Zane Gates, a 1995 alumnus of Pitt’s School of Medicine, is a recent first-time author of a medical thriller (The Cure) about a boy whose blood contains an element that promises a cure for cancer. Dr. Gates, who has also established a clinic aimed at the uninsured working poor, will devote a portion of the proceeds from his book to an after-school program that he set up in the Evergreen Manors housing project in Altoona. Evergreen Manors is where he grew up, and his intent with the after-school program is to expand the view and the aspirations of the children who live there beyond the apparent limits of their provenance. Dr. Gates exemplifies the physician’s historic social contract just at a time when the economics of our profession make it increasingly challenging for physicians to practice in accord with this contract.

I have written frequently in this column about our school’s goal of producing more scientifically astute young physicians, ones more likely to engage in clinical and basic research—given the extraordinary opportunities that are now before us consequent to the Human Genome Project. I have commented especially on how we hope to weave the excitement of discovery into our curriculum, but the fact is that we also need many more Dr. Gateses—ideally, we seek to foster the scientist and the humanist in the same person. Indeed, in the medical education literature of the day, there is a growing emphasis on humanistic factors in the medical school admissions criteria and selection processes. This discussion has reached the level of formalism, with the Liaison Committee on Medical Education (LCME), the National Board of Medical Examiners (NBME), the Accreditation Council for Graduate Medical Education (ACGME), and the American Board of Medical Specialties (ABMS) all seeking to verify that young physicians demonstrate the interpersonal and communication skills that will allow them to establish doctor-patient relations of high order.

The clear implication is that medical school admissions committees must now take up the daunting challenge of moving far beyond the cognitive threshold of the MCAT and the science GPA as they increasingly probe medical school applicants for such qualitative variables as compassion, altruism, respect for others, empathy, integrity, leadership, and a deep sense of social awareness and social justice. Dr. Jordan Cohen, president of the Association of American Medical Colleges (and a member of our school’s Board of Visitors), has even suggested that perhaps we should look for these qualities in our applicants first, and consider the MCAT and GPA only after the applicant pool has made the “first cut.” Since new emphasis is being placed on licensure testing of the characterological attributes of our profession, it is evident that we must assay for those attributes in the admission process and, of course, nurture those variables during the four years of medical school. Already, Pitt is doing much along these lines, yet this is hardly a facile exercise, either for the applicant or for the school. Neither scientific creativity nor committed humanism reduces to a metric, yet if we are to reassert the nobility and the autonomy of our profession, we must flavor our admissions criteria with a qualitative but critical subtlety.

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