The Mental Health Argument for Forgiving Medical Education Debt

To the Editor: We should pay attention to medical trainee debt. According to the Association of American Medical Colleges, the median debt of graduating medical students rose from $180,000 in 2014 to $200,000 in 2020. To put this loan burden into perspective, a graduating resident with $200,000 in loans, who put them into forbearance during a 4-year residency at a rate of 5%, would pay approximately $111,000 in interest over a standard 10-year repayment plan with a monthly payment of about $2,600. Extend that residency to 7 years, and the average interest cost rises to $161,000, the monthly payment is $3,000, and the total loan repayment amount is $361,000. The mental burden of this debt is real and life-changing. There is political momentum in the United States to forgive or reduce student loan debt based on fairness and equity, but what about the mental health argument for forgiving debt?

We should consider the mental health of medical trainees in debt. The prevalence of depression in U.S. medical students is as high as 25%, which is double the national average. Medical school graduates carry more than 6 times the average college debt, and their debt rate outpaces both economic and academic inflation. At its current pace, the average medical student debt will exceed $300,000 by 2024. Increased odds of suicidal ideation have been found in medical students with increased levels of debt, especially over $100,000. It remains unclear whether the high prevalence of depression in U.S. medical students is related to debt, but there is a body of evidence showing debt impacts the stress levels and mental well-being of medical trainees. If we accept that student loan debt negatively impacts mental health, we should advocate for its present and future elimination through loan forgiveness.

Funding/Support: None reported.

Other disclosures: None reported.

Ethical approval: Reported as not applicable.

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Climate Change and Environmental Health Must Be Integrated Into Medical Education

To the Editor: We were delighted to read the articles by Goshua and colleagues and Philipsborn and colleagues calling for the inclusion of climate science curricula in undergraduate and graduate medical education and seeing this as critical to broader efforts to reexamine environmental health curricula in medical education. While medical schools now have greater emphasis on social determinants of health, including environmental health, this often focuses on individual risk assessment and treatment. Additionally, as Goshua and colleagues noted, climate health curricula are often relegated to elective instruction. At the University of Wisconsin School of Medicine and Public Health, we currently require a climate change lecture for medical students and offer a climate change elective. However, we recognize that this is insufficient to fully highlight intrinsic connections between the environment, climate change, and health. We are working to integrate environmental health across the curriculum, similar to the approach described by Wellbery and colleagues.

References


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