

# A Medical Student's View of the Conflict between Physicians and the Government in 2024

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I am a third-year medical student and currently serve as the president of my university's student government. First and foremost, I would like to express my gratitude for the opportunity to represent the perspectives of medical students, who are integral stakeholders in medical education. I am eager to share my personal insights based on students' students over the past 3 months.

## 1. Critiquing the government's 2024 healthcare reform plan from a student perspective

On February 1, during the eighth public debate, the government announced four key policies aimed at healthcare reform: (1) expanding the medical workforce, (2) strengthening local medical care, (3) establishing a safety net for medical accidents, and (4) improving the fairness of the compensation system, collectively forming a comprehensive package of essential healthcare policies [1,2]. On February 6, the government announced a policy to "increase the number of medical school seats by 2,000 as part of the first policy, thereby expanding the medical workforce" [3].

In response to this, medical students, who are directly involved in medical education, have voluntarily submitted their leave of absence to reflect on their university life and consider their future as medical professionals. The Association of Students of Korean Medical Colleges and Graduate Schools of Medicine, also known as the 'Korean Medical Student Association,' has compiled medical students' opinions on government policies and presented eight major demands to the government. They are also advocating for a leave of absence and a boycott of classes [4] (Table 1). However, the government has pressured universities by stating that it has "plans to take administrative and financial mea-

asures in case of approval of the solidarity strike" [5], leading most medical students to continue boycotting classes. The Ministry of Education has stated that there will be no collective pay and no authorization for furloughs; however, with medical students not returning, a solution has yet to be found [6].

During a meeting on February 16, which was attended by the deans of medical schools and the Minister of Education, the Ministry of Education requested the personal information, including names and phone numbers, of student representatives from each medical school. The deans managed to avoid complying with the request by asserting that "it is natural not to submit personal information." However, this incident raises a significant question: Is such a request appropriate in a 21st-century liberal democracy? [7]. The government has been covering up the deteriorating educational situation by underreporting the number of medical students taking leaves of absence. On April 17, it was officially announced that 56% of the total student body had taken leaves of absence [8]; however, the Korean Medical Association has estimated the figure to be as high as 97% [9]. Amid these controversies, the Ministry of Education's press corps voted to prohibit sympathetic media coverage of the issue, citing concerns over "suspicions of media understatement of the scale of medical student leaves of absence" [10].

## 2. Medical students' criticism of medical school recruitment issues

The government's four-package policy on essential healthcare is problematic both in the specifics of its plan and its implementation. However, this essay will specifically address the expansion of medical schools, critiquing it from the perspective of medical students. First, let us examine the government's rationale. The proposal to add 2,000 more doctors represents 65.4% of the current total of 3,058 medical students. The government anticipates that this increase in medical professionals will primarily benefit essential healthcare services. Furthermore, with 60% of these positions being filled through local recruitment, the expectation is that many of these new doctors will remain in their respective regions, contributing to local healthcare systems by

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

**Table 1.** Korean Medical Student Association demands from the government [4]

No.	Contents
1.	The government should scrap the essential healthcare policy package and the medical school expansion policy, which are not based on scientific research and are driven by political interests.
2.	Healthcare governance should be established through the legislative process, involving a parliamentary and legislative consensus group with an equal number of parliamentary and legislative members to discuss important healthcare policies. This group must take responsibility for scientifically analyzing causes potential ways of resolving current healthcare problems.
3.	The government should admit responsibility for the current problems caused by rushing through healthcare policies while ignoring the voices of the medical field, and it should apologize to the people after a transparent investigation.
4.	A system should be adopted that recognizes the specialization and professionalism of medical practitioners who act in good faith in medical malpractice legal disputes, and that takes into account the unique conditions of patients and systematic safety management.
5.	Steps should be taken to advocate for a clear definition of essential healthcare, and for the institutionalization of a rational reimbursement system and minimum rates of increase based on scientific international comparisons, both quantitative and qualitative.
6.	The government should stop enabling the unjustified reduction of health insurance coverage and offer concrete alternatives to establish a healthcare delivery system for equitable distribution.
7.	Institutional arrangements should be revisited to remedy inadequate training conditions for interns and resident physicians, and ensure the right to free expression by fully reviewing international practices.
8.	The government must rescind the abuse of power against medical students for taking a leave of absence of their own free will, and to avoid repeating this mistake, create a legal framework that prevents the government from arbitrarily interpreting the reasons for a leave of absence.

working in nearby hospitals after their graduation [11].

From my perspective as a medical student, this policy is fundamentally flawed, both in its assumptions and its logic. Initially, the policy presupposes that medical schools nationwide can handle an abrupt increase of 2,000 students. This assumption is incorrect. Current medical schools lack the capacity to accommodate even 5,058 students, a fact confirmed by a statement from the Korean Institute of Medical Education and Evaluation (KIMEE) on March 24. This agency, which directly assesses the quality of medical education, mandates that all medical schools undergo evaluation. Based on these evaluations, schools are granted accreditation for 2, 4, or 6 years. If a school is found to be incapable of supporting its student body, the agency has the authority to take disciplinary actions, such as barring graduates from sitting for the medical licensing exam, cutting enrollment numbers, or halting recruitment altogether. Furthermore, the Medical Accreditation Council, responsible for evaluating and certifying medical education, released a statement on the same day expressing concerns about the potential decline in the quality of medical education. The Accreditation Council for Graduate Medical Education highlighted, “An increase of more than 10% of the current capacity is a major change that will have a significant impact on existing education,” adding that 30 medical schools will be evaluated and the type and duration of accreditation may change [12]. The evaluation of these major changes is scheduled for the latter half of this year. However, it remains doubtful that each university will successfully pass the accreditation review during this period, given that classrooms, laboratories, hospital beds, and welfare facilities (including dormitories and cafeterias) are still designed to support only the existing

capacity of 3,058 students.

The government also argues that by allocating more medical school positions to lightly populated and non-metropolitan areas, many doctors will choose to work in rural regions after graduation. However, this expectation lacks enforceability, as there is no requirement for graduates to remain in these areas, thus no assurance that this outcome will materialize. Another issue arises with non-metropolitan medical schools that have their affiliated hospitals located in metropolitan areas. For instance, Sungkyunkwan University College of Medicine and Ulsan National University College of Medicine are affiliated with Samsung Medical Center and Seoul Asan Medical Center, respectively—both part of the so-called Big 5 hospitals [13]. In this round of enrollment, both universities increased their capacity from 40 to 120 students [14]. Similarly, Konkuk University College of Medicine, based in Chungju, Chungcheongbuk-do, has its affiliated hospital in Gwangjin-gu, Seoul, while Dongguk University College of Medicine, located in Gyeongju, Gyeongsangbuk-do, is affiliated with a hospital in Goyang-si, Gyeonggi-do [13]. The capacity of both universities has been increased from 40 to 100 and from 49 to 120 students, respectively [14]. These expansions without an institutional policy for post-graduate training will only lead to further concentration in the metropolitan area.

Some people criticize medical students, arguing that “No other profession has a say in increasing its numbers, so why should the medical profession?” However, education systems, particularly those in medicine, have been established for over a century and are intricately linked to public health and safety. Therefore, their expansion should be based on scientific calculations. A critical factor in these calculations is the

teaching capacity of medical universities. Medical students, who are at the heart of this educational system, are uniquely positioned to provide insightful feedback based on their experiences. Consequently, there is a growing critique among medical students about their exclusion from discussions on the expansion of medical schools.

The current government seems to have recognized the need to listen to medical students' views on medical education. This was demonstrated by a meeting scheduled for January between the Ministry of Health and Welfare and 40 representatives from medical schools nationwide. Originally set for January 13, the meeting was inexplicably postponed by the Welfare Ministry and rescheduled to January 27th, with the agreement of all parties involved. Unfortunately, due to inadequate preparation, the meeting was ultimately canceled. Subsequently, the Ministry of Health and Welfare announced a significant healthcare policy package, including the expansion of medical schools, with a plan centered around the "unconditional promotion of 2,000 medical students." This move starkly contradicts the government's assertion of having engaged in thorough discussions with the medical community. It suggests that the intended dialogue with medical students was just for show.

The government asserted that its decision to increase the number was based on scientific evidence, yet it presented contradictory statements. It claimed that the increase of 2,000 was the minimum number supported by science, following extensive discussions and studies with experts. However, when faced with opposition from the medical community, the government permitted university presidents to adjust the number of medical students by 50%–100% [15]. The government hoped that "reducing the numbers will bring back medical students," but as medical students have been saying from the first submission to the government, they are demanding "a return to the drawing board based on scientific estimates." I think it would be disingenuous and arrogant for the government to simply reduce the number of students and tell them to return without addressing their concerns.

As future doctors, students are struggling to accept the rapid changes occurring within the medical profession. Consequently, many medical students have chosen to take a voluntary leave of absence. We seek to pause our studies, reflect on our experiences, and contemplate our future roles as both doctors and members of society.

Some people dismiss students' involvement as merely "joining in on the seniority fight" or "just wanting to have fun." However, medical students were actively seeking ways to contribute to society during their first extended break. Most of these students began their volunteer efforts over 3 months ago, with each school organizing challenges that yielded meaningful outcomes. Yonsei University Wonju College of

Medicine initiated a blood donation and stem cell donor registration challenge to boost the registration of hematopoietic stem cell donors, which had previously seen lower popularity. The challenge successfully gathered blood donations from students. This donated blood was then provided to Severance Christian Hospital in Wonju, where Yonsei University Wonju College of Medicine students undertake their clinical training, assisting patients who require blood transfusions. Additionally, Yonsei University Wonju College of Medicine has launched the "Yonsei University Wonju College of Medicine Volunteer Service 5,000 Hour Challenge." This initiative, which involves counting the time that students dedicate to volunteer activities, aims to reach a total of 5,000 hours of volunteer service.

This service movement was not limited to intramural activities, but also involved joint service among schools. The Korea Association of Medical Colleges encouraged the creation of a regional task force, organized according to the geographical locations of the institutions. Consequently, Yonsei University Wonju College of Medicine, Hallym University, Kangwon National University, and Catholic Kwandong University united to establish the Kangwon Region Medical School Task Force. Leveraging the local specialty of Gangwon Province, the Gangwon Regional Medical School Alliance Task Force initiated a volunteer program named "Volunteer Potatoes," which invites participation from medical students across all four schools.

Despite students' eagerness to use their time off productively, the government maintains a firm stance that "there will be no solidarity strike" and asserts that "all students will be promoted this year." They continue to claim that students can be promoted without attending classes, provided they "complete the 30 weeks of classes from August to February," which constitutes a full year's curriculum. This overlooks the unique structure of medical schools compared to other higher education institutions. Typically, an undergraduate program at a university spans 15–16 weeks per semester. If this were applicable to medical school, the government's position might be valid. However, medical school operates differently. For example, in my third year of medical school, our academic calendar begins on January 18, ends on August 2, resumes on August 26, and concludes in mid-December. This schedule totals 45 weeks, which significantly exceeds the government's 30-week assertion. Furthermore, the fourth year of medical school commences with an elective clerkship in the first week of January, complicating the ability of current third-year medical students to adhere to a normal academic schedule upon their return. If the government disrupts the academic calendar solely for "promotion" purposes under any circumstances, the educational quality for students in 2024 will be severely compromised. Currently, I am faced with the daunting task of complet-

ing a 45-week academic calendar in less than half a year.

The government has not only encouraged manipulation of the academic calendar but also of the enrollment process. In the medical school enrollment process, each university is required to first amend its bylaws to accommodate the increased number of seats and then submit the revised enrollment figures to the Korean Council for University Education by May 31st. However, professors at several universities have resisted amending the rules, arguing that the government's pressure to increase enrollment is unjust. This resistance has stalled the enrollment process. Nevertheless, the government provided universities with a loophole, stating, "According to the law, it is not necessary to obtain the approval of the Association of Colleges and Universities after revising the academic regulations, and it is permissible to revise them following the approval of the Association." This guidance from the government, which should adhere strictly to administrative procedures, shows that it is not up to the task.

As such, the government is pushing through an administrative process that lacks scientific basis, disregards expert opinions, and may even promote abuse. We urge the government to retract the essential healthcare package, which includes the expansion of medical schools, and to reconsider and reformulate this policy with input from experts, ensuring it is scientifically validated. We also hope that Korean society will learn from this painful experience and become a healthy democracy.

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## Conflict of interest

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

## Authors' contribution

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

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## Supplementary materials

Supplementary files are available from <https://doi.org/10.17496/kmer.24.016>

Supplement 1. Korean version of "A medical student's view of the conflict between physicians and the government in 2024"

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