



The Crisis in South Korea's Health-Care and Medical Education Systems

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South Korea's health-care system is grappling with a profound crisis, fueled by the mass resignation of trainee residents opposing the government's abrupt decision to increase the physician supply. The simultaneous expansion of medical school admission quotas, implemented without sufficient preparation or consultation, has compounded the instability of the medical education system. These developments highlight deeper structural flaws in South Korea's health-care framework, including unsustainably low reimbursement rates and an alarming frequency of criminal charges against physicians. These systemic issues have long undermined the profession's sustainability and morale, pushing the system to a breaking point [1].

In this issue, Nishiyama et al. examine Japan's approach to balancing physician supply and demand. According to the "Fifth Interim Report of the Subcommittee on Physician Supply and Demand," Japan projects that supply and demand will reach equilibrium around 2029. Thereafter, the physician supply is expected to exceed demand due to population decline, prompting concerns about oversupply. To mitigate these risks, Japan's Ministry of Health, Labor, and Welfare has capped medical school admissions at 9,403 places beginning in FY2024 [2].

Japan's proactive, evidence-based approach contrasts starkly with South Korea's reactive and unilateral policy decisions. By capping medical school admissions and prioritizing data-driven planning, Japan aims to ensure a sustainable health-care workforce without overburdening its education system or destabilizing its health-care infrastructure.

Urgent measures for South Korea

South Korea must urgently address its physician workforce challenges through a multi-pronged strategy:

Reevaluating medical school admission quotas: Minimizing the medical school admission quota for FY2025 is crucial to prevent an oversupply of physicians, which could exacerbate existing inefficiencies and undermine the quality of medical education. A cautious, phased approach will allow policymakers to align workforce growth with actual demand while avoiding sudden shocks to the system.

Implementing comprehensive workforce projections: Scientific estimation of physician demand and supply must become a cornerstone of policy-making. Effective projections should incorporate a wide range of variables, including 28 demand factors, 50 supply factors, and 26 additional variables [3]. Such data-driven analysis will provide a reliable foundation for sustainable workforce

planning and help anticipate future challenges, such as regional disparities and shifting health-care needs.

Reforming health-care reimbursement: One of the most urgent reforms involves overhauling South Korea's health-care reimbursement system, which has long been criticized for its extremely low compensation rates. These rates not only discourage physicians from entering certain specialties but also threaten the financial viability of hospitals and clinics, particularly in underserved areas. A fairer, more competitive reimbursement model is essential to ensure the sustainability of health-care services and attract talent to the profession.

Protecting physicians' rights and safety: The high rate of criminal charges against physicians represents a significant barrier to workforce stability. Legal protections and institutional safeguards must be strengthened to ensure physicians can perform their duties without fear of unwarranted legal repercussions. Addressing this issue is not only a matter of professional security but also a necessary step toward restoring trust and morale within the medical community [1].

The repercussions of South Korea's health-care crisis extend far beyond the medical profession. Shortages of adequately trained physicians threaten to compromise patient care, leading to longer wait times, reduced access to specialists, and diminished overall health outcomes. These challenges are likely to be felt most acutely in rural and underserved regions, where health-care access is already limited.

Moreover, the quality of medical education is at risk. An unprepared expansion of medical school admission quotas could strain existing resources, dilute the quality of training, and produce a generation of underprepared physicians. This would have long-term consequences for the competence and reliability of South Korea's health-care workforce.

South Korea can draw inspiration from other nations that have successfully navigated similar challenges. For example, countries like Australia [4] and Canada [5] have implemented region-specific workforce policies to address disparities in physician distribution. By tailoring strategies to local contexts and involving stakeholders in decision-making, these nations have managed to balance workforce growth with health-care quality.

Turning crisis into opportunity

One of the most glaring issues in South Korea's current cri-

sis is the lack of stakeholder engagement. The government's unilateral decisions have alienated key groups, including trainee residents, medical educators, and professional associations. Rebuilding trust requires transparent communication and meaningful collaboration with all stakeholders. This approach would not only enhance the legitimacy of proposed reforms but also ensure smoother implementation and greater buy-in from the medical community.

South Korea is at a critical juncture. The current crisis, while deeply challenging, presents an opportunity to enact meaningful reforms that could strengthen the health-care system for generations to come. By learning from international experiences, committing to data-driven policymaking, and addressing the systemic flaws that have long plagued the system, South Korea can build a more resilient and equitable health-care framework.

Failure to act decisively, however, risks entrenching these challenges and jeopardizing the health and well-being of the nation. Policymakers must recognize the urgency of this moment and work collaboratively to secure a sustainable future for South Korea's health-care and medical education systems.

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