## Introduction and Dr. Allenu2019s Background

Welcome to the Doctors Making a Difference podcast, where we help physicians to be empowered with the tools they need to be successful in medicine, in finance, and in life.

Join us as we highlight doctors and other professionals around the world who are making a difference. I'm excited to welcome Dr. Suzanne Allen here with us today.

I've had the privilege of knowing Dr. Allen. I've met her several years ago, but then over the last two or three years, we've served on a board together, the Idaho Academy of Family Physicians.

Dr. Allen is an accomplished academic physician, has worked in residencies, she's worked with the University of Washington extensively. and has a ton of experience related to medical education, advocacy, organized medicine, and is just all around a good example.

And I've really enjoyed getting to know Suzanne Allen. She's given me permission to call her Suzanne in this podcast. Would you mind introducing yourself in more detail to our audience, Suzanne?

Yeah, thanks for having me this morning. Happy New Year to everyone. I'm super excited to be with you this morning, Peter. So Suzanne Allen, a family physician.

I'm currently the Vice Dean for Academic Rural and Regional Affairs at the University of Washington School of Medicine. We have a bit of a unique medical school in that we have a five-state called Wyoming, Washington, Wyoming, Alaska, Montana, and Idaho that constitutes our medical school.

Students complete their classroom phase of medical school in their home state, and then they travel around the five-state region to do their clinical training.

I've been in my role as vice dean since 2015. Prior to that, I was the vice dean for regional affairs, so really helped with things outside Seattle across the five state, Wyoming region.

Prior to that, I was the Idaho assistant clinical dean. So I was responsible for the clinical training that we do for the University of Washington in the state of Idaho.

I'm actually from Western Washington. I grew up in Bremerton, which is right across the sound from Seattle. I went to University of Washington as an undergrad.

So I am a Husky. And then I went to the East coast to do a combined MD and PhD program at George Washington University. I was fortunate that the Air Force paid for me to go to medical school.

So I spent some time in the Air Force. And then when I was getting out of the Air Force, I was at the time teaching in an Air Force residency program in family medicine and decided I wanted to do that.

for a little while before I went back to public health. That was what I started my career thinking I was going to do. As you see, I took a big detour and I'm just doing medical education now, but I ended up in Boise to teach at the time it was called the Family Practice Residency of Idaho, which is where I've been seeing my patients since 1999. I usually take care of patients one day a week.

I love my clinic days. I love taking care of patients. I love teaching the residents. So to me, I have a wonderful job right now, getting to do some clinical work, but also doing some education, as well as really helping to train the future generation of physicians to take care of all of us in the Northwest.

It's exciting. And it's interesting to hear the career path because it involved military service, master's degree in public health. It's involved education and research and back to public health.

And then like you say, for the last many years, you've been deeply involved in education. I guess that's. Somebody listening to this out there is thinking, I want to be like Suzanne Allen.

You know, that's an interesting path. I guess maybe one before we get into too much of the other stuff. Tell me, what would you tell someone who says, I want to be an academic physician.

I want to be involved in residency. I want to be involved in that because it's not always a clear path. What would you tell someone who's interested in that?

Yeah, great question. So I certainly did not start my career thinking I was going into education. And, you know, really physician, we're people who educate our patients, right?

## How to Build a Career in Academic Medicine

So we're all educators at heart is what I like to think, especially in family medicine. Although when I was a resident, I didn't really think about the teaching I was doing of my patients or the teaching I did of junior residents or the teaching I did of medical students.

When I finished my residency, which I did at Andrews Air Force Base, which is right outside Washington, DC, I moved to Ellsworth Air Force Base as my first job in the military.

And I realized that I actually missed having the junior residents around to teach and the medical students around to teach. I did finally convince our group of family docs at Ellsworth that it would be good for us to do some teaching.

So we actually had medical students from the University of South Dakota Medical School come and spend some time with us, which I really, really enjoyed.

So when the opportunity arose for me to go back and teach at the residency program at Andrews Air Force Base, I was like, yeah, I'm going to do that. So I think first of all, if you're thinking about going into academics, make sure you enjoy teaching.

Pay attention when you were a senior student and you're teaching junior students. Pay attention when you're a resident and you're teaching junior residents and students.

If you go on and do a fellowship, pay attention to, you know, do you enjoy that teaching part of what you're currently doing? And if you don't enjoy it, I'm not sure that an academic career in education would be right for you.

There are academic careers that focus much more on research than on academics. I was fortunate when I moved back to teach at the residency program at Andrews Air Force Base that I was also able to do public health work that I had been doing at Ellsworth Air Force Base.

The public health part of my job felt much more political to me. that I didn't really enjoy as much as I was enjoying education, which is why I decided to look for a job working at residency programs.

And I thought I was just going to do education for five years when I got out of the military, Peter, and here I am 30 years later. So I just never quite got back to public health.

I will say if people are interested in teaching in residency programs, we're in a period of time right now in the US where we're expanding the number of medical schools we have.

We're also working really hard to expand the number of residency programs we have. You can graduate a medical student from medical school, but they can't practice medicine until they've done some, you know, residency

education.

So I feel like there are a lot of opportunities right now, Peter, for people to go on and teach in residency programs. Another good way to kind of dip your toe into what's it like to teach, if you may be been out of residency for a while, is to have a student come and work with you, become a preceptor.

We need preceptors, certainly for our medical students. We also need people who will allow people interested in going into health careers to come and shadow them to see what's it like to be in the healthcare professions.

And then, of course, you can also have a resident come and work with you. As you know, here in Idaho, we really work hard to have our family medicine residents go out and do rural rotations around the state, since we know we need people to go there and work eventually.

So we have many physicians in Idaho who host residents who come and work with them in their practices. So I feel like there are a lot of ways for people to kind of dip their toe in a little bit and see what they think with teaching, you know, before making maybe a big career move and saying, I'm going to apply for a job working in a residency program or at a medical school.

And if you're not passionate about teaching or education, I'm not sure that academics would be for you, but if you love teaching, it's a great career.

I really enjoy what I do. One of the things we talked about on the podcast is trying to leave medicine better than we found it. What you're describing is exactly that, because if you want to have doctors who hopefully have even a better experience than you did as far as the medicine and the ability to have a little bit more work-life balance and understand the system, then you got to interact with them and teach them.

I guess there's no more personal way to do it than to do it one-on-one. I think back to some of the preceptors I had, and I still hear their voices in my head when I come across some situation like, always do this, never forget that.

I still remember it now, years into practice, and I'm thankful for those preceptors because they did have a really powerful impact. It does make a difference.

And those people in those states, when you're ready to learn, when you're in that state of mind to make the next step and someone that's a few years ahead of you in the process takes the time and you listen to what they say, it has a permanent impact.

And so that is a really awesome way to do that. Yeah, absolutely. I completely agree with you. Well, so as far as another one, just to kind of hit on his work-life balance, we talk so much.

I feel like it's almost overdone about just burnout and people spend this whole bunch of time and energy trying to find a balance between work and family and personal just development, that type of thing.

So. As an academic career physician or other people you've come across that have worked in academia, whether it be with a university or residency, would you say most of your peers have pretty decent work-life balance or would you say that it's still something that's a major struggle?

Yeah, it's a great question. I think as with any role you take in your career or any position you decide to pursue, I do think it's up to us as individuals to figure out what makes sense.

One of my colleagues at the University of Washington, who's our Chief Wellness Officer for the School of Medicine, her name is Anne Browning. She talks a lot about integration of your work and your life, rather than talking about the balance between the two.

Balance can mean different things to different people.

## Work-Life Integration in Academic Practice

So thinking about how do you make your work life and your personal life mesh or meld together to something that for you brings enjoyment in both parts of your life is maybe a better way to think about it, or at least is the way I've been thinking about it over the last several years, really since the pandemic, I think, Peter.

where many of us worked really hard, as you probably remember. So I do think that people are able to really find a way to make their work life and their personal life work together.

I will say in thinking about how that is possible for me, it's really because of my colleagues. And so I feel that my colleagues, both at the clinic or the residency program where I work in Boise, but also my colleagues within the School of Medicine at UW, we work really hard to accommodate each other.

So if we know someone has a big life event coming up, we make sure that they have the time off that they need, and we're happy to cover. An example of this would be one of our residency faculty whose mom was diagnosed over the summer with terminal cancer and was told probably only had a couple of months to live.

And she said, I need to go be with my mom, which makes complete sense. And so she was gone for four months to be with her mom and then to take care of funeral arrangements.

And we all covered and happy to do that really because that's an important life event. You need to be there for those sorts of things. And for her, that meant a lot that she was able to go and spend the last several months with her mom and be there when her mom passed away.

So for things like that, to me, that's how you meld what you do. And it's about the people around you who helped make that possible. Yeah, you know, I found same thing.

I like that word integrate. It's all about your peers and what you find important. And I'm a lot more balanced or just integrated. If I have time to work on things that I find interesting, or if I have time to exercise or go to some of the events that my kids are involved in or hang out with my family or whatever it may be.

And some of it is a time factor. But the other part I think is really important, like you hit on with peers to say, I have a core team and I know I will be there for them when they have troubles and they'll be there for me.

And those have been the happiest times in my career is when you have that kind of a team. So it sounds like you've developed that in your own career, which is a tremendous blessing.

It's a huge blessing. I will say, I feel very fortunate that I've been able to work with the people I work with currently. They make it possible for me to do two very busy jobs.

One, a clinical practice and one, you know, is an administratively heavy role right now. But with help from all of my colleagues, I'm able to do both roles and still enjoy my own family and get to do the things that I want to do in my personal life.

that's only possible because of the people around you, I think. Yeah. You know, as we talk about this, one of the reasons to be involved, like we had talked about a few minutes ago, involved in medical education and the processes because you want to have those peers.

And we try to recruit people to work in medical practices or academic settings that will be part of that core team of doctors that really make a difference for our patients and the colleagues and the people you work with are tremendously impactful to your life.

So I applaud what you're doing. And I think that will leave medicine better than it is today because we continue to find really high quality people to put in those positions.

So thank you for what you're doing. I know it's a ton of work. Yeah, well, thank you. And to your point about the people we surround ourselves with, I also think about all the support staff in our clinics who make it possible for us to take care of our patients.

And so that's an important part of the team as well, I would say. And that's certainly true within a large academic institution like UW School of Medicine.

There are many staff that make it possible for the faculty to do everything that we do. Absolutely. As it pertains to that, I heard you give an excellent talk one time about all the changes coming up with student loans for this year.

There's a lot of moving parts on student loans for physicians, other health professionals, and it's quite an interesting thing. For a long time in the United States, One of the ways you've been able to achieve medical education is by being able to have subsidized loans or at least access to loans to be able to take on this important education.

I'll just give an example for me. I'm an Idaho farm kid. I grew up in a single wide trailer house. We had We never felt like we were poor. We felt like we had all the things we needed, but we never went anywhere unless we were staying with family.

And we drove, we had a big toolkit in the car every time we traveled because, you know, the car was probably going to break down. And that was okay. That's the life that my parents chose and we were happy to live it.

And I never felt deprived once as a child. There were plenty of things that, you know, I wished we could have done with some little experience, but I really grew up in a wonderful, loving home.

That being said, I would have never been able to say, yep, I'm going to sign up and go to medical school and take on $200,000 worth of debt and take this risk without all those things to back me up.

And so I was able to do that. I was able to qualify for a sponsored position at the University of Utah, which has a similar arrangement with the University of Washington.

And I qualified for one of those spots. And I was able to pay a tuition that was really similar to in-state tuition for Utah, even though I was an Idaho resident.

And that made it so that I could borrow funds sufficient so I could go to school and then eventually go to residency and then return back to my same little hometown where I still work and took the place of the doctor that delivered me.

That's my story. But it reflected across thousands of people across the United States of America. There's similar stories all the way through. And the funding of that education becomes one of the crucial pieces to say, who enters medicine?

## Why Medical Education Matters

If it's only the people that come from million dollar, 10 million dollar net worth households, You will lose out on people who are like me, who grew up in a more rural setting or just grew up in a setting where they didn't have a lot of money.

And so I think it's a really important conversation. I'd like to hear more of your thoughts about your experiences. Yeah, absolutely. And I'm probably more similar to you, Peter, in that, you know, I was one of five children.

My dad worked, my mom stayed home. We only had one car, which of course nowadays people would be like, what? One car? How was that possible? You know, but my dad walked to work every day and I grew up in a very loving home and never wanted for anything.

And education was always very important in our households. None of us ever thought about doing anything other

than going to college after high school.

And I was fortunate to have a scholarship that paid for my tuition and room and board as long as I went to an in-state university for undergraduates. So I finished undergraduate without any debt, which I was very fortunate to have.

In making my decision to go to George Washington University, though, that's a private school. And at the time I started medical school, the tuition was about $20,000 per year, which back in 1988, that was a lot of money for tuition.

And moving to Washington DC, the cost of living, of course, in DC was a lot more than it was on the West Coast. which is why I chose rather than going into a lot of debt to have a military scholarship, which paid for my tuition and room and board.

Now I still took out some loans during medical school because the military would not pay for my summer courses to get a master's in public health, which I really wanted to do.

And I also needed to have a car in order to do my clinical rotations around the DC area, which I needed to take out a loan in order to be able to have a car.

I finished medical school with my MPH. I had about $32,000 in debt, which still felt like a lot to me back in 1992. Things have changed a lot when it comes to federal loans.

So HR 1, which has been referred to as the one big, beautiful bill by people in the Trump administration that passed back in July of 25, really changed what we think of as the federal loans available to students for undergrad as well as graduate degree programs.

When all of this started happening and I was getting a lot of questions from current medical students, it made me go back and do a little bit of research, Peter, just to try to understand a little bit better, how did we get where we are and why are these changes being made?

So the idea of federal loans to help with education probably started with the GI Bill. So the GI Bill passed Congress in 1944, right at the end of World War II.

With the idea that here we had all of these individuals who had served their country and they were coming back, and what were we going to do for jobs for them?

## Student Loans and the History of Federal Aid

Because the country had been running while they were over in Europe and in Asia fighting the war, so they were going to need jobs. So the GI Bill passed to really say, if you served your country, we'll pay for you to go to school.

Then in the 1950s, when Russia started the Sputnik program, so the space program, the US thought, oh my gosh, we're behind because our space program wasn't really there.

So they started basically a student loan program at that time to fund STEM. This was in the late 50s, I think in 58. You could only be eligible if you were doing STEM type programs or getting those degrees.

And then the Higher Education Act of 1965 is really what started the federal loan program as we would think of it today, which basically said, regardless of what you're going into, here are some federal loans to help you.

Most of us think of federal loans as just federal loans, but there are subsidized federal loans and unsubsidized federal loans. So subsidized federal loans we think of as Stafford loans.

So that means that the government is paying interest on your loan for you. So you're really just paying back the

principle of your loan when you get to the point of paying that back.

Unsubsidized loans means you're paying the interest as well on the unsubsidized loans. So there's a limit on what you can take out in federal loans. Right now, that limit is $138,500. That's through your undergraduate and graduate degree.

What started in the 1990s were plus loans were made available for parents to take out educational loans for their children that were basically guaranteed by the federal government.

And so this allowed parents to take out really to the cost of attendance. So if you went to a private undergraduate school and then you're going to a graduate degree program like medical school, and you reach that limit of the $138,500, your parents could take out additional loans for you.

Now those loans interest was accruing as soon as you took them out. There weren't the deferment programs or forbearance programs, which I can talk about a little bit more in a minute.

And then in the 2000s, those plus loans became available to independent students, meaning your parents didn't have to take out the loan for you. And that was specifically for graduate students.

So in 2000, something called grad plus loans became available. And that allows you to take out up to the cost of attendance. You know, say your tuition right now is I'm going to say $50,000 a year to go to medical school.

And your cost of living is say another 40 or 50,000. Just to make the math simple, I'm going to say that's 50,000 because that's a nice. round number of 100. So across medical school, it would cost you about $400,000 to go to medical school.

For most students, they're going to get scholarships of some type. They're going to get grants of some type. The average debt rate now for students graduating from allopathic, so MD medical schools, is about $230,000 to $240,000. So that difference is made up with other firms.

But of that 230 or 240,000, if 138 of it was in those subsidized loans, that additional 100,000 is in your grad plus loans. So your grad plus loans are actually accruing interest.

while you're going through school and that interest gets added on to your principal so that your principal when you finish medical school is larger than the actual amount that you borrowed.

You can have a six-month deferment period, meaning when you've finished school you can not pay back for six months before you start owing money. And then you're also allowed forbearance.

Forbearance means you're doing something else and the lenders are allowing you a period of time before you have to start paying back. Again, interest is accruing.

That's true on the unsubsidized and subsidized federal loans as well for the deferment and forbearance applies to that as well. So for most people who go to medical school, Peter, they finish medical school, they take their six months at the beginning of residency, or they go right into forbearance for residency.

So during residency, interest is accruing. Some people choose to pay on that interest, other people don't. But during that forbearance period, again, interest is being added to your principal.

And then you start paying your loans back. And right now, I couldn't tell you all the different ways that you can pay your loans back, but it's like 20 different options.

There's lots of different payment plans that are available for how people pay back their loans. Most people consolidate their loans. So if you have loans from different lenders, you can put them into one big bundle that makes it easier to manage.

that again became available in the 2010s. Prior to that, you had to pay off each lender separately. And usually that allows you to just pick one interest rate because before your loans may have different interest rates.

For the most part, it helps you out a little bit to have just one interest rate. And it's usually a set interest rate. So most people will pick 20 or 30 years to pay off their loans.

There's no penalty for paying off early. You know, so you have a minimum payment, but if you can add to those payments, you're allowed to do that. So that's kind of where we are today.

That was a little history, a little bit of what we have available to us today. So what did the HR 1 change? Well, the grad plus loans are going away. That's probably the biggest change, Peter.

Just completely eliminated. Yep. Grad plus loans are going away. They will not exist. So for your parents, they're going away. They will not exist. That, you know, feels like a big change for most people because that's what has allowed us to take out funds up to the cost of attendance beyond what is currently available in subsidized and unsubsidized federal loans.

If you're currently a student and you've currently taken out grad plus loans, you will be able to continue taking out grad plus loans after July 1st of 2026, which is when these changes go into effect, up to the length of your attendance.

So basically, if you're currently a first year medical student, and you have taken out a grad plus loan this year before July 1st, you get three more years of taking out grad plus loans.

So if it takes you five years to finish medical school, which at UW, it takes about a quarter of our students five years for a variety of different reasons, that last year, that fifth year, you would not be eligible for a grad plus loan.

So it's only the length of the program that's allowable. So that's good for current students, a little bit more challenging for students who are starting in the future since those grad plus loans won't be available.

The other thing that's changed is the limits for the subsidized and unsubsidized federal loans. So for graduate programs or graduate students, you get $50,000 per year for the length of your program.

So again, for medical school, that would be four years. If you go into a fifth year, you may be eligible in that fifth year if you haven't reached your limit of $200,000 yet.

If you've reached that limit of 200,000, you're no longer eligible. You also will have a limit for your undergrad, so you can actually take out up to 237,500 with the undergraduate limit being 37,500. So total across your entire education, that 237,000? Correct, yeah.

Now, most of us think of graduate programs as really being anybody who's in grad school. So for instance, a physical therapist, an occupational therapist, a respiratory therapist.

There are many degrees that require a graduate degree if you're going into a health profession where they have been able to take out these grad plus loans to help with the cost of their attendance.

HR1 limits what's considered a graduate degree program to 10 different degrees. So I'm going to look at my list just to make sure I get them all right.

Peter, so I don't want to misspeak on any of this. So pharmacy, so if you're getting your PharmD degree, dentistry, veterinary medicine, chiropractic, law, medicine, so the MD degree, optometry, osteopathic medicine, so the DO degree, podiatry, theology, and clinical psychology.

So getting a psych D or a PhD in clinical psychology. So those are the only degree programs that have that $50,000 per year limit. Anyone else in a graduate degree program, it's $20,000. again, for the course of your

education.

So for instance, a physical therapist is a three-year degree, so their limit would be $60,000. A physician assistant is a two-year program, so it would be $40,000 in subsidized and unsubsidized loans.

So that's actually a big change for everyone. And they also have the higher limit with your undergrad degree program that you can add on there.

## HR 1 Loan Changes and Repayment Options

So there's a little bit more flexibility, but compared to what it has been where you can take out the cost of attendance, there's certainly a significant change for most people who are going into any of the health professions, certainly those of us who are in medical education.

So for MDs and DOs, this is definitely a significant change as well. So I'm going to talk just a little bit about repayment. So as I said, you know, currently with repayment, It's about 20 different programs that are available.

And, you know, there are a few that are more common than others. But in HR 1, starting this coming July, if you're a new lender, meaning you haven't taken out any loans yet, you're only going to have two options for repayment.

If you have taken out loans before July 1st of 2026, you have until July 1st of 2028 to decide which of these two programs you want to go into, So this is also going to radically change how people think about their loans is what I would say.

The two repayment options are standard and the other one is the repayment assistance program or RAP. So with the standard payment, it's really how many years you have to pay off your loan is based off of how much money you have taken out.

I will just say for people who are going into medicine where it's likely that the amount of loans you've taken out is over a hundred thousand, you're going to be at 25 year repayment program.

And what you pay every month will be based off of how much money you owe. So what's the principal that you have and you have 25 years to pay it off. So it'll be simple division.

And then of course there will be interest on top of that. So that will be kind of the standard repayment program. Now, the Repayment Assistance Program, or RAP, has a couple of interesting items that could be really helpful, especially for people in medicine, in my opinion.

Although I haven't thought that much about the other professions, just to be fair. So when you go into RAP or their repayment assistance program, you do have to start paying in residency.

That's maybe the one downside. How much you're going to owe is based off of how much you're making. So if you're making $50,000 to $59,000 you know, 999 right below 60,000 as your residency salary, you would owe 5% of your pay.

5% of your gross pay, not of your net. correct of your gross pay or 60 to, you know, 69,999, roughly 370 to almost 80, roughly 400. So you go five, six, 7% as you go up.

If you're in the 80 range, it would be 8% and the 90 to 100 range would be 9%. If you're making over a hundred thousand, which I suppose as salaries go up, maybe someday residents will make over a hundred thousand.

Maybe. that they're not right now, it would be 10%. And it will never be more than 10% of your gross pay. That would really be covering your interest.

And whatever interest that doesn't cover, that interest is then forgiven so that you're not actually accruing interest

during residency on your loans.

So for instance, if you have $200,000 in debt, your average interest payment on current loans is probably going to be around a thousand or $1,100 per month.

But if all you're paying, say you're in the $60,000 range, it's $300 a month, that other eight or so hundred dollars of interest is being forgiven by the government.

So that's actually a good thing when you look at that, you know, repayment assistance program. The other thing it's doing is it's taking $50 per month off your principal.

So if you think about a family medicine resident, it would be $600 a month that's coming off the principal. Over the course of three years, it'd be $1,800. I know that doesn't sound like a lot if you have, you know, $200,000 in loans, but it's better than having that slightly higher amount.

And you then have to continue to pay that off and pay interest. super big help that you're not accruing interest during residency and then, you know, really helpful that you're having a little bit taken off of your principal.

And then once you're done with your residency and fellowship training, you go into a repayment plan where you're basically paying a set amount over a 25-year period.

For both the standard option and the Resident Assistance Program, there's no penalty for paying off early, which is great. So the last thing I just want to mention is the Public Service Loan Forgiveness Program, which many people have taken advantage of.

That program is still in existence, Peter, and so it really says if you're working in the public sector, if you're working for a 501c3, if you pay your loan payments back, over 120 payment periods, which is essentially 10 years if you're paying once a month, the rest of your loans will be forgiven.

That program is still in existence. It will continue to exist going into the future. They may continue to limit a little bit. the programs that are eligible.

So, for instance, right now, if the organization that you work for does any sort of gender-affirming care for children, so people under the age of 18, they will no longer be eligible for the public service loan repayment program for their employees as they have been previously.

So, for instance, at Full Circle Health or the Boise Family Medicine Residency Program where I see my patients. It's a teaching health center. It is eligible for the Public Service Loan Forgiveness Program.

And many of our faculty who come and work for us still are paying off their loans. So if they work for us for 10 years and they've continued to pay on their loans, the rest of their loans after that 10-year period time is forgiven.

So that's still an option. The National Health Service Corps program is still available, which offers loan forgiveness if you go to certain locations that are underserved when you first finish your residency.

So there are still a few options available, Peter, for people who might think, oh my gosh, this is too much. The National Health Service Corps also has a scholars program that will pay for your tuition and living expenses upfront.

You, of course, owe them a certain number of years. The military, which is how I was able to go to school, is still available through the health profession scholarship program.

So there are options out there. So I would really encourage anyone listening, if you are interested in going into a health profession, but especially if you want to go into medicine, it's a wonderful career.

There are ways to make it feasible for you to be able to go to medical school and still be able to manage things financially. Yeah. Well, thank you so much for going through that in detail.

One of the other questions I was just thinking about is, so say one of my kids or somebody else the next generation wants to go and their Stafford loans are capped at $50,000 and there's no more grad or grad plus loans.

And, you know, they can choose the cheapest medical school you can find, but medical education is quite costly. What's available for those students to cover the gap between $50,000 and maybe additional living expenses and stuff they may accrue during medical school?

Yeah, so private loans is going to be what's going to be available, unfortunately, Peter. So that's the part that I think is going to be the hardest. So for private loans, as a medical student, you probably don't have a lot of credit history yet.

And so it's harder to get a private loan. You know, your parents may have to co-sign or someone in your family may have to co-sign with you, the interest rates are going to be higher, and of course, interest will begin accruing right away as soon as that loan is taken out, and the repayment options won't be as great.

So that's where likely, I would say, people will be turning to be able to cover the rest of the cost of medical school. And I do think for people who have any interest in trying to advocate for this changing, there are certainly options.

I think really working with your congressional delegation from your state, so getting to know your Congress people, your senators, and really telling them how it's affecting you and your ability to go into a much needed career will make a huge difference.

## Covering the Gap and Advocating for Change

Lawmakers make decisions based on people they know and experiences they have. So I would echo that same thing. Get to know your legislators. Let them have your cell phone.

Say, I'm a resource for you if you have any questions. And then you can think of your own story. Everybody has a story like my story or Suzanne, your story.

Everybody has a story, how they got there. Most people don't come from wealthy families. Most people just come from regular middle-class American families.

And so We still need doctors. We still need good doctors. We need people from across the spectrum. And we shouldn't incentivize schools to charge more than it really costs to offer it.

But it is expensive to do a medical program. So anyway, I think it's a very important discussion, really informative to go through this. And I think it's very important for us as current practicing physicians and those who are the rising generation of upcoming physicians to get to know your legislators and say, how does this affect Can we actually make this work?

And are we making it so that regular folks can go to medical school if that's their passion? Or have we made so many barriers that they aren't? And there's got to be a middle ground here where we make sure that we make our medical system robust for the future.

This has been such an important conversation, Suzanne. I just can't thank you enough for taking the time to do it. Thank you so much. Oh yes, I am happy to talk about what can you do to be able to go to medical school?

I know that there are so many people out there who would be wonderful physicians. So decreasing those barriers I think is important. And you know, Peter, if people have other questions for me, I am happy to try to answer them.

So probably the best way to find me would be through LinkedIn. Okay. I'll put that in the show notes along with your

bio and some information, but linked to your LinkedIn profile.

That's an excellent way to do that. And if people have questions for Dr. Allen, for Suzanne, get ahold of her, email me directly and I'll try to route you to the right place.

Let's just make sure that we continue to make medical education and medicine and physicians better for the next generation. I think it takes all of us to continue to do that work.

So again, thank you for taking the time. I really appreciate it. Yep. Thank you, Peter. It's been a pleasure. Thanks for tuning in to the Doctors Making a Difference podcast.

## Closing Remarks and Podcast Outro

And thank you for what you do to help your patients and your community. Your work truly helps so many people. We produce this content to help you have the tools you need to stay in medicine and to highlight the amazing work being done by physicians around the world.

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See you next time.