Scientific Manpower—Supply *versus* Demand

A very popular and apparently successful business magazine is entitled "*Changing Times.*" Today that title, more than ever before, seems to reflect what is happening all around us.

During the past several decades, government and its handmaiden, government regulation—particularly at the federal level—have expanded tremendously. Much of this expansion can be attributed to the desire of citizens and legislators to minimize sudden and upsetting shifts in the economic, trade, business, and employment arenas by establishing controls over the forces believed to be responsible for such shifts.

However, the record of performance and experience is anything but convincing or even satisfactory.

For example, just a year ago, the country struggled through a period of one of the highest inflation rates and interest rates in its entire history; and this happened despite more prevailing fiscal, monetary, and banking regulatory authority than ever before. As another example, within a matter of less than three years, we went from mass warnings of an oil and energy "crunch" to a situation now described as a "glut."

So the times do change; and they change rapidly; and they change in spite of considerable efforts to plan, control, and channel the directions of the forces that are behind those changes.

It should not be too surprising, therefore, that changes of a comparably upsetting magnitude are now taking place in the field of health care delivery.

Just a few short years ago, the popular and almost universally repeated theme was the impending shortage of all constituent elements of health care: hospitals, physicians, and all other health care practitioners. Every suggestion of expanding public benefits *via* legislation was couched in fears of overburdening the capacity of the already overstrained health care system by trying to accommodate anticipated additional demands placed upon it.

Now that, too, has all changed.

In virtually each issue of every medical, dental, pharmacy, and other health care related news publication, there is at least some reference to the existing or impending *oversupply* of physicians, dentists, pharmacists, nurses, or other practitioners. And the latest predictions are that hospitals are going to be next on "the hit list." In fact, a nationally known hospital consulting firm has just predicted that "1,000 of the existing 6,000 hospitals in the country will close by 1985, due to cutbacks in government funding and patients' inability to pay their bills." Furthermore, "the remaining 5,000 hospitals will be controlled by 400 ownerships," suggesting that a lot of constriction and belt-tightening will take place in order to maintain the economic viability of the surviving hospitals.

In the professional practice arena, this has begun to trigger a good deal of preliminary "jockeying" on the part of each group to stake out new roles or expanded areas of practice involvement. All of this is in an effort to maintain as large as possible a share of the health care dollar *via* future demand for their professional services. But, conversely, to other groups, this often is perceived as "trespassing" on their territory. Hence, the so-called "turf battles" are just now beginning to shape up, and undoubtedly they will become more severe as the situation itself grows more difficult.

Our pharmaceutical scientist readers may find all this only incidentally interesting, and wonder how—if at all—it affects them.

But affect them, it most likely will; and that warning is the underlying message of this editorial.

Approximately 10 years ago, employers such as drug companies, government laboratories, health sciences schools, and so on, found it very difficult to lure graduating pharmacists and physicians into their employment. The financial rewards as practitioners were better and more immediate. Hence, at that time, there was relatively less competition for the industry, government, and academic jobs than there is now; and today there is much less competition than will probably be the case in the near future.

Such a threat of intense job competition might appear far-fetched to many pharmaceutical scientists, but when considered against the backdrop of current physician fears of inroads being made by nurse-practitioners, of pharmacist concerns of physicians turning to drug product dispensing, and dentist efforts to curb expansion by dental hygienists, the potential threat becomes far more believable. Physicians who are unable to establish a viable practice may be even receptive to taking jobs as laboratory scientists. And, in doing so, they will displace a corresponding number of technical people.

And lest the Ph.D.-level, senior scientists assume that they will be immune, one only has to think back to about the early 1970s when there was a reverse type of situation.

At that time, the physician shortage and the lure of bigger financial rewards—coupled with a downturn in the demand for scientific and technical personnel—prompted so much interest among Ph.D. people, that a number of medical schools established a specially tailored curriculum for such people who wanted to obtain an M.D. degree. Is it not just as reasonable to project that sizable numbers of today's and tomorrow's graduates from medical schools, as well as pharmacy schools—when faced with poor employment prospects—will opt for Ph.D. degrees as their admission ticket into pharmaceutical research?

Consequently, the alternately rising and ebbing tide of health care manpower does, indeed, impact upon everyone in the field: on some more than others, on some more directly than others.

"Preparation" is the byword of success in any endeavor. Hence, it would be well for pharmaceutical scientists to prepare themselves for this situation; moreover, the signs clearly indicate that it is not too early now to begin such planning and preparations.

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