

To the Editor: In Response to Park et al's Perspective on the Resignation of South Korean Residents: A Medical Student View

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In February 2024 the South Korean government introduced new health care policies, including an immediate increase in the medical student quota.¹⁻³ The new policies faced significant resistance from the physician community and led to an unprecedented response: more than 90% of resident physicians resigned, and more than 90% of medical students took a leave of absence.^{1,3}

Before expansion, medical schools already had limited instruction and clinical experiences for students. As a second-year medical student, our class of 120 was divided into 3 groups to practice lumbar puncture techniques on mock plastic models under the supervision of 3 professors. Many students had no opportunity to practice. During my third-year obstetrics and gynecology (OB/GYN) clinical rotation, I was expected to interview up to 20 patients and document them before the attending physicians saw the patients. Lunch was not an option. This makes me question whether a system that forces physicians to regularly skip meals for nonurgent, routine duties is sustainable. Attending physicians experience even higher stress; I shadowed an attending physician who saw 160 outpatients in a single day. Conversations with my classmates revealed that the average daily outpatient load in an OB/GYN department at a university hospital was 150 per physician, sometimes reaching 170 on busy days. While these numbers were daunting, what truly frightens me is that the South Korean medical education system promotes this as feasible, safe, and ethical practice.

For surgeons, a new legal provision was added in September 2024, which states that doctors cannot refuse to record surgical procedures with a portable camera, if requested by the patient or their guardian, except in a few special cases.^{4,5} As a student, I witness the toll on physicians from anticipating medical lawsuits, which has likely only increased with this requirement.

The South Korean medical system has been sustained by residents who work long hours for low pay while trying to avoid the high risk of medical lawsuits. The system is driven in part by mandatory

enrollment in health insurance for all citizens and doctors, with low physician reimbursement rates.¹⁻³

For the past 6 months, the South Korean government has also spread misinformation through the media, in an attempt to demonize doctors. The government has also passed additional policies that are likely to continue the worsening of the provision of health services, such as the recently passed Nursing Act in which nurses will substitute for residents.⁶

Meanwhile, medical students, witnessing these measures, are even more reluctant to apply to fields with shortages. If the current policies are enforced, students will be taught in even worse environments,³ large hospitals may close, and understaffed specialties will continue to struggle to meet clinical demands.

South Korea's National Health Insurance Service (NHIS) has long relied on the inexpensive labor of residents to sustain the financial deficits caused by easy access to physicians with low insurance costs.¹ The government's plan to greatly increase the numbers of medical students, without providing additional teaching and clinical experiences, as well as the underlying problems with overworked residents and physicians in critical specialties, are likely to worsen the situation. In the aspect of finances, due to the government's policies, it is expected that the NHIS will run out of funds by 2025.⁷ Actually, even before this series of events happened, many had already predicted that the NHIS funds would be exhausted by 2028.⁸ This indicates that the financial strategy of the NHIS has long faced significant challenges, but many health care professionals have chosen to turn their eyes from them. South Korea's case poses the question of which group or groups—students, residents, attending physicians, patients—will bear the human and financial costs of these policies. South Korea's case may serve as an excellent lesson for others.

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