

How should medical students and young physicians prepare to be National Assembly members in Korea?

Hyun-Yung Shin

Department of Family Medicine, Seoul St. Mary's Hospital, College of Medicine, The Catholic University of Korea, Seoul, Korea, E-mail: shydeborah@gmail.com

Corresponding author: Hyun-Yung Shin, Department of Family Medicine, Seoul St. Mary's Hospital, College of Medicine, The Catholic University of Korea, 222, Banpo-daero, Seocho-gu, Seoul, 06591, Republic of Korea,

Introduction

I have personally experienced the direct impact that politics can have on our lives. After I entered medical school in 2000, the pharmaceutical separation crisis emerged, disrupting my ability to maintain a normal academic schedule [1, 2]. Rather than attending classes, I found myself participating in rallies, facing the risk of failing my courses. This experience taught me firsthand how healthcare policies can bring educational institutions and hospitals to a standstill. As the medical community's protest against the implementation of the pharmaceutical separation system ultimately failed, I also learned that the world is not easily swayed and that the arguments of the medical community do not always gain widespread acceptance.

In this article, I will share my thoughts on the recent upheaval in healthcare settings triggered by the resignations of medical residents in response to government policies. I will also reflect on my four years of legislative activities as a physician in the 21st National Assembly, from June 5, 2020, to May 29, 2024. Additionally, I will share a message for medical students and young doctors who aspire to serve in the National Assembly.

Medical residents' resignations in response to the government's policy of increasing the quota of medical schools

In February 2024, the Korean government took steps to expand medical school admissions in response to a projected shortage of 10,000 doctors within the next decade [3]. The government successfully finalized an increase of 1,509 medical school admissions for 2025, which could be seen as a partial victory in overcoming opposition from the medical community. However, the policy to expand medical school enrollment ultimately led to indefinite leaves of absence for medical students and the resignation of residents, thereby disrupting the medical ecosystem [4]. The government now faces the significant challenge of assuming responsibility and restoring the system over an extended period [5].

The most serious consequence of this crisis has been the erosion of trust between doctors and patients. As the medical community became socially demonized, the shift toward a society where distrust between doctors and the public prevails accelerated. Even more unfortunate is that as distrust and suspicion toward doctors increase, the field of critical care medicine becomes increasingly avoided. Ultimately, it is the patients who suffer the most from this damage.

However, the medical community also has areas to reflect upon. Social acceptance for the medical community is achieved when it demonstrates its expertise as a professional group and fulfills its social responsibilities. It is time to reflect on the efforts made so far by the medical community and consider how these efforts can be expanded to ensure that the majority of citizens can empathize with and support the arguments presented by doctors.

Efforts to strengthen the medical community's policy capabilities do not occur automatically.

First, medical professionals need to become more sensitive to societal changes. This can be challenging since they spend the majority of their time in examination rooms. Nevertheless, by strengthening their understanding of social structures and actively engaging with various occupations and professions, they can contribute to societal transformation.

Second, communication skills must be developed. Communicating as an expert with patients is fundamentally different from everyday social interactions. It is essential to cultivate social skills and

engage in debates and dialogues. These efforts help acknowledge other groups within healthcare organizations and strengthen policy alliances. Through mutual understanding, we must foster open discussions and build consensus with patients, healthcare consumers, and various healthcare professional organizations on the direction of future healthcare.

Third, we must acknowledge that the executive and legislative branches fundamentally strive to hear and incorporate the perspectives of the general public, vulnerable groups, and minorities into their policies. By understanding the government's decision-making process in healthcare, we can better anticipate future policy shifts. At the crossroads of leading or being led, has the medical community not typically adopted a more passive role, allowing itself to be guided by others?

If the medical community can foster a culture of dialogue and compromise, working collaboratively with citizens to develop the Korean healthcare system, there remains a glimmer of hope that we can find solutions even in the midst of a medical crisis, however tricky it may be.

Bills Proposed in the 21st National Assembly

During my term, I proposed several bills aimed at improving the medical field. Some passed, while others were discarded due to the expiration of the term. These bills were introduced to achieve institutional results for the healthcare sector.

1. Partial Amendment to the Health and Medical Personnel Support Act [6]

This bill addressed the need for more specific methodologies in healthcare workforce planning. It proposed the establishment of a committee within the government's healthcare workforce support agency to enhance the rationality of projections and provide long-term evidence for sustainable forecasting. This proposal aimed to prevent recurring political confrontations over physician quotas and establish a financially sustainable system. However, the government adopted a reserved stance, suggesting further discussion before proceeding with legislation.

2. Partial Amendment to the Act on Remedies for Harm from Medical Accidents and Mediation of Medical Disputes [7]

This bill sought to extend full state support for no-fault obstetric accidents to encompass pediatric care, thereby establishing a basic safety net for unavoidable medical accidents. It would have substantially alleviated the burden of pediatric care and addressed the responsibilities associated with a low birth rate. However, the bill lost momentum during deliberation due to a lack of support from medical societies and associations.

3. Bill on Fostering and Supporting Essential Medicine [8]

This bill sought to overcome the crisis in essential medicine and to safeguard the right to life and health for all citizens. It advocated for enhanced government support in areas characterized by high severity, urgency, and labor intensity. The bill also sought to create a legal foundation for national responsibility in maintaining stable management of medical institutions and preventing the exodus of healthcare professionals. However, it was discarded at the end of the Assembly term due to unresolved definitions and insufficient active discussions regarding state support.

4. Partial Amendment to the Act on the Improvement of Training Conditions and Status of Medical Residents [9]

This bill aimed to protect the health and rights of medical residents by restricting the duration of continuous training and setting maximum limits on overall training hours, particularly in intensive care units. It also required state support for residents working in critical departments. Although the bill was passed with some amendments, it compromised on reducing the working hours from 36 to 24 by permitting the government to determine the reduced hours through an enforcement decree following pilot projects.

These bills represent efforts to address critical issues in the Korean healthcare system, from workforce planning to resident welfare. They demonstrate the complex interplay between medical needs and political realities.

How should medical students or young physicians prepare to participate in policy-making?

In our highly advanced world, various media outlets have evolved repeatedly to provide knowledge and information equitably to all. As the disparity in medical information progressively diminishes, we find ourselves in an era that requires increasingly specialized expertise in healthcare policy. Many experts must assume active roles within the South Korean government and the National Assembly. However, the level of medical expertise and understanding among policymakers still leaves much to be desired.

Young doctors and medical students who recognize the importance of politics must now speak out and take action. While skilled clinicians who provide excellent patient care are invaluable, the contributions of experts who work to change global regulations to enhance the healthcare system are even more beneficial to patients and the public.

Believe in yourself and keep moving forward, regardless of the environment you find yourself in or the challenges you face. Before you realize it, you will reach the intersection of medicine and politics. Remember, the National Assembly, politicians, and various organizations and individuals are not fundamentally different from you. To effectively engage in the political arena as a medical professional, it's essential to cultivate an interest in politics early on and contemplate the true meaning of effective governance. Opportunities to influence the world through political action are abundant and accessible: supporting causes, immersing yourself in political news, studying medical laws and policies, joining political parties, participating on petition boards, engaging in civic activities, and volunteering. These pursuits are what ultimately have the power to change the world.

ORCID

Hyun-Yung Shin: <https://orcid.org/0000-0001-7261-3365>

Authors' contributions

All work was done by Hyun-Yung Shin.

Conflict of interest

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

Funding

Not applicable.

Data availability

Not applicable.

Acknowledgments

Not applicable.

References

1. Cho BH. Conflicts between civil society and medical doctors shown in the doctors' strike. *J Korean Bioethics Assoc* 2000;1(2): 35-52.
2. Shin CH Factors leading to the failure of medical school quota expansion policy-making: focusing on Bozeman's public value failure model. *J Policy Anal Eval Soc* 2023;33(4): 1-20.
3. The Ministry of Health and Welfare. The emergency briefing on ways to expand the number of Medical Students [cited 2024 July 24] Available from:

https://www.mohw.go.kr/board.es?mid=a10503000000&bid=0027&list_no=1480186&act=view

4. Huh S. The new placement of 2,000 entrants at Korean medical schools in 2025: is the government's policy evidence-based? *Ewha Med J* 2024;47(2):e13 <https://doi.org/10.12771/emj.2024.e13>.

5. Yoon JH, Kwon IH, Park HW. The South Korean healthcare system in crisis. *Lancet* 2024;403(1044):15–21.

6. Shin HY, Partial Amendment to the Health and Medical Personnel Support Act. Bill Information.

[cited 2024 July 24]. Available from:

https://likms.assembly.go.kr/bill/billDetail.do?billId=PRC_C2A3B0Z9A2Y6Z1U6T0U9S5S4R0R8Z0

7. Shin HY, Partial amendment to the Act on Relief for Medical Accident Damage and Mediation of Medical Disputes, etc. Bill Information. [cited 2024 July 24]. Available from:

https://likms.assembly.go.kr/bill/billDetail.do?billId=PRC_U2S3T0S7Q1Q1M1M6L1M7K111J9R6S

8. Shin HY, The bill on fostering and supporting Essential Medicine. Bill Information. [cited 2024 July 24]. Available from:

https://likms.assembly.go.kr/bill/billDetail.do?billId=PRC_J2K3I0J5H1P7Q1O7P5N1N5L4U8U6S8

9. Shin HY, Partial amendment to the Act for the Improvement of Training Environment and Status of Residents. Bill Information. [cited 2024 July 24]. Available

from:https://likms.assembly.go.kr/bill/billDetail.do?billId=PRC_C2K3J0I2G0O7N1P6N2V5U1Y5X2T5R7