

Disinterest in pediatric care leads to concern for the future of child health

July 4 2024, by Brittany Phillips



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The road leading to a career in pediatrics is becoming more deserted these days, and the decline in subspecialty interest has led to significant concerns regarding the ability of health care professionals to meet the

growing demands of our pediatric population. Not having an adequate workforce is worrisome, and young doctors saying "nope, not interested" is a warning sign to the future of child health care.

Katherine Jordan, MD, and Priyanka Rao, MD, from the UNC Division of General Pediatrics at the University of North Carolina School of Medicine, are authors of a new perspective titled, "Where are all the pediatricians?" [Published](#) in *JAMA*, the article offers an analysis and an in-depth look into why careers in pediatrics are dwindling.

"We are worried that the recent pediatric match results, in which programs had a hard time filling their slots, means that the shortage of some pediatric subspecialties will get worse," Jordan said.

"This tells us that there is going to be an ongoing growing gap in the number of pediatricians who complete their residency programs with almost 10% decrease across the nation," Rao said. "We will not have enough pediatricians to care for children, and this will disproportionately affect already [vulnerable children](#) and communities."

The *JAMA* analysis shows that the pediatric match rate in 2017 was about 98%, and the rate dropped to 91.8% in 2024, even after the supplemental phase of the match, which helps unmatched medical students find spots in residency programs.

Jordan and Rao also say that applications to pediatric programs from allopathic (MD) programs have been steadily decreasing over the past five years. These results lead to a significant number of pediatric positions remaining unfilled and there are reasons why, financial pressures being one of them.

"Medical school costs and thus debt burden can be very high for many graduates, and it can be hard to enter a low paying specialty if you need

to repay a lot of debt," said Jordan. "Pediatrics has traditionally been one of the lowest paying specialties in part because pediatricians are reimbursed lower for similar services, as a large portion of our patients are insured by Medicaid."

Adding to the challenge of a large [debt burden](#) is the complexity of care in children that has increased, especially when a child presents with a chronic condition. Not only that, pediatricians are also seeing a dramatic increase in mental health concerns for [pediatric patients](#) which puts a strain on families and providers.

Since the workforce is becoming more inadequate, pediatricians often see themselves as part physician, part psychologist, and part social worker all in one.

As a child grows you see [physical changes](#), but in addition to that, there's emotional and psychological changes evolving as well. Without a substantial workforce to help support the growing well-being of children across the country, this population will continue to reap negative effects, Jordan and Rao say.

The authors also emphasize that administrative burden around an electronic health record-based system can make the workload challenging for physicians. Rao and Jordan state that there is already pressure to increase the number of patient visits, and once the patient arrives, the physician has limited time to provide care. Adding to the workload is this electronic health record-based system which requires more time away from the patient.

"In many specialties, including pediatrics, a large portion of the day is spent in front of a computer, which takes away from the reason many of us went into medicine," said Jordan. "Efforts to reduce physician time in the [electronic medical records](#), including efforts already in process at

UNC, can allow us to spend more time face to face with families."

The article argues that some states' laws have limited physicians' ability to provide confidential care to adolescents, reproductive management, or care for transgender patients.

The authors mention how these laws have affected medical school applicants who want to work in the pediatric field in specific states. As a result, some patient populations will be more at risk of poor geographic access to health care.

Drs. Rao and Jordan recognize that although there are many complex challenges affecting the pediatric workforce, there are strategies to strengthen the pediatric applicant pool.

They suggest more funding to be considered for equitable reimbursement for children's hospitals, increased wages for pediatric medical specialties, a decrease in administrative burdens and efforts to lift restrictions being placed on specific medical confidential care.

The article highlights how pediatric care needs to be addressed and how advocating for change to support sustainability is an important starting point.

To meet the physical and mental needs of individual children, both Rao and Jordan believe that these efforts could help turn the tide in our nation's decreasing pediatrician rate, while also helping patients, families, and their health care providers.

More information: Katherine A. Jordan et al, Where Are All the Pediatricians?, *JAMA* (2024). [DOI: 10.1001/jama.2024.8485](https://doi.org/10.1001/jama.2024.8485)

Provided by University of North Carolina School of Medicine

Citation: Disinterest in pediatric care leads to concern for the future of child health (2024, July 4) retrieved 4 July 2024 from <https://medicalxpress.com/news/2024-07-disinterest-pediatric-future-child-health.html>

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