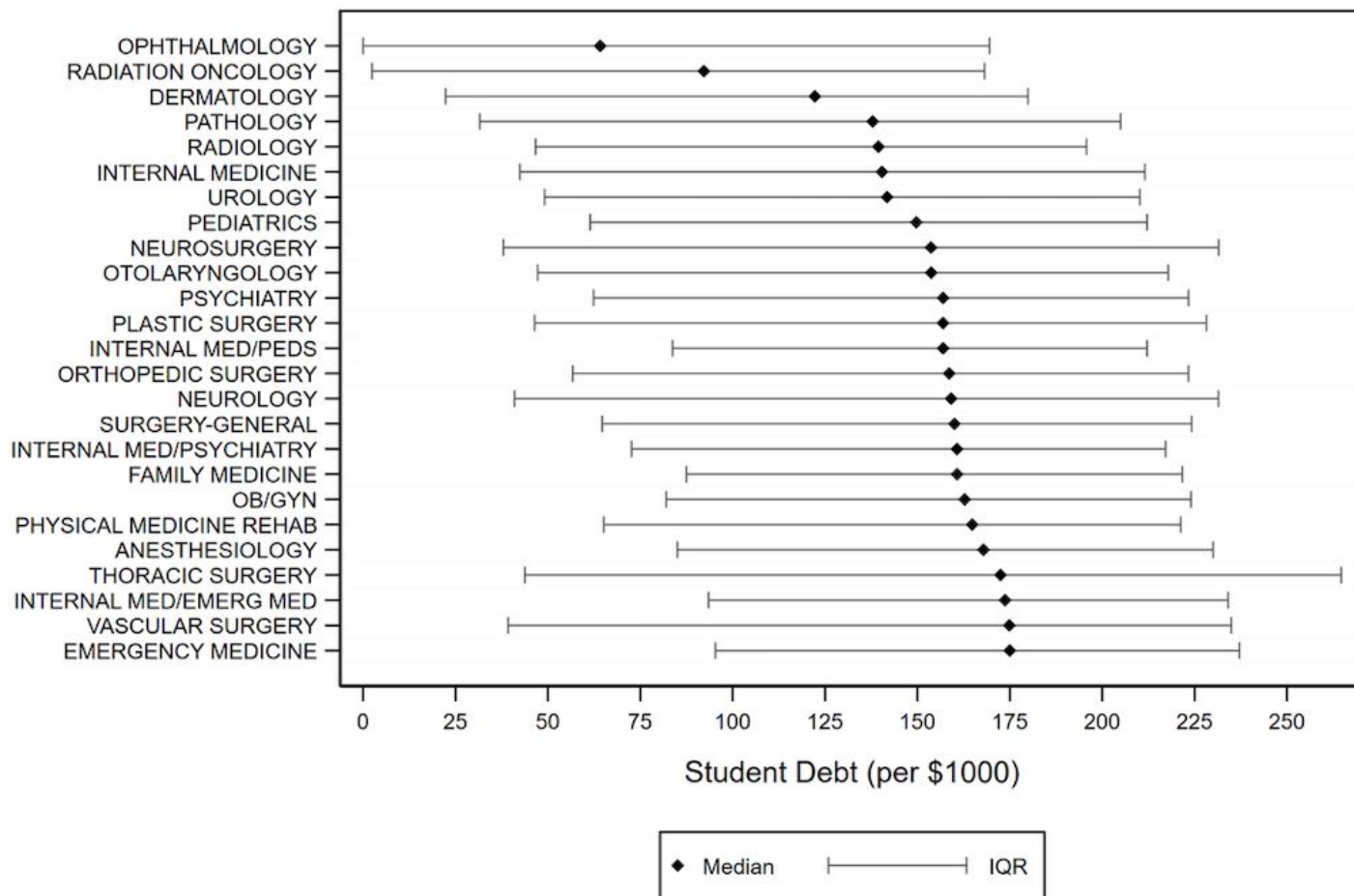
Of a volunteer sample of 229,754 medical students, 140,300 (61.1%) students were included for analysis, with 49.4% reporting as female and 50.6% as male. **Overall median reported yearly parental income was \$115K (IQR \$70K, \$200K) with total median educational debt of \$150K (IQR \$48K, \$218K).**

Despite no clear trend between medical specialty and median total educational debt, **students pursuing traditionally competitive and lucrative specialties, including surgical subspecialties, reported a greater proportion of students with zero educational debt and higher median parental incomes,** while students pursuing family medicine reported the lowest proportion of students with zero educational debt and lower median parental incomes.

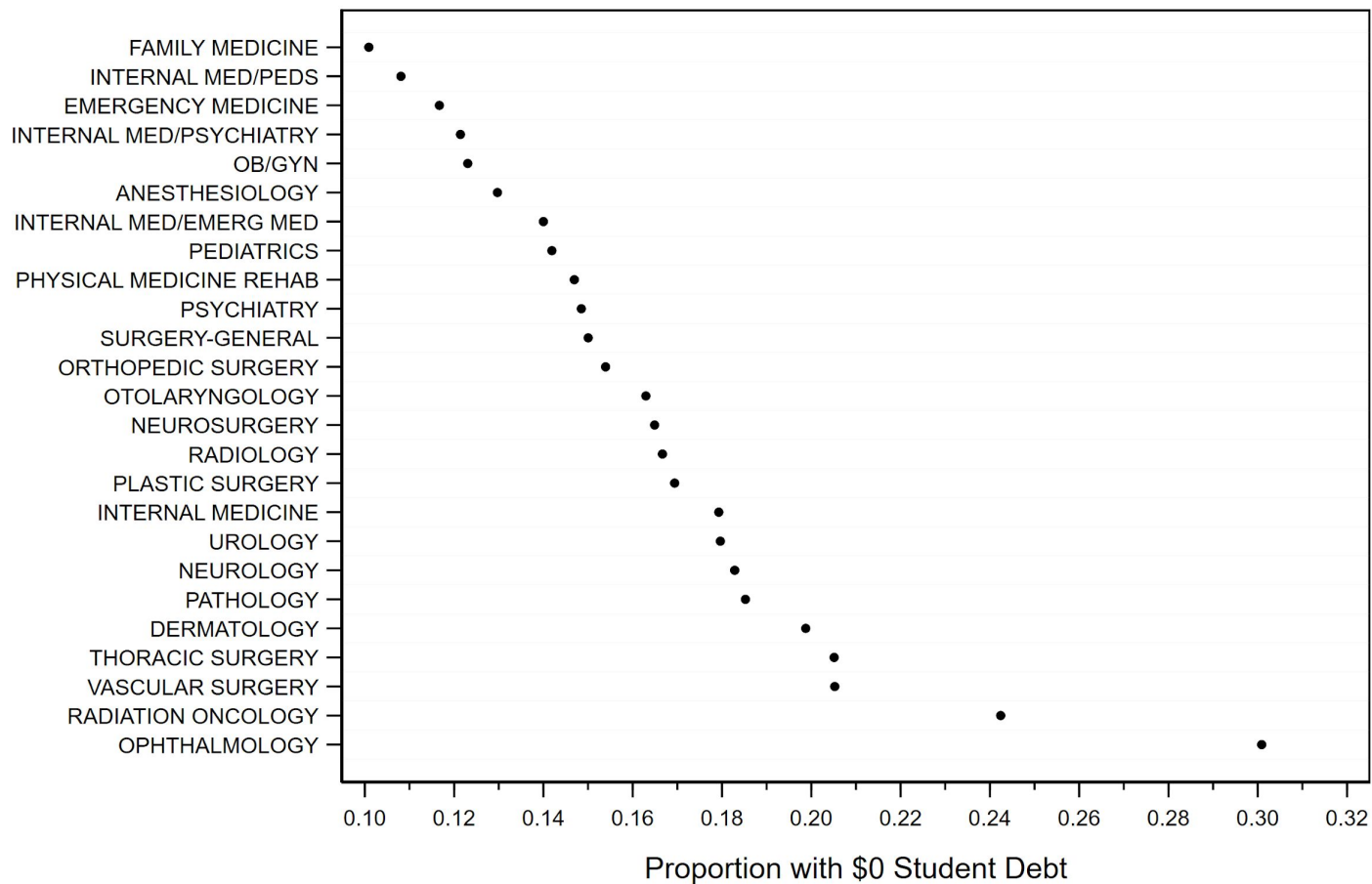
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Conclusion and Relevance:

Continued evaluation of economic factors and their influence on healthcare education—elucidating mechanisms that perpetuate unequal sharing of educational debt and disparities within medical and surgical specialties—can be used to bolster health care access for marginalized communities and foster greater diversity in medicine.

Thank you for scrolling through!

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