BRIEF REPORTS

Political Self-characterization of U.S. Medical Students

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BACKGROUND: There have been no prior studies of the political self-characterization of U.S. physicians-in-training, and little is known about physicians' political leanings or the critical relationship between medical issues and political orientations of physicians and physicians-in-training.

METHODS: All medical students in the class of 2003 at 16 nationally representative U.S. schools were eligible to complete three questionnaire administrations (at freshman orientation, entrance to wards, and senior year).

RESULTS: Among these medical students, 5% self-characterized as politically *very conservative*, 21% *conservative*, 33% *moderate*, 31% *liberal*, and 9% as *very liberal*. Being male, white, Protestant, intending to specialize in Surgery or anesthesiology/pathology/radiology, or currently or previously being married significantly ($P \leq .001$) increased the likelihood that a student self-identified as very conservative or conservative. Disagreement or strong disagreement with the statements, "I'm glad I chose to become a physician" and "Access to care is a fundamental human right," were also both associated with being very conservative or conservative. Being more liberal was reported by blacks and Hispanics; those intending to become ob-gyns, psychiatrists, and pediatric subspecialists; and atheists, Jews, and adherents of eastern religions.

CONCLUSIONS: U.S. medical students are considerably more likely to be liberal than conservative and are more likely to be liberal than are other young U.S. adults. Future U.S. physicians may be more receptive to liberal messages than conservative ones, and their political orientation may profoundly affect their health system attitudes.

KEY WORDS: medical students; physicians; politics; political orientation; attitudes.

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BACKGROUND

The political leanings of physicians matters. Critical medical issues such as physicians' provision of general access to care, abortion, preventive services, end-of-life care, treatment for alcoholism, and services for Medicaid patients have all been shown to be associated with physicians' political leanings.^{1–4}

However, there have been few national studies of the political self-characterization of physicians, and none that we know of studying physicians-in-training. Other than for our Women Physicians' Health Study (WPHS), a study of 4,501 U.S. women physicians conducted in 1993–1994,⁵ little knowledge exists on the political leanings of physicians generally, or of medical students in particular. The most recent study to examine factors related to medical and political attitudes among U.S. medical students was conducted three decades ago at only one medical school.⁶ Very little information addresses the politics of physicians-in-training or the relationship between critical medical issues and medical students' political orientations.

DESIGN AND METHODS

All medical students in the class of 2003 at 16 U.S. schools were eligible to complete three questionnaire administrations during their medical training: at freshman orientation (summer or fall of 1999), entrance to wards (2000–2001), and in their senior year (2002–2003). School participation was encouraged by offering the summary use of school-specific data (in aggregate and without student identifiers).

Our sample of schools reflected all U.S. medical schools in terms of age (freshman average age=24 years old vs 24 nationally), school size (average students per school=563 vs 527 nationally), NIH medical school research ranking (school average=64 vs 62 nationally), private/public school balance (51% private schools vs 41% nationally), underrepresented minorities (13% blacks, Hispanics, and Native Americans, vs 11% nationally), gender (45% women vs 43% nationally), and geographic distribution. A 17th school was excluded in 2002 for nonadherence to protocol.^{7–10} Our response rate is 80.3% for all three surveys combined.

In a protocol approved by the Institutional Review Board, the confidential questionnaires were administered to students outside of formal classroom or training time. Students were instructed that their participation was voluntary, and that they

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Table 1. Political Self-Characterization of U.S. Medical Students by Demographic Characteristics

	Number of students	Political self-characterization*						Chi- square P value
		Conservative		Moderate		Liberal		
		%	(SE)	%	(SE)	%	(SE)	
Total	4,918	26	(3)	33	(2)	41	(4)	– 0.03
Time point								
Freshman orientation	1,843	25	(3)	36	(2)	39	(4)	
Entry to wards	1,618	27	(3)	31	(2)	43	(3)	
Senior year	1,457	26	(3)	33	(2)	41	(4)	0.0003
Gender								
Female	2,260	18	(2)	32	(2)	49	(3)	
Male	2,654	33	(3)	34	(2)	33	(4)	
Mother's education								0.0001
Not a high school graduate	81	17	(4)	43	(6)	40	(5)	
High school graduate	240	27	(4)	35	(4)	38	(5)	
Some college	284	33	(6)	34	(4)	33	(4)	
College graduate	625	28	(3)	38	(2)	35	(3)	
Graduate school	549	20	(3)	35	(2)	46	(5)	
Medical school	60	17	(5)	38	(6)	45	(7)	0.0002
Father's Education								
Not a high school graduate	79	22	(7)	40	(9)	38	(6)	
High school graduate	178	22	(5)	36	(5)	42	(4)	
Some college	163	23	(4)	40	(5)	36	(4)	
College graduate	420	30	(4)	34	(3)	35	(4)	
Graduate school	696	25	(3)	34	(2)	41	(4)	0.001
Medical school	296	23	(4)	39	(3)	38	(5)	
Ethnicity								
Asian	932	17	(3)	41	(2)	42	(3)	
Black	388	9	(2)	33	(4)	58	(4)	
Hispanic	201	15	(3)	32	(4)	53	(4)	
Native American/Other	242	23	(4)	40	(4)	37	(5)	0.2
White	3,141	32	(4)	31	(2)	38	(4)	
Specialty [†]								
Primary care	1,423	25	(4)	33	(2)	43	(5)	
Nonprimary care	2,752	27	(3)	32	(2)	40	(3)	
Individual specialty								<0.0001
Anesthesiology/pathology/radiology	342	34	(3)	34	(3)	32	(3)	
Emergency med	338	25	(5)	34	(3)	41	(5)	
Family med	477	31	(5)	28	(2)	41	(6)	
General internal med	366	24	(4)	35	(2)	41	(4)	
Med subspecialty	455	24	(4)	32	(4)	44	(4)	
Ob/gyn	268	16	(4)	24	(4)	60	(5)	
Pediatrics	537	21	(3)	36	(3)	43	(5)	
Psychiatry	116	17	(7)	27	(3)	56	(7)	
Surgery	647	34	(3)	37	(2)	29	(3)	
Pediatric subspecialty	153	25	(5)	22	(2)	53	(6)	
Other	437	27	(3)	31	(2)	42	(4)	
Undecided	698	23	(3)	39	(3)	38	(4)	
Urology	34	29	(10)	32	(8)	38	(9)	
Religion								<0.0001
Atheist/None	879	9	(1)	29	(2)	63	(3)	
Buddhist	78	9	(4)	42	(8)	49	(8)	
Hindu	231	8	(2)	41	(4)	51	(3)	
Muslim	119	21	(8)	43	(4)	36	(8)	
Catholic	1,105	30	(3)	35	(3)	35	(4)	
Jewish	323	17	(3)	26	(3)	58	(4)	
Other Christian	814	31	(2)	41	(3)	28	(3)	
Protestant	1,102	45	(5)	30	(2)	26	(4)	
Other	235	9	(3)	30	(4)	61	(5)	
Ever been married								0.0005
Yes	1,002	39	(5)	31	(2)	30	(4)	
No	3,885	23	(2)	34	(1)	43	(3)	0.002
I'm glad I chose to become a physician								
Strongly agree/Agree	2,523	26	(3)	33	(2)	42	(3)	
Neutral	315	29	(3)	25	(3)	46	(4)	
Disagree/Strongly disagree	103	33	(5)	26	(4)	41	(6)	0.0001
Access to care is a fundamental right								
Strongly agree/Agree	3,781	22	(2)	34	(2)	45	(3)	
Neutral	592	38	(4)	32	(3)	30	(4)	
Disagree/Strongly disagree	366	53	(5)	27	(3)	20	(4)	

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Table 1. (continued)

	Number of students	Political self-characterization*						Chi- square <i>P</i> value
		Conservative		Moderate		Liberal		
		%	(SE)	%	(SE)	%	(SE)	
Doctors have a responsibility to promote prevention with their patients								0.1
Strongly agree/Agree	4,299	26	(3)	33	(2)	41	(4)	
Neutral	345	30	(2)	37	(2)	33	(3)	
Disagree/Strongly disagree	45	31	(6)	22	(8)	47	(8)	
Having a high prestige career is important to me								0.5
Strongly agree/Agree	594	27	(3)	33	(2)	40	(4)	
Neutral	381	25	(3)	36	(3)	39	(4)	
Disagree/Strongly disagree	403	27	(2)	29	(4)	44	(5)	

*Percent (SE) of students responding: very conservative 5% (1), conservative 21% (2), moderate 33% (2), liberal 31% (2), and very liberal 9% (1)

†Undecided students are excluded.

could choose to withdraw from the study at any time. When necessary, we used Dillman's¹¹ 5-stage mailing process to maximize response rates. Whereas the political orientation questions were not validated, several other variables (including dietary habits and actual counseling practices) were extensively tested, with strong findings for validity.¹²

Our outcome of interest for this paper was students' self-characterized political identification, which was reported as *very conservative*, *conservative*, *moderate*, *liberal*, and *very liberal*. Independent variables tested for association with the primary outcome were time point in medical school, gender, specialty, self-defined ethnicity, religion, having ever been married, intended specialty, and Likert-scaled responses to the statements: "I'm glad I chose to become a physician," "Access to care is a fundamental right," "Doctors have a responsibility to promote prevention with their patients," and "Having a high prestige career is important to me." Bivariate associations between our outcome and independent predictor variables were tested using the chi-square test.

RESULTS

Of medical students across all 3 years, 5% self-characterized as politically very conservative, 21% conservative, 33% moderate, 31% liberal, and 9% very liberal. Being male, white, Protestant, intending to specialize in Surgery or anesthesiology/pathology/radiology, or currently or previously married significantly ($P \leq .001$) increased the likelihood that a student self-identified as very conservative or conservative (Table 1). Liberalism was somewhat bimodally distributed by maternal education level ($P = .0001$); similarly, students were most likely to be conservative when their fathers possessed only a bachelor's degree ($P = .0002$). Disagreement or strong disagreement with the statements: "I'm glad I chose to become a physician" and "Access to care is a fundamental human right" were also both associated with being very conservative or conservative. Being more liberal was reported by blacks and Hispanics; those intending to become ob-gyns, psychiatrists, and pediatric subspecialists; and Atheists, Jews, and eastern religions. Years in medical school, primary versus nonprimary care intentions, interest in prevention, and importance of

prestige to one's career were not significantly associated with political self-characterization.

CONCLUSIONS

Only a quarter of the population we surveyed self-characterized as conservative or very conservative, with nearly twice as many medical students characterizing as liberals versus conservatives and as very liberal versus very conservative. This population of medical students is considerably more liberal than as shown in a 2003 Gallup Poll of other young Americans (Table 2).¹³

The only other recent large study of the political self-characterization of U.S. physicians or physicians-in-training is our WPHS,¹⁴ which also showed that more (women) physicians self-characterized as liberal (28%) or very liberal (9%) than conservative (21%) or very conservative (6%).¹⁴ The Women Physicians' Health Study also showed that conservatism was more common among older than younger women physicians, although we cannot know whether the higher rates of liberalism among younger women physicians (and the slightly higher rates among the physicians-in-training we studied in this article versus women physicians overall) are a cohort effect or the effect of aging. Also, both in WPHS and in this medical student study, African Americans and psychiatrists were more likely to be liberal. A dissimilar finding was that Asians and Hispanics in WPHS were considerably less likely to be liberal than were other ethnicities, and this was true even when adjusted for country of origin.

We found strong relationships between political orientation and demographic and professional characteristics and atti-

Table 2. A Comparison of the Politics of U.S. Medical Students and Other Young U.S. Adults¹³

	Liberal	Moderate (%)	Conservative (%)
U.S. medical students	40	33	26
U.S. 18- to 24-year-olds	30	39	29
U.S. 25- to 38-year-olds	23	36	39

tudes. Some others have also found that receptivity to organized programs for sociomedical problems depend on political orientation, and that, for example, nursing students' political affiliations correspond with their attitudes about mental illness.¹⁵ However, a cross-sectional survey on the attitudes and practices of pediatric critical care attending physicians and nurses at 31 pediatric hospitals in the United States ($n=110$) and nurses ($n=92$) found no association between political or religious affiliation and attitudes about end-of-life care.¹⁶

Very little information is available on the political characteristics of students outside the health professions. A survey of law students conducted in the early 1970s revealed that atheists and agnostics, and more women and minority students (vs white male students) identified as liberal or "left," and that Orthodox Jews and Catholics tended to be more conservative than those from other religious backgrounds (although no summary statistics on orientation were provided). The study also found that women were more likely than men to choose reformist motivations to study law, such as service to the underprivileged.¹⁷

Although we know little about U.S. men physicians' politics, it is clear that U.S. medical students (of both genders) and women physicians are considerably more likely to be liberal than conservative. As medical educators, organizations, and policy makers seek to represent and harness the clinical and political energies of U.S. physicians, they would do well to recognize that more physicians may be more receptive to liberal messages and actions than to conservative ones. Furthermore, political orientation is important because it profoundly affects health system attitudes. For example, given that liberal students were far more likely to agree that access to health care is a fundamental human right, the political distribution of medical students will strongly influence the medical profession's championing of universal access to care and other major health care policy decisions.

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