

# A code red on doctors

## With high costs & debt, is med career still a sure thing?

By SUE TREIMAN

Last Updated: 4:47 AM, September 12, 2010

Posted: 12

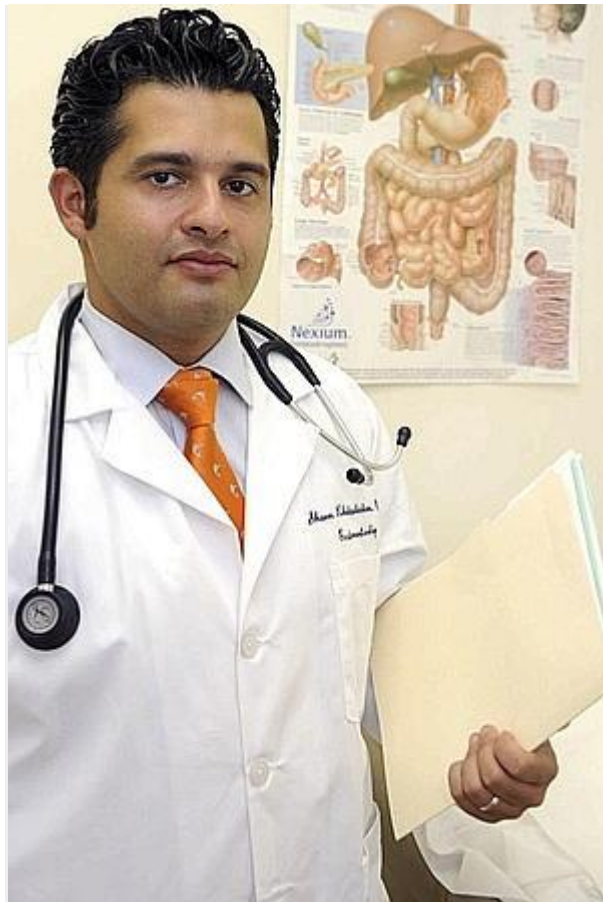
Most doctors take up the profession to do service; now it's to service the debt.

At 32, Shawn Khodadadian just started his first official job. It follows 14 years of school, almost \$100,000 in debts and requires a \$10,000 monthly outlay.

Khodadadian is a newly minted New York City doctor.

Approximately 20,000 physicians graduate from American medical schools each year. The vast majority emerge with debts that resemble mortgages rather than school loans.

According to the Association of American Medical Colleges (AAMC), the average 2009 graduate entered the working world owing \$156,456 and facing monthly payments that range from \$1,718 up to well over \$2,000.



HELAYNE SEIDMAN

Dr. Shawn Khodadadian's 14 years of study to be a gastroenterologist have left him with loan balances that resemble a mortgage.

For Dr. Khodadadian, barely two months into his practice as a gastroenterologist and internist with a specialty in clinical nutrition, it is yawningly routine.

"I knew it would cost a lot, but I was never going to let the economics deter me," he says.

Barely 10 weeks into his new career, Dr. Khodadadian spends more than \$12,000 per month keeping his fledging practice going. Office space accounts for about \$2,000 of that total, with malpractice insurance, office supplies, billing and administrative help, and his own healthcare coverage accounting for the remaining bills.

During this first year, he pays a reduced amount on his school debt, about \$2,000 a month, but that will increase in subsequent years.

Graduating doctors always face a financial sword of Damocles. But 2010 is a bit more daunting.

Consumers are cutting back on, or going without, health insurance and the insurance companies themselves often compensate physicians for procedures at amounts that don't cover the actual costs.

The new healthcare law next year is another big question for struggling doctors and what it will mean for their billings.

Some believe it may be a wash, since it will allow more people to have some coverage for medical expenses.

Meanwhile, many physician salaries have stalled. And all this is happening in a country where the per capita healthcare spending, at \$5,711, is the highest in the world.

Sighs Dr. Jamie Kane, an internist in Manhattan, "I know primary care physicians whose overheads are well over \$500,000 a year."

Kane was in the enviable position of starting his practice with no debts, thanks to parents who subsidized his entire medical education. Even so, his solo practice did not break even for 18 months, during which he did all his own marketing, built a Web site and learned the ins and outs of social networking. A few years into his practice, he was able to hire "young, enthusiastic" assistants.

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This is not to denigrate any culture or race. I'm just wondering if the former rules for transplanted Medical students are still in place. At one time about 50 years ago, I seem to remember that foreign students were allowed to study here and after internships in Hospitals about the land, were to return to their country of origin for a certain amount of years ( I don't remember the length ) to practice before returning to the United States to set up a practice . Most of the heads of depts. in hospitals around new Jersey are from India . Thank God for the Filipino nurses . They are in abundance around here and are hard working and dedicated . And from close personal experience I can tell you that more than one patient was saved by a nurse who noticed a doctor's mistake. A Candy Striper saved my father when a doctor left after giving him an injection, ( an Anesthesiologist ) for Shingles, and punctured his lung. My father collapsed and if the nurse didn't come into the room, my father would have died on the floor. So, love your doctor of course, but beware of putting him on a pedestal . The days of equating him with your clergyman are long gone.

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