

100 Days of Physician-Government Conflict: Between Rhetoric and Reality

Yune Sik Kang

Department of Preventive Medicine, Gyeongsang National University College of Medicine, Jinju, Korea

The protest that was triggered by the government's announcement on February 6, 2024, to increase medical school seats by 2,000 has now surpassed 100 days. It has led to doctors resigning from hospitals and students taking leaves of absence [1]. When I was asked to write this article in mid-April, I assumed the situation would have been resolved, or at least stabilized, by now. I was looking forward to sharing my experiences as the dean of a local national medical school.

But as we all know, that has not happened, at least as of late May. Despite the Seoul High Court's ruling on May 16, which dismissed the injunction to enforce the expansion of medical schools, the likelihood of doctors and students returning to hospitals and schools remains uncertain. This article does not aim to summarize the situation or propose a solution; instead, it captures the sentiments and perspectives of a dean at a regional national medical school amidst the turmoil of a political conflict [2].

1. Regression of authority: policy authority and expert authority

As an educator, I would like to discuss the concept of authority, or authoritarianism, in the context of this case. In his work "Politics as a profession," Weber [3] categorizes authority into three types: charismatic, traditional, and rational/legal. He suggests that modernity evolves from charismatic and traditional authority towards rational/legal authority. Typically, rational and legal authority is characterized by predictability, deliberation, systematic decision-making, and the legal delegation of authority. However, in this instance, the government's approach seems to regress to charismatic or traditional authority, despite ostensibly being rational and legal in form. A government that is elected

through a democratic process is expected to adhere to this process in its decision-making and policy implementation. Unfortunately, in this scenario, the government's failure to do so has incited a strong reaction from the doctors affected by its policies. Consequently, it has struggled to garner public support. Meanwhile, younger doctors and medical students are particularly vocal in their opposition, with many choosing to resign or take leaves of absence in protest of the government's policy decisions.

It is also valid to question whether the response of doctors, as professionals, to the government's actions was reasonable. Regardless of how irrational and arbitrary the government's attitude may have been, the medical profession is not immune to criticism. The prolonged resignation of doctors raises concerns about the lack of reasonable alternatives presented, the strategic actions chosen and implemented, and the uncompromising demands made, expecting the government to accept them unconditionally. Consequently, both the government and the physician community have suffered significant damage to their authority in a meaningful sense. I fear that, in the long run, this erosion of authority will prove more detrimental to the physician community than to elected governments, which have fixed terms.

2. Gap between rationale and intent

The government and the medical community faced a loss of authority because their rhetoric did not align with their actual intentions. While the government professed to be reforming healthcare to enhance essential and local medical services, it concentrated solely on a policy to increase medical school admissions by 2,000 seats. This focus, coupled with a failure to adequately explain the rationale and policy-making process, made it apparent that their claims were inconsistent with their actual intentions.

The medical community has not succeeded in convincing the public of its genuine commitment to national health. This failure stems from its inability to develop and present viable alternatives and to provide a clear, appropriate response as situations evolve, despite assertions of safeguarding the future of national health and addressing the worsening conditions in medical education. In this process, both the government

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Corresponding author: Yune Sik Kang

Department of Preventive Medicine, Gyeongsang National University College of Medicine, 15 Jinju-daero 816beon-gil, Jinju 52727, Korea
Tel: +82-55-772-8093 Fax: +82-255-772-8090 E-mail: kys513@gnu.ac.kr

*The Korean version of this Opinion is presented in Supplement 1.

and the medical community have disappointed the public by maintaining a polarized stance of viewing themselves as absolutely good and the opposing side as absolutely evil, making the situation even more bleak by continuing to play hardball.

3. Healthcare and education will still continue.

On May 30, the Ministry of Education and the Council for Higher Education announced the key elements of the implementation plan for the 2025 college entrance examination [4]. The following day, universities published their admissions guidelines. While some variables are still unresolved, the number of seats for the class of 2025 is nearly finalized. The medical community has expressed significant concerns that a sudden increase in seats, without adequate preparation, will compromise the quality of medical education. This issue is being highlighted as a critical argument in their ongoing dispute with the government.

However, it is also a stark reality that medical education and patient care must continue, regardless of external circumstances. Hospitals and schools cannot simply shut down, even in the face of unreasonable government actions. While it is crucial to challenge and advocate against such actions, we must also acknowledge the necessity to keep medical and educational institutions operational. In any conflict, especially with a formidable opponent, compromise is often inevitable. If immediate change is unattainable, we need to consider viable strategies for moving forward. In educational settings, the focus should be on maintaining the quality of education and minimizing financial deficits as much as possible under the existing conditions. Similarly, hospitals must develop new long-term strategies to ensure ongoing patient care and medical services. Now is the time for the medical community to consider what is best for both healthcare professionals and the public, approaching the situation with calmness rather than anxiety and anger about the future.

If the 2025 cap has been finalized, I find myself cautiously considering whether it may be time to accept it for now and return to business as usual. This would involve preparing to take a deep breath and look forward to what reforms for truly essential and community-focused care might entail. This includes discussions about long-term physician population estimates and making decisions for 2026 and beyond.

The main emotions I am experiencing are anger and helplessness. In my role as dean, I am committed to maintaining the routines and schedules of my students. However, there is little I can do, and it is difficult to avoid feeling helpless against the Department of Education's strict enforcement of the policy that neither leave of absence nor failure is permitted.

While most of my frustration is directed at the government for aggressively promoting this initiative like a military campaign—claiming

it was scientifically well-planned, although that assertion rings hollow—without adequate preparation or a long-term perspective, and failing to make any significant effort to persuade doctors and the public, I also feel a deep sense of sympathy and regret for the medical community, which reacted in a hardline fashion without much of an alternative.

As I noted earlier, the medical community has a responsibility to the patients, who are the biggest victims of this outbreak. Therefore, it is time to recognize the anger and frustration, and to focus on reconstructing our schools and hospitals. This issue transcends mere right or wrong; it is about ethical responsibility and introspection regarding our roles. While I understand the sentiment behind “if the government will not accept our solution, we cannot make concessions,” this stance does not address the current situation effectively. We all recognize that the ideal approach involves proactive government action; however, it is evident that this is not happening.

We can only hope that students and doctors will return to their respective schools and hospitals to resume their academic and clinical responsibilities, and that medical school professors will prepare for and carry out the long fight for the future of Korean healthcare. This will involve defending their hospitals and schools, as well as working together to minimize the challenges facing the educational process as much as possible.

ORCID

Yune Sik Kang

<https://orcid.org/0000-0002-3404-279X>

Conflict of interest

No potential conflict of interest relevant to this article was reported.

Authors' contribution

Yune Sik Kang: collected data, wrote the manuscript, wrote the references, and conducted the overall writing of the paper.

Supplementary materials

Supplementary files are available from <https://doi.org/10.17496/kmer.24.020>

Supplement 1. Korean version of “100 days of physician-government conflict: between rhetoric and reality”

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