

Editorial

The internship and residency are remnants of an apprenticeship that was common in most trades and professions fifty years ago. The apprentice paid for his tuition by agreeing to accept substandard wages for a specified time. In the later years he more than earned his keep and provided profit for his master. In the majority of areas the apprenticeship, as it was known fifty years ago, has either been completely done away with or exists in name only. The apprentice now is usually paid a living wage and exploitation is no more.

In medicine the exploitation of the apprentice remains very much as it was years ago. Why in this area does this anachronism remain? There are many reasons given by those in whose interest it remains to keep wages low. The most popular one is based on the theme that the intern or resident is still completing his education and should therefore not expect to be paid more than a retainer; besides, it is argued, the hospital doesn't really find the intern or resident worth more than the pittance he is paid. These are tenuous arguments. First of all, a tuition fee is charged at Dalhousie during these years, and secondly, in those hospitals where there are not sufficient "captive interns" more money is paid.

The chief reason that medical apprentices are not paid realistic salaries stems from more practical considerations:

1. controlled internships that do not allow Dalhousie interns to leave the Atlantic area.
2. the reluctance on the part of students in fourth year to join together to negotiate from a position of strength and unanimity.

It is well known in business and industry that the money paid for a given job is the lowest the employer can negotiate. Where monopolies exist and there is no negotiation only minimum conditions of work and pay will be upheld. Why do hospital authorities get so sacrosanct and argue that "it's different in medicine". Why should medicine be so different? Hospitals are just as much industries as institutes of healing. This sacred cow should be tethered to its stake. Alas this will not happen until future interns and residents cease grumbling about their lot and act to put matters aright.

They will be supported in this by some highly placed members of the medical profession. Among the most notable critics of the present system is Dr. Kenneth Clute whose book on general practice in Ontario and Nova Scotia became a best seller last year.¹ In this book there are forceful arguments put forward that claim better medicine and more efficient hospital administration will be forthcoming if a realistic wage were paid to interns and residents. Dr. Clute points out that as long as it is cheaper for a hospital to employ an extra resident or intern than an extra stenographer, the hospital will hire the former when the latter may be more necessary.

This is the situation; what should be done about it? The next president of the Student Medical Society should make it his policy to concern himself with this battle—for a battle it will prove to be. This issue should be brought to the fore in the next student elections so that the administrations concerned may know that our president speaks with the support of the whole body. The students on the other hand should be prepared to back up their president in every way possible always remembering that in a free society their services are a negotiable commodity.

Hospital administrations should be prepared to interest themselves in a plan to increase the pay of their student medical staff over the next five years to realistic levels. Nothing short of a written guarantee should be accepted. When Medicare comes, as certainly it will—TIME WILL HAVE RUN OUT.

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1. Clute, K.F., *The General Practitioner*, Toronto, University of Toronto Press, 1963.