

could in time be replaced by a greater use of nurse practitioners and physician assistants.

The IOM committee's recommendations were far less sweeping than those made last year by the Pew Health Professions Commission (administered by the University of California at San Francisco Center for the Health Professions), which recommended that steps be taken to cut the number of first-year medical school positions by up to 25 percent during the next 10 years. The commission also called for a reduction in the number of residency slots, with preference given to American citizens. It also called for a discontinuation of the federal subsidy that goes to support the training of IMGs and for a tightening of US immigration laws to ensure that IMGs who come to the US to train return home afterwards — unless their skills are needed here.

AAMC's Cohen says the IOM committee's recommendations are "more rational" than those of the Pew Commission, which he believes "overreacted to a moving target by recommending frank closing of medical schools over a relatively short period of time before we had had a chance to do anything substantive about the batches of foreign medical graduates."

So why 15 years and numerous reports later is there reason to think that anything will be done? After all, as Detmer points out, the "clarion call" was first sounded back in 1981, when the Graduate Medical Education National Advisory Committee predicted that the nation should expect a surplus of 70,000 physicians by 1990, which would grow to 145,000 by the year 2,000. "Like a snowball rolling down a hill, it takes a while to gather any kind of critical mass," says Neil A. Vanselow, professor of medicine at the Tulane University School of Medicine, New Orleans, Louisiana, and IOM committee cochair.

Although the size of the surplus will depend (at least in part) on the extent to which managed care dominates as the US healthcare system evolves, the size and scope of the government's financial subsidies for medical education (the Pew Commission put the figure for graduate medical education at \$6 billion in FY 1994) is beginning to catch the attention of legislators, and may well be a luxury that the country can ill afford.

DIANE GERSON

The "right" to a heart

Stanford University Hospital surgeons reluctantly transplanted a lung and heart into a 35-year-old woman with Down syndrome who was initially rejected, sight unseen, in July because doctors at both Stanford and the University of California at San Diego felt that patients with Down syndrome, who are at least mildly retarded, do not have the intelligence to follow the complicated protocol that follows a transplant.

The surgery was performed after the federal government told the hospitals that denying Jensen surgery might violate the Americans with Disabilities Act. After looking into the case more closely, Stanford's transplant committee found no sound medical reason to deny her.

The woman, Sandra Jensen of Sacramento, was reported in serious condition after the transplant but was alert and talking with her mother in sign language. She is thought to be only the second person with a serious disability to receive a heart-lung transplant.

Jensen suffers from a heart defect common among Down patients, a large hole in the center of the heart that impedes blood circulation to the lungs. Her life was being threatened by high blood pressure and doctors were sure she would die if she did not receive a transplant.

Jensen is not seriously retarded. She graduated from high school, lives independently, and worked for a time as a waitress in a cafe before the job became too physically difficult for her. More important, she has been active in disabled rights groups, serving as treasurer of Capitol People First in Sacramento. In her own circles, Jensen is something of a celebrity.

After she was rejected as a transplant candidate, pressure on the hospitals grew, with Stanford receiving mail from as far away as Australia and New Zealand, thanks in part to Jensen's contacts in the disabilities movement and to the efforts of her mother, Kay Demaio of Elmira, Oregon. In September, the US Justice Department's Civil Rights Division wrote to Stanford and San Diego warning that rejection on the basis of disability could be in violation of the Americans with Disabilities Act. Jensen was at the White House in 1990 when President Bush signed that law. Both hospitals agreed to reconsider.

According to James Theodore, a pulmonary physician on the transplant

committee of Stanford, the committee met with Jensen three times and decided that although Down's patients generally have myriad medical problems, Jensen had none that would preclude her from a full recovery and a good quality of life. She was accepted and put on the list of people waiting hopefully for donor organs. Jensen has B-positive blood, rare enough that the average wait is 410 days. Then luck stepped in.

She received the heart and lung after less than a week on the waiting list. A donor was found outside the area and the organs were flown to Stanford in the early morning hours of January 23. Because Jensen was the smallest person on the waiting list (less than five feet tall) with B-positive blood, she was moved to the top of the transplant list because the donor organs were physically small. The identity of the donor has not been released, but is presumably that of a child.

The five-hour surgery began at 4 a.m. by a team led by Bruce Reitz, the surgeon who pioneered the first heart-lung transplant in 1981.

Jensen's case illustrates the complex choices that have to be made when the number of patients exceeds the supply of donor organs. Thomas Raffin of Stanford's biomedical ethics committee says, "I don't think it's right to take away organs from people who can attain a reasonable quality of life and perhaps contribute to society, but it's much more complicated dealing with patients who are less functional. You have to draw the line somewhere, but where?"

Advocates for the disabled were clearly thrilled by the decision to operate. "The original decision was flawed, and they saw the flaw when they took another look and decided that Sandra Jensen's life is as important as any other life," said Frank Murphy, executive director of the National Down Syndrome Congress in Atlanta.

"The question was not whether someone with Down syndrome should have a transplant but whether Sandra Jensen should have a transplant," said her mother. The \$200,000 fee will be paid by Medicare, and the state's Medi-Cal will pay for the postoperative care and for a full-time caretaker to make sure Jensen takes the antirejection medication.

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