

Doctors will beat COVID-19. Let's bring more of them to the fight.

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As the growing COVID-19 pandemic places enormous strain on our nation's health system, pushing physicians and providers on the front lines to their physical and emotional limits, we must bring every resource to bear.

This is an all-hands-on-deck moment, and that requires us to think creatively about how to fill the tremendous gaps in our national response.

A pressing need for more physicians existed before COVID-19 arrived, but the disease will certainly magnify the problem, at least in the short term. The demographics of our U.S. physician workforce reveals that those age 65 and older account for 15% of the total, while those ages 55 to 64 make up another 27%. That means that more than four in 10 U.S. physicians will be at the traditional retirement age during the coming decade.

Given these figures, and in light of the current crisis, we need to take every measure possible to increase the physician workforce.

To meet our most urgent demands, retired physicians can return to the workforce and tap into their deep reservoirs of experience to provide support and guidance for younger physicians, and help shore up critical gaps in treatment in distressed communities.

Retired physicians

Governors in hard-hit states such as New York, California and Illinois have already put out calls for retired physicians, nurses and other medical personnel to join the COVID-19 response, and those providers responded by the tens of thousands. The response has been so large—and continues to grow—that AMA has already developed guidance and answered important licensure questions for retired physicians who are considering joining the action.

The health and safety of retired physicians returning to the front lines is a vital consideration given the risk posed by the virus to older adults, particularly those with underlying medical conditions. Options to mitigate this risk including training senior physicians to treat patients remotely through telemedicine and other means, and relying on their ability to offer administrative leadership to free up physicians at lower risk to expand their patient base.

DACA recipients

We also must make optimal use of the skills and experience of the estimated 200 active physicians, medical students and residents who depend on the Deferred Action for Childhood Arrivals (DACA) program for their eligibility to study and practice medicine in the U.S.

While hospitals and urgent care facilities around the country face physician shortages and surging caseloads thanks to the COVID-19 outbreak, the status of these doctors and medical students remains in jeopardy due to the administration's push to end protected status that allows them to work and study in the U.S.

While the fate of the DACA program is now in the hands of the U.S. Supreme Court, this pandemic will continue to demonstrate that these individuals who are providing care continue to be important to our nation's health system.

IMGs

Meanwhile, international medical graduates (IMGs) already play a vital part in delivering care across the nation. That's why the AMA has asked top officials at the U.S. State Department and the Department of Homeland Security to ensure that IMGs—many of whom are not U.S. citizens but who play critical roles in our nation's health care safety net—will be allowed to care for patients as the pandemic escalates in the weeks ahead.

The U.S. agreed to begin processing visa applications for foreign-born medical professional after the AMA urged the State Department to expedite visa processing at U.S. embassies and consulates around the world. Further delays would have unnecessarily compromised our response to COVID-19,

needlessly endangered vulnerable patient populations, and placed even greater pressure on the physicians, nurses and health providers who are serving so heroically in this effort.

Compared with graduates of U.S. medical schools, IMGs treat greater numbers of economically disadvantaged patients. Plus, the immigrant share of the health care workforce is roughly twice that of the national average in New York, New Jersey and California—three of the states hardest hit so far by COVID-19.

Our health system desperately needs to deploy every physician, nurse and medical provider capable of responding. The stakes are far too high not to take advantage of every available resource we have.