

## CEJA Report 4 – I-99

### Signing Bonuses to Attract Graduates of U. S. Medical Schools

#### INTRODUCTION

Resolution 315 (I-98), referred to Board of Trustees, asks for a determination as to whether it is unethical for residency programs to provide special compensation or signing bonuses to graduates of U. S. medical schools and not to international medical graduates. The Board has asked the Council on Ethical and Judicial Affairs (CEJA) to respond to this issue.

#### ETHICAL CONSIDERATIONS

Compensation and signing bonuses in and of themselves are not problematic. Neither are the majority of the motives for using them. Compensation and signing bonuses are offered to medical graduates for a variety of purposes. They are used in some instances to attract medical graduates to under-served communities or to less popular residency programs. Residency programs use compensation and signing bonuses to attract candidates with higher qualifications. The bonuses may make certain options possible for medical graduates that otherwise might not have been attractive or financially feasible.

Ethical concerns may arise because of the criteria used to judge who receives the bonus. Little empirical data exist that examine the specific criteria used to award signing bonuses, nor on the actions of particular residency programs. However, anecdotal evidence suggests that some residency programs may offer compensation and signing bonuses only to graduates of U. S. medical schools. By doing so, such programs may be denying certain opportunities to medical graduates simply because of the country where their medical school is located.

The Council has previously stated in Opinion 9.03, “Civil Rights and Professional Responsibility,”

Opportunities in medical society activities or membership, medical education and training, employment and all other aspects of professional endeavors should not be denied to any duly licensed physician because of race, color, religion, creed, ethnic affiliation, national origin, sex, sexual orientation, age, or handicap.<sup>1</sup>

Opinion 9.03 applies not only to licensed physicians, but also to medical students and medical graduates. Furthermore, the sentiment underlying Opinion 9.03 is that it is unfair to deny an individual access to certain opportunities or activities because of the individual’s race, color, religion, creed, ethnic affiliation, national origin, sex, sexual orientation, age, or handicap. Not only is discrimination based on those criteria unethical, but it is also considered illegal.

Residency programs will clearly be selective in choosing residents and may base their decisions on a number of factors although they must stay within the constraints of the law. Once a medical graduate is offered a residency slot, the secondary determination regarding bonuses should not rest on whether he or she graduated from a U. S. or international medical school. There is no justifiable reason for differential treatment of U. S. versus international medical graduates in this respect.

## CONCLUSION

Residency programs may offer compensation or signing bonuses to their residents. However, the criteria upon which the residents are judged must fall within the constraints of the law. That is, residency programs cannot use race, color, religion, creed, ethnic affiliation, national origin, sex, sexual orientation, age, or disability as criteria for the compensation or signing bonuses' selection process. Furthermore, the criteria should be justifiable. The country where the medical school is located is not a justifiable criterion for determining to whom compensation or signing bonuses are awarded.

## RECOMMENDATIONS

The Council recommends that the following policy be adopted in lieu of resolution 315, I-98, and that the remainder of the report be filed:

Signing bonuses or compensation should not be offered or denied to a resident based on the country where the resident attended medical school.

**REFERENCES**

1. Council on Ethical and Judicial Affairs, American Medical Association. Opinion 9.03, "Civil Rights and Professional Responsibility." In: *Code of Medical Ethics: Current Opinions with Annotations, 1998-1999 edition*. Chicago, IL: American Medical Association. 1998. p. 160.